

# 2017 Nursing Annual Report



## Letter of Welcome

Chief Nurse and Operations Officer

Maureen Schneider PhD, MBA, RN, NEA-BC, CPHQ, FACHE



It is with great pleasure that I share with you our 2017 Nursing Department annual report. Chilton Medical Center has had much to celebrate and recognize over the last year. Our nurses across the organization do remarkable work and it is an honor to highlight that work in this annual report.

Throughout the year, our caring and compassionate nurses delivered exceptional care to our patients and families, while demonstrating their commitment to high patient safety and quality standards. Additionally, our nurses are committed to advancing the nursing profession through education, research, evidence-based practice and excellent patient outcomes.

Nurses at Chilton Medical Center practice using a holistic model of care based on Dr. Jean Watson's Theory of Caring recognizing the importance of treating the whole person. The nurses demonstrate passion as transformational leaders, grounded in exceptional professional practice, shared governance and sound decision-making at all levels. Nurses inspire new knowledge and innovation at all levels of the organization.

Nursing's continued dedication on our journey of excellence, along with the commitment to place our patients as our top priority, ensure we as a nursing body emulate our mission to providing a safe passage of caring.

I am honored and privileged to work with such incredible and compassionate nurses and nurse leaders.

Sincerely,

A handwritten signature in black ink that reads "Maureen Schneider".

Maureen Schneider PhD, MBA, RN, NEA-BC, CPHQ, FACHE  
Chief Nurse and Operations Officer



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## Organizational Overview

### STRATEGIC PLAN

The strategic plan of the Department of Nursing is developed as a 3-year blueprint to guide the initiatives and planning process for goals and outcomes in alignment with the Atlantic Health System (AHS) and Chilton Medical Center strategic plan. The plan reflects the five pillars of the AHS: Service, People, Quality and Safety, Growth and Finance, Community as well as the Department's Professional Practice Model with the theory components of Jean Watson and the Care Delivery System.

Pillar	Goals	Objectives
Growth (Transitional Leadership)	Continue to develop and expand nurse involvement in community outreach programs	Service line initiatives Events and educational opportunities Utilize technology to re-enforce education
	Develop and sustain fiscal budgets	Labor productivity <ul style="list-style-type: none"> <li>○ Maintain staffing budget to actual with effective and flexible processes</li> <li>○ Allocate resources efficiently</li> </ul> Product and material evaluation
	Support the culture of philanthropy	Strengthen and support fundraising opportunities
Performance (Exemplary Practice)	Provide high quality patient-family centered care in a culturally sensitive environment	Operationalize and enculturate Jean Watson's Theory of Caring into daily nurse practice and utilize it as the theoretical framework.  Provide compassionate, patient-family centered care through relationship-based, primary care.  Identify care delivery models: <ul style="list-style-type: none"> <li>○ Modified primary for all in-patient areas</li> <li>○ Episodic care in Perioperative Services, Emergency Department, Out-patient and Ambulatory departments</li> </ul>
	Strive for nursing sensitive indicators to meet or exceed national benchmarks	Quarterly- monitor, analyze and implement action plans to improve performance of nursing sensitive indicators (Falls, Pressure Ulcers, Central Line Blood Stream Infections & Catheter Associated Urinary Tract Infections) where outcomes are below the national mean. Implementation of Code Sepsis hospital wide.
	Optimize operations of new electronic medical record to enhance nursing practice	Develop strong team of Subject Matter Experts. Continue to propose enhancements to optimize practice.
	Capacity and throughput	Support workflow redesign and patient throughput.  Meet or exceed ED national benchmarks for door to provider and treat and release.

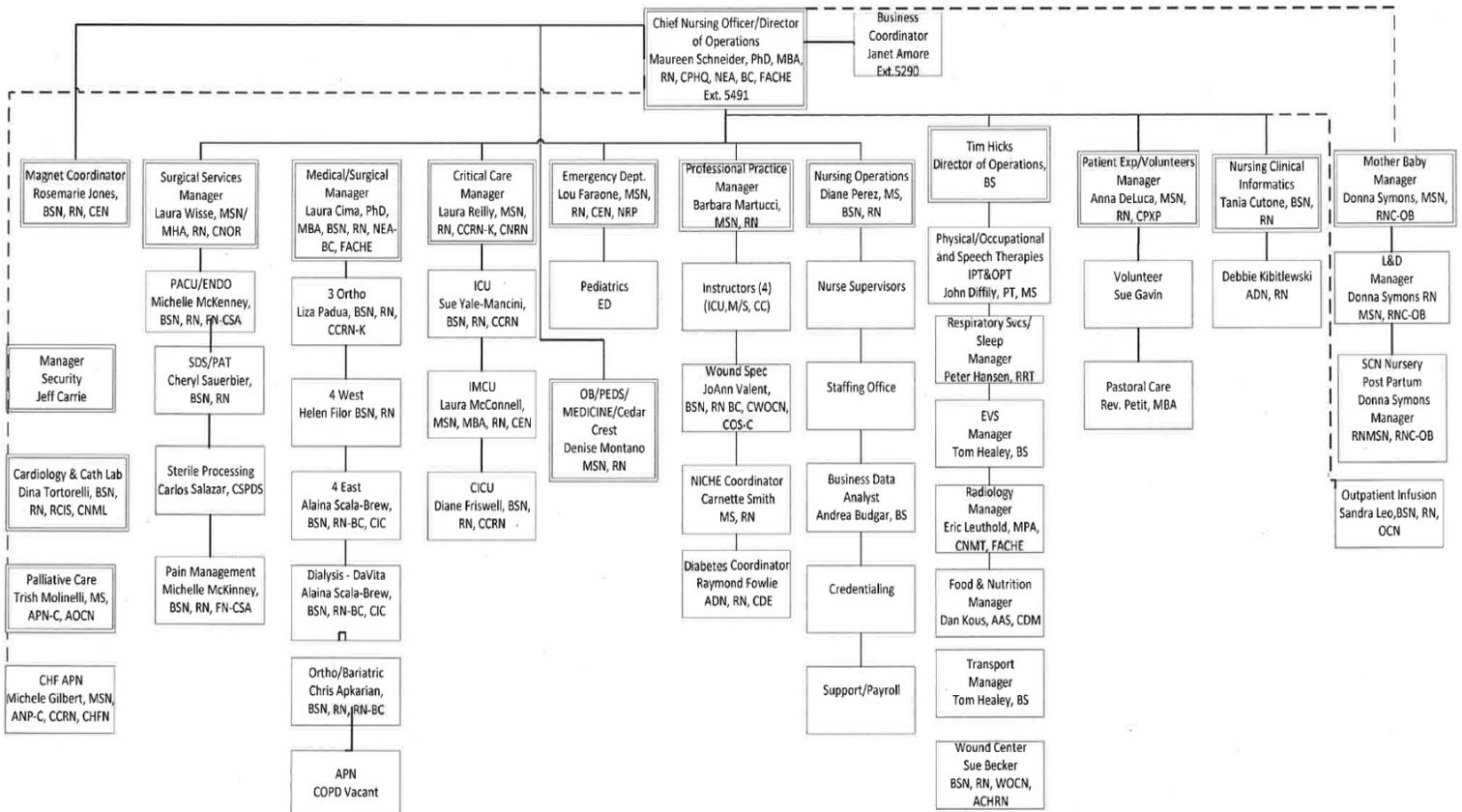
	Optimize the patient experience to meet Press Ganey / HCAHPS overall mean/median for 4 of the 7 nursing sensitive categories	Enhance the patient experience, develop and implement house wide action plans to meet standards of excellence to improve patient experience. Enculturate hourly rounding and beside shift report.
	Instill a culture of PRIDE and establish strong nurse-practitioner relationships	Strengthen teamwork and accountability across nursing and continue to build strong, collaborative professional teams to enhance comprehensive high quality care
	Foster staff engagement  Attain Magnet recognition	Support shared governance Encourage clinical nurse participation in hospital-wide committees Nurse participation in engagement, patient safety and RN satisfaction surveys Continue to build strong, collaborative professional teams to enhance comprehensive high quality care
	Recruit and retain high quality nursing	Encourage and support nurse empowerment, autonomy, innovation and research. Continue Memorandums of Intent for attainment of Baccalaureate or higher degrees within 5 years of hire. Partner with Talent Management for recruitment open houses.
Population Health (Transitional Leadership)	Create standardized patient-family education process	Manage patient education materials to promote wellness and prevent future illness. Identify, create, update, organize and provide accessible patient education materials across the continuum of care. Implement Bedside Shift Reporting – iTiger – individual education.
Research & Education (New Knowledge & Structural Empowerment)	Foster evidence based clinical practice and identify opportunities for nursing research	Support policy and practice changes based on evidence based literature Expand evidence-based practice and research activities, external presentations and publications.
	Foster professional development to assure a skilled and engaged workforce	Support shared governance participation Support & recognize RN PACT program Encourage participation in professional nursing Organizations & conference attendance. Continue to provide formal education and tuition reimbursement. Continue to provide certification review courses Foster national nursing certification and advancement of formal education: <ul style="list-style-type: none"> <li>○ Increase national certification rates by 1% year over year for 3 years</li> <li>○ Increase the percentage of nurses with Baccalaureate nursing degrees or higher by 1% year over year for 3 years</li> </ul>
	Provide exceptional educational experiences for students, higher learner graduate nurses, newly employed nurses and current staff	Continue to be the hospital of choice for nursing student clinical experiences. Conduct educational forums and annual competencies based on the annual nursing needs assessment, high risk, high risk/low volume events, and regulatory requirements Further develop simulation learning experiences

The Department of Nursing CNO and senior leadership in collaboration with the entire management team determine annual goals to implement the department strategic plan in alignment with the Atlantic Health System annual goals. These goals drive the operations for the year through the work of shared government councils, management meetings, task forces and leadership retreats.

- Optimize the patient experience to meet Press Ganey/HCAHPS overall mean/median for 4 of the 7 nursing sensitive categories
- Optimize operations of new electronic medical record to enhance nursing practice
- Instill a culture of PRIDE and establish strong nurse-practitioner relationships
- Foster staff engagement
- Attain Magnet recognition
- Recruit and retain high quality nurses
- Provide high quality patient-family centered care in a culturally sensitive environment
- Strive for nursing sensitive indicators to meet or exceed national benchmarks
- Monitor and improve capacity and throughput
- Foster evidence based clinical practice and identify opportunities for nursing research

The Organizational Chart depicted below outlines the CNO span of control and the functional authority for the Department of Nursing.

### Chief Nurse and Operations Officer Organizational Chart





## Transformational Leadership

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### Atlantic Health System/Chilton Medical Center Mission, Vision and Values Statement

#### Mission Statement

Designing and delivering high quality, innovative and personalized health care, **to build healthier communities** and improve lives for patients, consumers, and caregivers.

#### Vision Statement

Improving lives, empowering communities through health, hope and healing.

#### Shared Values

##### Professionalism

Honesty, deliver exceptional service, positive team spirit

##### Respect

Be culturally sensitive, treat others with respect

##### Involvement

Shared responsibility, participate, collaborate, and engage

##### Dignity

Display ethical, moral behavior, compassion, empathy

##### Excellence

Exceed expectations, mentor others, seek feedback

At Atlantic Health System, the **PRIDE** promise outlines our commitment to providing patients and visitors with the highest quality care and service

# Nursing's Mission, Vision and Values Statement

## NURSING MISSION STATEMENT

The mission of nursing practice at Chilton Medical Center (CMC), is to provide a safe passage of care for our patients, their family, our community and staff that is evidence and outcome based and sustains an authentic caring environment which aligns mind, body and spirit in the healing process.

## NURSING VISION STATEMENT

To be leaders of nursing practice and exceed national standards of care within a community hospital setting.

## NURSING VALUES

The CMC nurse values a helping, trusting, caring, patient-centered relationship in a healing and nurturing environment.

## NURSING PHILOSOPHY

At Chilton Medical Center, we acknowledge the need for humanistic concepts that support a compassionate and caring environment based on Jean Watson's theory. Nursing is dedicated to providing a service oriented, holistic approach to meet the needs of the patients, families and members of the health care team. We believe that each patient has physical, psychosocial, spiritual, and economic needs, which comprise the total person, and that we have a responsibility to assist patients in meeting their needs at their individual state of wellness. An interdisciplinary team approach is utilized to assess, plan, implement and evaluate the multifaceted care of the patient, providing safe passage through the continuum of care.

Using a patient centered Shared Governance model as a foundation, nursing staff work together with other health care professionals to assure best practice. We believe in empowerment of the healthcare team to practice professionally, and we empower our patients to make decisions concerning their plan of care. Each member of the health care team is an integral part of the continuous performance improvement process.

Nurse leaders are developed by the continuous assessment of learning needs. Learning experiences are provided to encourage the growth of all individuals to develop to their fullest potential in meeting and maintaining standards of care. We encourage and support an environment that promotes critical thinking, innovative ideas, research, professional growth, adult learning, Shared Governance and collaboration.

## DEFINITION OF NURSING

Provision of holistic physical and emotional care and treatment through use of an evidenced based process including assessment, determination of goals, and evaluation of outcomes, reflected through a realm of caring and 'being in the moment' for the care of individuals, families, and communities.



Safe Passage of Caring  
Chilton Medical Center





## Structural Empowerment

### COMMUNITY PARTNERSHIPS



### Community Involvement

- ❖ Over 40 Chilton Medical Center team and family members recently helped package and assemble more than 150,000 wholesome meals. The food will be distributed to food pantries locally and across the world by Grains of Hope of New Jersey. Among the 40 were Liza Padua BSN, RN, CCRN, and Anna Deluca MSN, RN and Chilton President Stephanie Schwartz MSHA, FACHE



❖ The Ambulatory Surgery team participated in many outside community based activities including volunteering with the Lions Club, feeding the hungry, assisting at local women’s shelters, and helping at various church ministries. One popular activity is participation in the AHS Digestive Clinical Community Committee and local town fairs where blood pressure screening and breast cancer awareness is showcased. Among those who attended were Geri Dehaas ADN, RN, Dina Tortorelli BSN, RN, RCS, CMNL, and Barbara Lake, MSN, RN.

❖ Chilton’s NICHE Nursing Council, in collaboration with AHS Community Health / New Vitality and Wayne YMCA, participated in its first National Senior Health & Fitness Day held at the Wayne YMCA on May 31, 2017. National Senior Health & Fitness Day is an annual event as part of Older Americans Month and is observed at more than 1,000 local sites across the United States. The theme of the event was “With Movement ...There is Improvement.”



Members of the NICHE Nursing Council were Grayna Guzman, RN, Maria Dungca, RN, Mary Squier, RN, Augustina Samuel, RN, Mary Babula, RN, Margaret Puccio, RN, Nicole Fusco, RN, Deborah Cochrane, RN, Daysi Kowalski, PCT and Janelle Peters, RN, Nursing Research Council.



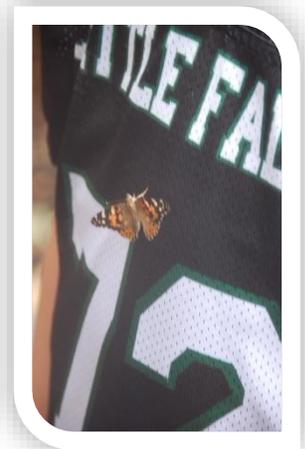
❖ ICU Road Runners team partaking in the 2017 5K for Sharing Network Celebrating Life. Sue Yale-Mancini BSN, RN, CCRN and Melissa Johnson BSN, RN, CCRN attended this event.



❖ 2017 Special Care Nursery Reunion! Each year, the Maternity Center at Chilton Medical Center has a Special Care Nursery Reunion. All the babies that were admitted to the special care nursery return for a reunion with the maternal child team.



❖ The Maternity Center also hosts “Ceremony of Remembrance”, for families who have experienced pregnancy and infant loss. They come to Chilton for some arts and crafts, and this year they released butterflies in memory of their children. Pictured left is the garden of remembrance where this ceremony took place.



REWARDS, RECOGNITIONS, AWARDS and CELEBRATIONS

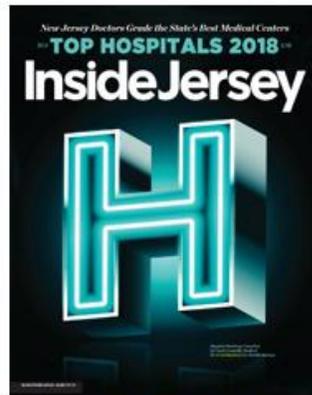
Chilton Medical Center Awards 2017-2018



Primary Stroke Center Certification



Hip and Knee Disease-Specific Certification



Ranked #1 Mid-sized Hospital in New Jersey 2016, 2017 & 2018



- ❖ Re-accreditation by the Joint Commission with no recommendations for improvement for nursing.
- ❖ Re-certified in Disease Specific Certification for Bariatrics by American Society for Metabolic and Bariatric Surgery
- ❖ Gold Plus Elite Award for Stroke “Get with the Guidelines”
- ❖ Silver Award for Cardiac Services Mission Life
- ❖ Sharing Network Platinum Designation
- ❖ Baby Friendly Designation
- ❖ Re-designated as Leaders in LGBTQ Healthcare Equality



## Chilton Welcomes the DAISY Award



The DAISY Award is celebrated in 2,600 healthcare facilities among all 50 states as well as in 14 other countries. The strategic impact of the program on nurses and their organizations is deep, affecting nurses' job satisfaction, retention, teamwork, pride, organizational culture, healthy work environment, and more.

In April 2017, The Nursing Professional Development (NPDC) Council at Chilton Medical Center launched the DAISY award and began soliciting nominations. After receiving 49 nominations from patients, family members of patients, and staff, the council undertook the arduous task of choosing Chilton Medical Center's First DAISY award winner.

The PDC created their own list of criteria to evaluate each nominated nurses' narration. Using the acronym PETALS, the nurses who were nominated were to have displayed the following:

**P**- Passion/compassion for nursing and the care you provide- does the nomination show the nurse is passionate about nursing and compassionate in the situation?

**E**- Empathy-in the situation- does the nurse show empathy toward the individual or situation in the nomination?

**T**- Trust and Teamwork of families, patients and peers- is there a sense of trust in the nurse conveyed in the nomination?

**A**-Attributes possessed- are there some attributes that others would admire in this nurse conveyed in the nomination?

**L**-Love for the patient and nursing profession- with the nomination can you tell the nurse has true love for the profession?

**S**-Selflessness- is there any selflessness on the part of the nurse?

The winner as well as all the other nominees were announced on June 27, 2017 at a ceremony.

- ❖ Fiona Ahern RN, Stroke Coordinator was the first Daisy award recipient. She was nominated by one of her colleagues for going above and beyond to care for a stroke patient who was in our facility for an extended period of time. Fiona took the patient out for walks and brought him clothes. Fiona treated him like family. Her dedication and compassion is evidenced by her enthusiasm and individualized dedication to all of her patients.



June 2017 Daisy Award winner, Fiona Ahern, RN (middle) with Chilton Medical Center President Stephanie Schwartz, MHSA, FACHE (left) and Chief Nursing Officer Maureen Schneider, PhD, MBA, RN, NEA-BC, CPHQ, FACHE (right).

❖ August 2017, Terry Surlak RN ICU staff nurse was the second recipient of the Daisy Award. She was nominated by a patient and his family who were ever so touched by Terry's compassionate care during a very serious illness. Terry emulates every quality required to receive this prestigious award. We are very proud to work with such a warm and caring professional.



Amanda Cummings UR; Marie Fortalez-Rojo BSN, RN; Angela Kostman BSN, RN, CCRN; Susan Yale-Mancini BSN, RN, CCRN; Kristina Bruzzesi RN; (patient); Theresa Surlak RN (Daisy Recipient); Shelley Gagliardi RN; Klean Zapata PCT; Laura Reilly MSN, RN, CCRN-K, CNRN



From Left to right Liza Padua BSN, RN, CCRN, Lucyann Scorzo RN, the daughter of the patient who wrote the letter and Maureen Schneider PhD, MBA, RN, NEA-BC, CPHQ, FACHE

❖ In December 2017, Debbie Schell RN, PCCN CPCU staff nurse was the fourth recipient. She was recognized by the patient's daughter for the care she gave her mother. Debbie went out of her way to check on her mother after she left the unit. Her follow up, interest and caring personality made the patient and her daughter feel special. Debbie created a "Positive Patient Experience" that was truly appreciated.



❖ In October 2017, Lucyann Scorzo RN 3 West staff nurse was the third recipient of the Daisy Award. A beautiful letter was written by a daughter of a patient about the great care Lucyann gave her. Lucyann has a genuine love for her patients and treats them as she would a loved one.

## Service Star

- ❖ In March 2017, Tania Rojas-Cutone BSN, RN Nurse Manager of Nursing Informatics was nominated by Joan Becker a respiratory therapist, for her assistance during a code blue. Tania entered the bathroom, lifted the patient off the toilet, and lowered him to the floor. Her quick actions saved his life. Joan described Tania as “Always being the weekend Champion!”



In June 2017 Eileen Trifari RN, CRN Radiology Nurse was **nominated** by her manager, Eric Leuthold. She was nominated for taking initiative to develop a radiology specific medical terminology presentation to help educate the east entrance staff on varied radiology topics. Eileen developed the program independently and coordinated the educational sessions for the east entrance staff. The program helped the “Non-Clinical” east entrance staff do their jobs and understand radiology terminology.



- ❖ In August 2017, Raymond Fowlie RN, CDE Diabetes Educator- was nominated by the Manager of Nursing Education, Barbara Martucci MSN, RN. Ray was awarded the Service Star of the month for going above and beyond his day to day job duties and providing excellent care to all of his patients during their time at Chilton. His follow through and engagement strategies create seamless transition from acute care to discharge. Ray is a dedicated professional who delivers patient centered care.



## Rising Stars from Chilton Shine at the Neuroscience Nursing Symposium

On Wednesday, September 27, 2017, at the Neuroscience Nursing Symposium, four Chilton nurses were recognized as Rising Stars. Tamara Sousa RN, Taylor Thoma RN, Constanza Mastrangelo RN from IMCU and Theresa Carrelus RN from ICU. Congratulations to these deserving nurses.



## Chilton Nurse Receives Nurse Recognition Award from the New Jersey League of Nursing

John Indarjit MBA, MSN, RN, CLNC, CPD, received the Nurse Recognition Award from the New Jersey League of Nursing on November 3, 2017. John was nominated by Gina Garcia RN from IMCU. John met the criteria for this distinguished Nurse Recognition Award by demonstrating excellence in nursing through his leadership skills with the staff and patients. His bedside manner is comforting, especially in critical situations. One example was when John was an extraordinary role model and advocate for one of his patients. The patient was terminally ill and John stayed with him to ensure that he was able to speak with his wife, who could not be at the patient's bedside due to family circumstances. He showed compassion to the patient and the family during this difficult time.

Maureen Schneider PhD, MBA, RN, NEA-BC, CPHQ, FACHE hosted a hospital celebration for John and during her speech she stated "Just a note in addition to the award John received at the NJLN Gala on Friday, November 3, Chilton also donated a scholarship in his honor to the New Jersey League for Nursing. 100% of the scholarship donations goes directly to nominated nurses to help with their continued educational expenses."



## 'I SEE YOU CARE Award'

Susan Yale-Mancini BSN, RN, CCRN, Nursing Coordinator of Chilton Medical Center's intensive care unit, was honored with a national award by Advanced ICU Care.

One of the nation's leading providers of high-acuity telemedicine services, Advanced ICU Care this week announced the recipients of its 2nd annual 'I SEE YOU CARE Awards.' Yale-Mancini won in the nurse category.

"It is our privilege to honor Sue for her steadfast commitment to advancing critical care through telemedicine," said Maureen Schneider, PhD, MBA, RN. "Sue's leadership and commitment to patient care and our partnership with AICU reminds us of the great endeavors we can accomplish together. We sincerely value the teamwork of our staff, physicians and our healthcare team as we work to improve clinical outcomes and enhance the patient and clinical staff experiences within our ICU."

The awards recognize organizations and individuals who exemplify the collaborative partnership between bedside care providers and Advanced ICU Care's remote clinical team to provide ICU patients with the highest standard of care.

Award winners were selected from nominations from more than 65 partner hospitals.

Congratulations to Sue!



## Best tPA Time

The Emergency Department celebrated their best TPA Administration time of 2017, which was 16 minutes!!! The Team from left to right; JoAnna Calle PCT, Dr. Chris Lobaito, Crystal Paradero BSN, RN, CEN and Kyle Brown Pharm D, BCPS.



## 2017 RN and PCT honorees for practice, leadership and provision of quality care

### Excellence in Patient Centered Care

- Excellence in Patient Centered Care by the Staff Nurse:
  - o Outpatient Practices: Karen Donovan MSN, RN, CDE
  - o Float-NRC: Tima Kaba RN-BC
  - o Maternity Center: Andria Benham RN, RNC-OB
  - o Surgical Services: Nancy Wasiuk RN, Post Anesthesia Care Unit
  - o Pediatrics: Janelle Peters BSN, RN, CPN-Pediatrics, Andrea Figueroa BSN, RN, CPN
  - o Critical Care: Angela Kostman BSN, RN, CCRN –ICU, Danielle Bolich AND, RN-ICU, Lori Prol-Dale BSN, RN, PCCN –CICU, Linda Tczap, RN -ICU, Heather Sheehan, RN -PCCN –IMCU
  - o Medical-Surgical: Lorraine Maldonado, RN –4 East, Denise Naparano, RN –4 East, Maria Dungca BSN, RN –4 East
  - o Emergency Department: Crystal Paradero BSN, RN, Morgan Feuss BSN, RN, CEN, Leann Hopkins BSN, RN, Danielle Massaro BSN, RN, Meghan Stellingwerf BSN, RN
- Patient Centered Care by a Patient Care Technician or Tech
  - o Mery Villanueva-NRC, Kathleen Wright –CICU, Klean Zapta-ICU, George Estrella –CVIL, Jordan DeMarsico –4 East, Christopher Barry –3 West
- Patient Centered Care by a Novice Nurse
  - o Carla Fernandes RN -ED, Kayeleigh Mallon BSN, RN -CICU, Jacqueline Munoz BSN, RN-3 West, Rati Anand BSN, RN –ICU
- Patient Centered Care by a Preceptor
  - o James Mc Gavin RN –ED, Mary Squier RN –4 East
- Excellence in Nursing Education, Advanced Practice Nursing, Quality, and Specialized Care
  - o Deborah Cochrane BSN, RN, IVCC -PICC, Katherine Waldo MSN, RN, CNS -EDU
- Excellence in Nursing Leadership
  - o Nicole Fusco BSN, RN, CEN-ED, Halina Miller BSN, RN –NRC, Marcella Klepacki BSN, RN –FCC



Honoree	Unit	Award
Rati Anand BSN, RN	CICU	Novice Nurse
Mary Squier RN	4 East	Nurse Preceptor
Connie Mastrangelo BSN, RN, PCCN	IMCU	Staff RN
Halina Miller BSN, RN	Nursing Resource Center	Nursing Leadership
George Estrella PCT	CVIL	Patient Care Technician

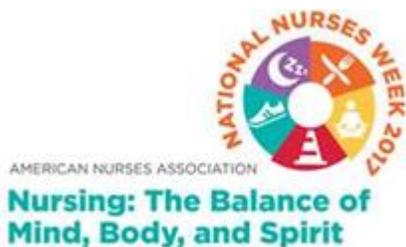
## 2017 National Nurse's Week Celebration

Nurses week committee, under leadership of Theresa Jackson MASN, RN and Halina Miller BSN, RN, CNOR  
2017 Nurses Week Committee

- ❖ Theresa Jackson RN MAS Nursing Coordinator
- ❖ Diane Perez RN MS Nurse Manager of Nursing Operations
- ❖ Deborah Cochrane BSN, RN IV Therapy
- ❖ Rosemarie Jones BSN, RN, CEN Nursing Coordinator
- ❖ Liza Padua BSN, RN, CCRN Nursing Coordinator
- ❖ Kathi Hoffman MS, RN, PCCN Nursing Coordinator
- ❖ Meredith Snow BSN, RN Nurse Manager of Medical Surgical Services
- ❖ Susan Becker BSN, RN, ACHRN Nursing Coordinator
- ❖ Helen Filor BSN, RN Nursing Coordinator
- ❖ Alaina Scala-Brewer BSN, RN, CIC Nursing Coordinator
- ❖ Susan Yale-Mancini BSN, RN, CCRN Interim Coordinator
- ❖ Donna Macrone BSN, RN, PCCN Interim Coordinator



There were many activities and a wonderful reception was held to honor the hard work and dedication of our nurses. The theme of National Nurse's week for 2017 was *Nursing: "The Balance of Mind, Body and Spirit."* The activities included a Fashion Show, luncheon, hand massage, blessing of the hands, gift basket raffles and Circle of Excellence Awards. The finale was A Stress Management and Resiliency class that awarded nursing contact hours.



Stephanie Schwartz, President, FACHE (Left) and Maureen Schneider, Chief Nurse Officer, PhD, MBA, RN, NEA-BC, CPHQ, FACHE (Right).

## EDUCATION and PROFESSIONAL DEVELOPMENT

### RN PACT 2016-2017

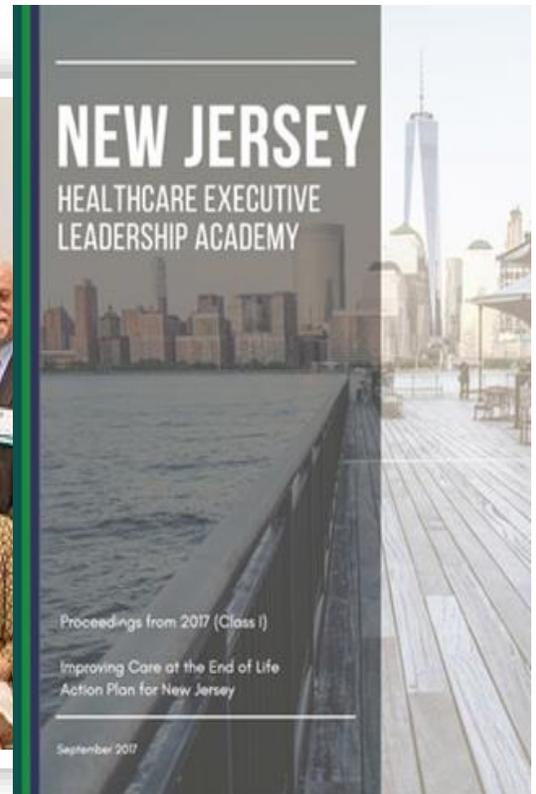
This year, **55** nurses submitted PACT portfolios, 27 for Level II, twenty-one for Level III and seven for Level IV. This represents approximately 20% of the RN's who are eligible to participate. CMC has almost doubled the number of awardees since its inception. In 2017, there were 19 first time recipients.

Some of the accomplishments highlighted below are:

- 38 journal articles on current evidence-based practice focusing on patient outcomes were researched and presented by 28 nurses to their peers. This increased the nurses knowledge and fostered evidence-based practice.
- 23 nurses completed CITI (Collaborative Institutional Training Initiative) training. This is human subject research training which is required for RNs to participate in research.
- 41 of the 55 RNs have earned higher degrees or are currently enrolled in advance degree programs.
- 32 of the 55 nurses are active participants in a Shared Governance Council. This is approximately 30% of our Shared Governance Council members.
- 12 nurses coordinated or developed a teaching station for nursing events to educate staff, visitors and/or care-givers.
- 25 nurses spent 142 hours to support CMC's annual regulatory requirements by becoming fit testers, administering flu shots and giving PPD's.
- 9 nurses mentored 13 new PACT applicants through this year's PACT program.
- 150 volunteer hours were devoted to Community Service by the PACT participants.
- 32 of the 55 nurses attained or maintained their National Certification.
- 9 nurses mentored 13 new PACT applicants through this year's PACT program.
- 150 volunteer hours were devoted to Community Service by the PACT participants.

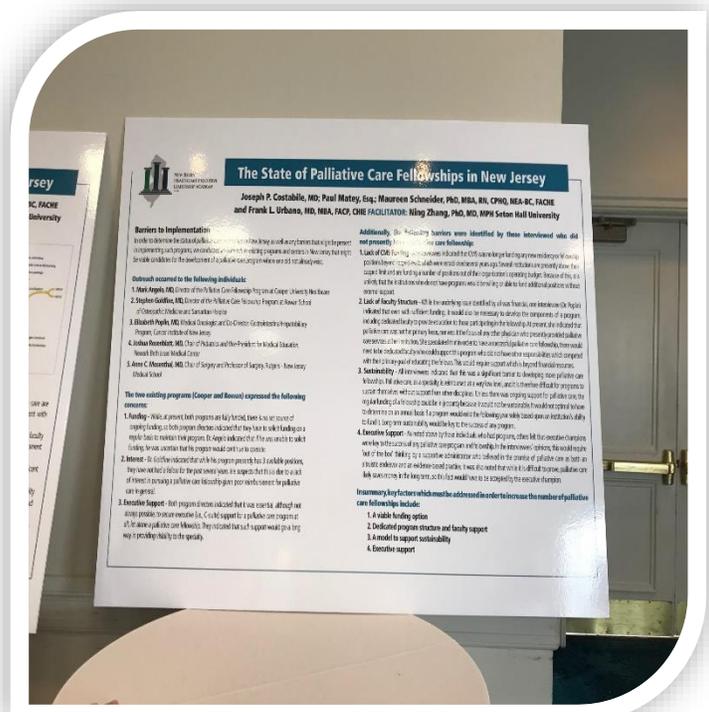
- ❖ This program drives RNs out of their comfort zone into a higher level of excellence. The RN partners with the Education Department to develop educational sessions based on research, evidence-based practice, outcomes and quality measures. Presentations are showcased during projects grand rounds and community outreach programs.





The New Jersey Healthcare Executive Leadership Academy is a joint initiative to build stronger leadership among physicians and executives from hospitals, post-acute providers and health plans. The program was developed by the Medical Society of New Jersey, the New Jersey Hospital Association and the New Jersey Association of Health Plans. These professional organizations, representing the three pillars of healthcare in New Jersey, believe that developing cross disciplinary, collaborative leadership within each sector will resolve the most pressing healthcare issues in our state.

Maureen Schneider PhD, MBA, RN, NEA-BC, FACHE was selected as one of the thirty leaders for the 2017 inaugural class of the Executive Leadership Academy which focused on Palliative Care in the State of New Jersey. This forward thinking work and relationship building between partners assists in strengthening the health of the communities in New Jersey.





## Nursing Grand Rounds

This program fosters professional growth and stimulates enthusiasm among the nursing team at CMC. Nursing Grand Rounds offers nurses an opportunity to research, create PowerPoints, present a topics and partner with colleagues.



2017 Nursing Grand Rounds highlighted a variety of topics for the professional development of nursing at Chilton Medical Center. It is a monthly event that awards nursing contact hours. Average nursing attendance was 22 nurses per month. Nursing Grand Rounds has evolved into an established professional development program for the organization's nursing staff. Learning needs assessment survey, quality initiatives and evidenced based guidelines guide the topics selected. The program has expanded to include the Professional Development Council, who collaborate on the topics. In addition, speakers are now volunteering to present and bring their ideas to the council. All sessions have been consistently attended by clinical nursing staff, educators and leaders. The rounds are formal, one-hour presentations, where lunch is served and one continuing contact hour is awarded to all RNs who attend. Nursing Grand Rounds has gained popularity and credibility with staff. Many of the presenters encourage and facilitate new skill sets. The desired results are enhanced competence, inspired confidence and improved patient outcomes.

Congratulations to Kerry Quinn BSN, RN, CEN who initiated Nursing Grand Rounds at Chilton Medical Center.



## Education Programs and Conferences

- ❖ CMC sponsored 10 nurses attended the American Nurses Credentialing Center (ANCC) National Magnet Conference in Houston, Texas.

This is one of the largest nursing conferences in the United States. More than 9,000 nurses attend the conference each year.

This year's Magnet Conference offered over 150 concurrent sessions. The staff attended sessions taught by renowned inspiring speakers and spent time in the exhibit hall testing new products and technology.

The CMC nurses returned energized, ready to improve their nursing practice and equipped with proven methods to do so. This was an amazing experience and the group is enthusiastic to share their new knowledge with their colleagues.



- ❖ The group that went to Magnet Conference had some time to spend with Dr. Jean Watson. The staff was thrilled to meet her.



- ❖ July 2017 Two of our nurse educators attended the Association for Nursing Professional Development Conference (ANPD) in New Orleans this year's theme was "**Aspire to Transform**".





- ❖ Louis Farone MSN, RN, CEN, NRP attended the National ENA convention in St. Louis in September 2017.



- ❖ Five Team members from the Emergency Department attended the ENA conference in March 2017 in Atlantic City, New Jersey.



- ❖ The Press Ganey Conference was attended by Anna Deluca MSN, Nicole Fusco BSN, RN, Lou Faraone MSN, RN, CEN, NRP, and Karen Flaherty-Oxler CNE, MSN, RN, SVP, Chief Nursing Patient Experience Officer of Atlantic Health Systems.



❖ 2017 Competency Day was a huge success. Over 300 Nurses successfully completed Annual RN competencies. To the left are pictures of nurses engaging and enjoying the event. Skill stations were assembled in the Nursing Education Classroom and nurses used a passport to demonstrate competency at each station.



❖ Through a grant from the George Link Jr. Foundation, 25 emergency department nurses embarked on the journey to become a Certified Emergency Nurse. A two-day Certified Emergency Nurse Review Course was held at the Collins Pavilion on July 27 and 28, 2017. Over 35 emergency department nurses from CMC and sister sites attended. Several nurses successfully completed the certification examination in 2017 and additional nurses are registered to sit for the exam in 2018.



## Sharing Network Flag Raising

- ❖ National “Donate Life Month” honors those who have given the gift of organ and tissue, those who have received a life-saving transplant and those currently waiting for a transplant. Every year during the month of April, Chilton Medical Center raises the Sharing Network flag to honor those who help save and enhance the lives of others through organ and tissue donation. There are currently more than 120,000 people in the United States waiting for a life-saving organ transplant; over 4,000 living in New Jersey. Our shared mission with NJ Sharing Network is to encourage everyone to register as an organ and tissue donor and to talk about it with friends and family.



- ❖ The hospital received Gold recognition from the Sharing Network for the Partnership for Life Hospital Program.

### ❖ Dress in Blue Day

March 3, 2017, Atlantic Health System participated in Dress in Blue Day, an initiative of the Colon Cancer Alliance to bring attention to one of the most preventable cancers.



- ❖ To raise awareness, honor survivors and remember those lost from breast cancer, all members of the team wore pink. Picture on right are members of the Nursing Department.



- ❖ In October 2017, The Nursing Department participated in “PINK IT OUT” for Breast Cancer Awareness. Pictured left are members of the Emergency Department.



- ❖ October 11, 2017 was National Emergency Nurse’s Day. Pictured left is the Emergency Department celebrating their hard work and dedication.



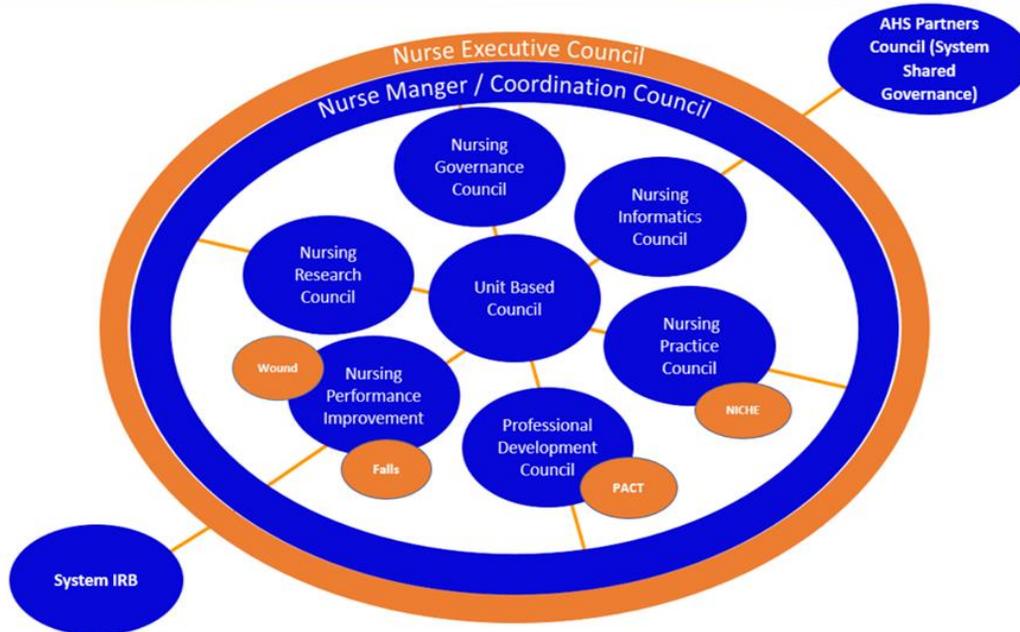


## Exemplary Professional Practice

### SHARED GOVERNANCE

Councilor methodology is used to achieve the goals of Shared Governance. Shared Governance provides a framework based on the belief that nurses are closest to the patient and are in the best position to make decisions related to patient care and nursing practice, integrating the concepts of the professional practice model and patient focused care. This framework supports and fosters nurses, management and other team members & disciplines to work collaboratively to develop Nursing Practice & Patient Care Policies based on evidence-based practice.

### Chilton Medical Center Department of Nursing Shared Governance Model



### Council Reports

Below, you will find a description of the work from each council with a corresponding list of members in Appendix A.

### Nursing Executive Council

The Nursing Executive Council comprised of the CNO Maureen Schneider PhD, MBA, RN, NEA-BC, CPHQ, FACHE (chair) and Senior Nursing Leadership. It is a coordinating council that evaluates and integrates recommendations from the Nurse Manager Coordinating Council for Department action in respect to the Department strategic plan. Multiple leadership retreats were held this year as a venue for communication and discussion about key initiatives and goals

of the department. EPIC, an AHS computer-based documentation system was a priority for the council to ensure implementing a smooth transition. It included new documentation platforms, assessments, policies and procedures and education plans. Facilitating resources and support to leadership for the Magnet Journey was also a prioritized focus with documentation submission scheduled for June 2019.

**Nurse Manager Coordinator Council** Alaina Scala-Brew BSN, RN-BC, CIC and Liza Padua BSN, RN, CCRN Nurse Coordinators as Co-chairs and Laura Cima PhD, MSN, MBA, RN, NEA-BC FACHE, as the nurse leader advisor. The Nurse Manager Coordinator Council was initiated in March to support excellence in nursing practice, quality care, research and education. Members include the CNO, all nurse managers and coordinators with Alaina Scala-Brew BSN, RN-BC, CIC, Coordinator as chair. The Coordinator Council functions as the center of the shared governance model with communication among leadership and the Shared Governance Councils. Quarterly reports are received from the council chair on action recommendations and progress towards goals. A few of the topics discussed this year include: results on quality outcomes through NDNQI, results of the RN satisfaction survey, a new telemetry monitoring process implemented with the move of the CPCU to a newly renovated floor, EPIC implementation and education processes, Safe Patient Handling requirements, civility, the Baby Friendly initiative and governance documents.

**Nurse Practice Council** Mary Squier AAS, RN and Daletth Koroghlain BSN, RN serve as co-chairs and Diane Perez MS, RN and Barbara Martucci MSN, RN, ACNS-BC, as their nurse leader advisor. The purpose of the Nurse Practice Council is to coordinate nursing practice throughout CMC. One means of accomplishing this goal is through the review and approval process of all new standards of care, policies and procedures. Additionally, multiple medication education sheets along with the COPD patient education packet were approved this year.

**Nurse Governance Council** Kerry Quinn BSN, RN, CEN and Carnette Smith MS, RN-BC co-chairs and Rosemarie Jones BSN, RN, CEN as their nurse leader advisor. The Nurse Governance Council restructured the purpose and name to better reflect the functions of the council. Previously named the Magnet Steering Committee with a narrow focus on Magnet discussion, the council has been key in formatting multiple key governance documents and processes for the Department. The name change better reflects this alignment. Accomplishments this year include: finalization of the Dept By-laws, delineation of the Care Delivery System, operationalization of the ANA Standards of Practice and Performance and ANA Code of Ethics to CMC practices, integration of practice with Jean Watson's caritas criteria and ongoing support through the implementation plan for the Professional Practice Model. Council also sponsored the NDNQI RN Satisfaction Survey with active reinforcement of staff for completion with outstanding results for participation.

**Nursing Performance Improvement Council** Denise Johnson AAS, RN, CNOR, chair and Rosemarie Jones BSN, RN, CEN as the nurse leader advisor. The purpose of the Nursing Performance Improvement Council is functioning as the coordinating forum for quality and performance improvement for nursing practice. All units providing nursing care present outcome data through the council to leadership as well as communicating practice trends and action plans to the unit based councils.

Accomplishments for 2017:

- Participated in education regarding process versus outcomes.
- Revised and conducted the process for nursing peer review.
- Standardized the performance improvement process.

**Nursing Professional Development Council** Connie Mastrangelo BSN, RN, PCCN and Augustina Samuel AAS, RN, CCRN co-chair and Laura Cima PhD, MSN, MBA, RN, NEA-BC, CPHQ FACHE, Manager as the nurse leader advisor. The goals of the council are to promote excellence in nursing practice and enhance clinical expertise, resulting in optimal patient outcomes. Nursing grand rounds have been implemented monthly with topics selected in accordance with the results of the RN education need assessment. The council continued their outreach to the College of St Elizabeth and coordinated an informational open house with college representatives on site. Fifteen additional RN's enrolled for the BSN Cohort, bringing a total of 29 RN students from CMC. Along with initiatives for attaining further education, the council provided information on the availability of certification review courses in clinical specialty areas. The Daisy Award was implemented for this first year, beginning in June with bi-monthly awardees to recognize clinical excellence.

**Nursing Research Council** Heather Sheehan AAS, RN, PNCC, and Janelle Peters BSN, RN, CPN co-chair with Maureen Schneider PhD, MBA, RN, CNE-BC, CPHQ, FACHE and Laura Cima PhD, MSN, MBA, RN, NEA-BC FACHE the nurse leader advisor. Members of the Council have been excited this year to continually grow their competencies in identifying and analyzing nursing research. A majority of members have achieved CITI certification. One accomplishment was the creation of the "Pathway to Research at CMC", outlining a simplified step process to guide staff in the requirements for conducting research studies at CMC. Growth of research at CMC is demonstrated by the number of studies submitted for review by both staff members and students from various institutions.

**Nursing Informatics Council** Michele Lawson BSN, RN-BC, CRNI chair Tania Rojas-Cutone BSN, RN as their nurse leader advisor. The implementation of the conversion to the EPIC documentation system for AHS has been the priority goal of the council. Many of the council members are "super-users" for the new software and will be supporting their co-workers as the clinical experts during the implementation and initial period of use in 2018 Go-Live.

**Wound Care Council** Jo Ann Coar BSN, RN -BC CWOCN, COS-C, Chair.

The wound care council meets to review best practices related to wound care and prevention of hospital acquired pressure ulcers and integrate into policies and protocols for patient care.

Accomplishments this year include:

- Conducting a quarterly Journal Club to review current research and EBP related to wound and skin care topics
- Sponsoring the annual Skin Care Fair-to educate staff on clinical practice updates
- Conducting the quarterly pressure ulcer prevalence audit
- Initiating the focused campaign to eliminate use of incontinent diapers
- Standardizing skin related management guidelines

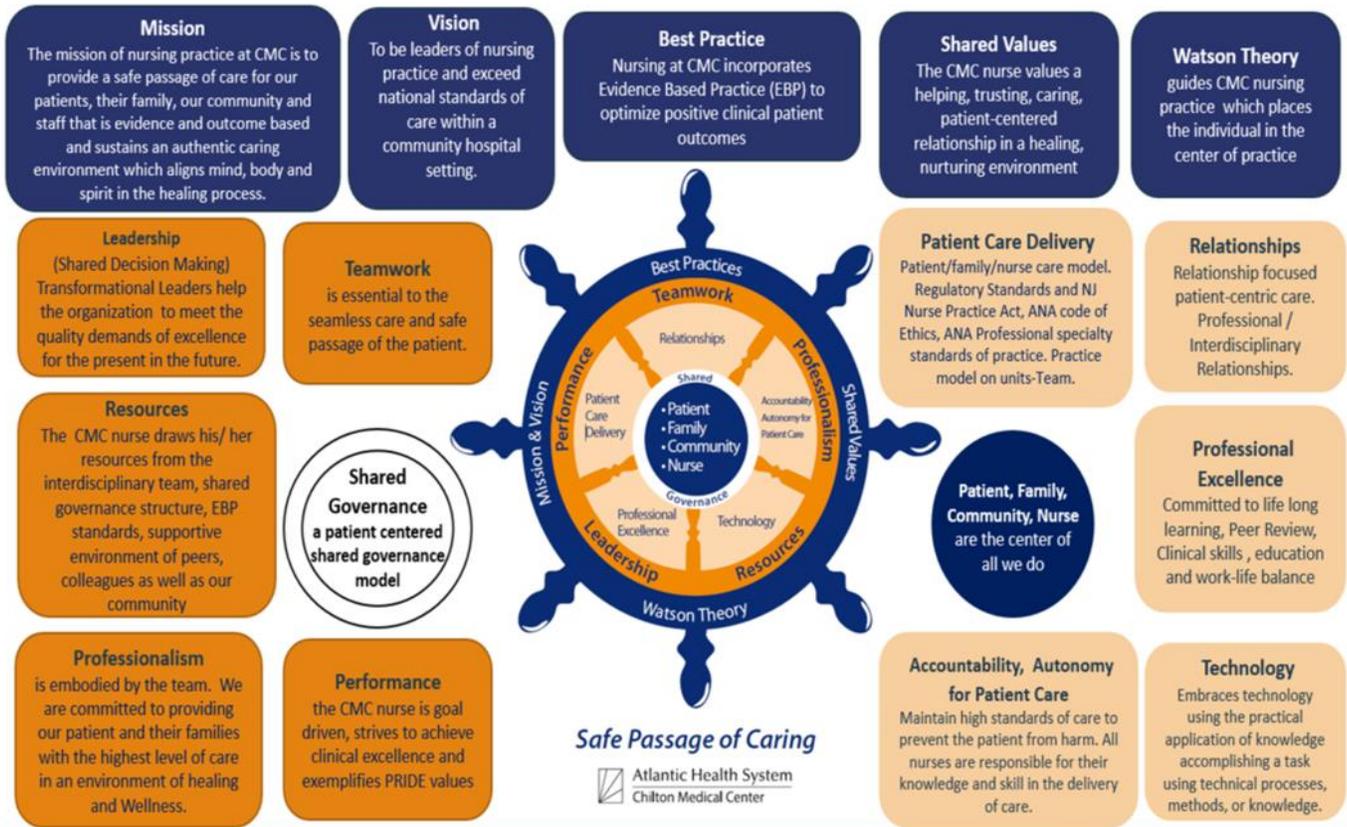
**NICHE Council** Carnette Smith MS, RN-BC, Chair. NICHE (Nurses Improving Care for Health System Elders) is an international program designed to help healthcare organizations improve the care of older adults. The program at CMC has been designated as “exemplar”, the highest level for another consecutive year. The council, along with the NICHE Steering Committee sponsored the annual education program in October with the topical theme of providing insight into caring for older adults with behavioral health challenges in acute care and community settings. Also, Council members, in collaboration with the AHS Community Health/New Vitality and Wayne YMCA, participated in the first National Senior Health & Fitness Day.

**SAFE PASSAGE OF CARING**

In an effort to provide a safe passage of caring, every member of the team, at all levels, must be involved. Strong, shared governance structures are in place and the councils have set standards and developed strong structures and processes. The groundwork is now set for the front line staff to be more involved in decision-making, therefore having a positive impact on their work environments. Departments become more productive and more efficient and inter-disciplinary relationships within the department are enriched and become stronger.



# Chilton Medical Center Nursing Professional Practice Model



A professional practice model (PPM) is the structure, process and values that describe how nursing is practiced at CMC. By using the PPM, we ensure nursing practice is consistent regardless of the location of care and create safe passage for attaining optimal patient outcomes. Our PPM unifies the components of nursing practice for the care delivery system through the Dr. Jean Watson Theory.

## Unit Reports

### 3 West – Medical Surgical Specialty

3 West is a medical-surgical unit with a twenty-four bed capacity, primarily with post-surgical patients. The unit has two specialties: bariatric surgery and total joint replacement. Nursing and PCT staff on this unit receive specialized training & maintain clinical competencies, enabling them to provide best care practices to these patient populations. The quality of care provided has been recognized through re-certifications by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) and The Joint Commission for Accreditation for the Total Joint Program, marking six consecutive years of success in this initiative.

Program highlights included a 65% increase in patient volume for the bariatric program & two points of emphasis in the total joint program. By discharging patients to home versus rehabilitation facilities through a program entitled “There is no place like home”, patients are educated in the advantages of going home and the disadvantages of going to a rehabilitation facility (potential infections, less mobility and a slower recovery in general). Working collaboratively with the physicians, discharge to home has increased by 60%. Secondly, early mobility with patient ambulation within the first 4 hours of return to the unit from the Recovery Room.

Priority projects for the unit in care delivery have focused on patient satisfaction with recognition achieved in two quarters with scores above the national benchmark, quality outcome indicators meeting or exceeding the NDNQI benchmarks for all 4 quarters and staff pursuing nursing degrees and certification. Colleagues of the unit were proud for the recognition of a colleague, LucyAnn Scorzo, RN in receiving the Daisy Award for outstanding nursing care.

#### **4 West – Medical Surgical Specialty**

4 West is a thirty-two bed unit featuring 16 private rooms and 8 semi-private rooms. It is primarily a geriatric medical unit serving patients with a variety of diagnoses as renal diseases, COPD, CHF, diabetes, GI diseases, infectious diseases, and substance abuse. Because the majority of patient are older, many of the nurses hold national geriatric certifications. 4 West also offers compassionate oncology care, administering complex chemotherapies. To maintain chemotherapy competence, the nurses periodically rotate through the Collins Pavilion Oncology Infusion Outpatient Department.

2017 accomplishments include 7 nurses obtaining gerontology certification with 13 additional nurses applying to sit for the exam this year. 4 West nurses are also educated in End of Life Nursing Education Consortium (ELNEC). Feedback from families’ report that the nurses are providing respectful care with dignity to patients at the end of life. One of the PCT’s, Samantha Golden, graduated with an MSN/CNL from Seton Hall in August 2017 and is now working as an RN on 4 East. Eleven 4 West nurses are enrolled in BSN programs and one nurse is working toward his DNP. In 2017, Marlene Grafstein RN, along with nine other Chilton employees attended the ANCC Magnet national conference in Houston, Texas.

4 West nurses are members of Shared Governance Councils. They are proud of their quality improvement reports. Their NDNQI rate yielded 4/4 quarters (100%) above the median for specialty certification obtained by nurses. 4 West had 7/8 quarters (87.5%) above the median for falls and 3/4 (75%) for HAPI in 2017, and 8/8 quarters (100%) above the median CLABSI and 6/8 (75%) for CAUTIs. DebMed-Electronic Hand Hygiene Monitoring compliance was 86.5% for 2017. Congratulations to the 4 West Nursing Team.

## 4 East – Medical Surgical Specialty

4 East is a twenty-four bed medical/surgical unit containing 20 private rooms. Nursing care is provided to a geriatric and diverse patient population with renal diseases, COPD, CHF, diabetes, infectious diseases and substance abuse. The department participates and is active on the Share Governance Councils and the unit-based council to drive change in the hospital and department.

The Nurse Coordinator of 4E also manages the inpatient dialysis unit, which is a contracted service through DaVita. Due to proximity of the Dialysis unit to 4 East. Dialysis wait-times have significantly decreased in 2017 by 45%.

4 East staff worked diligently on nursing quality and performance improvement throughout the year. The department's NDNQI rate has had 4/4 quarters (100%) above the median for specialty certification obtained by nurses. 4 East had 5/8 quarters (63%) above the median for both falls and HAPI in 2017, and 7/8 quarters (88%) above the median CLABSI and CAUTI. 4 East had a significant decrease in turnover and vacancies as compared to 2016. New installation of an electronic hand hygiene monitoring system DebMed has resulted in an average of over 80% for the year.

There is much to celebrate on 4 East. Two nurses graduated in May 2017 with BSN's, Karina Laynes from St. Peter's University and Meryl Spitzer from Ramapo College. Two PCT's on 4 West are now RN's, Casandra King ADN from Passaic County Community College in May 2017 and Samantha Golden with her MSN from Seton Hall in August 2017. Currently 4 East has four RNs enrolled in BSN programs with an anticipated graduation date in 2018.

Five nurses obtained their gerontology certifications in 2017, Vincenza Giammona, Mary Squire, Andrea Rojas, Maria Dungca, and Alaina Scala-Brew. Nine nurses were nominated for the prestigious Daisy Award and 5 for the Circle of Excellence award: Denise Naparano, RN, Maria Dungca, RN, and Jordan DeMarsico, PCT were of the nominees. Mary Squier, RN won for Excellence by a Preceptor and Lorraine Maldonado, RN won for Excellence by a Staff nurse. 4 East also had 3 PACT recipients Barbara Edwards Level 4, Maria Dungca Level 3 and Mary Squier Level 2. In 2017, Alaina Scala-Brew, along with nine other Chilton employees attended the ANCC Magnet national conference in Houston, Texas.

## Intensive Care Unit (ICU) - Critical Care

The Intensive Care Unit (ICU) provides care for critically ill patients. The critical care nursing team works to collaborate in concert with patients and their families to provide a safe passage of care as they strive for optimal well-being of the patient population by providing specialized medical and nursing care in a compassionate manner.

The twelve bed unit provides 24/7 intensivist coverage with onsite physicians, Monday-Friday, from 7a-3p and remote coverage via telehealth technology during off hours and weekends. The highly qualified team provides nursing care to a patient population consisting primarily of respiratory, cardiac, neuro, and surgical conditions who remain in ICU while requiring ventilator support, life sustaining IV medications, and technology needed to provide close monitoring. Nurses are educated to safely manage patients with higher acuity conditions requiring Intra-Aortic Balloon Pump, Targeted Temperature Management with therapeutic hypothermia, post tPa administration for stroke, and care of the post-STEMI/PTCA patient. RNs from ICU respond to all in-house Rapid Response emergencies and Code Blue events using their expertise to guide the intermediate and med/surg nursing staff. A staff process improvement initiative was implemented to improve documentation of titrated drugs to ensure that practice reflected the physician order. A 100% compliance rate was achieved.

## **2 East – Cardiac Progressive Care Unit (CPCU) – Critical Care**

2 East is a twenty-two-bed intermediate care unit with a focus on cardiac care. The scope of care includes diagnoses such as congestive heart failure, post cardiac catheter patients, patients with arrhythmia's and myocardial infarctions, patients with respiratory compromise such as chronic obstructive pulmonary disease, stroke patients, and medically complex patients that require a higher level of acute care than can be managed on a medical surgical unit. In July, 2 East relocated to a refurbished unit which includes 14 private rooms. Newer furniture and equipment were purchased, enhancing the ambience of the unit. Construction on this unit will provide 22 private rooms with the ability to surge to 27 during times of high census. 2 East decreased the urinary device utilization by 50% in the past 2 years; which ultimately decreased CAUTI to only one case in 2017.

## **5 West – Intermediate Care Unit (IMCU) – Critical Care**

5 West is a 32-bed intermediate care unit for patients with a higher acuity and more complexity of care than a med/surg unit. Patients admitted to this unit have various diagnosis such as stroke, pulmonary disease, intracranial hemorrhage, transient ischemic attack and ventilator supported patients. Staff have worked hard to ensure their patients have excellent interdisciplinary care. 5 West was the first unit at CMC to successfully implement multidisciplinary unit-based rounds as reflected by improving the “transitions of care” question on the Press Ganey Survey by 22%. A performance improvement project was initiated to ensure CHF patients were weighed daily resulting in an improved outcome from 50% to 90%.

## 2 West –The Mother- Baby Center

The Mother-Baby Center at Chilton Medical Center encompasses 14 private mother-baby rooms, 6 private birthing suites, newborn nursery and a level II special care nursery. All staffed with skilled, experienced care providers including Registered Nurses, Lactation Consultants, Childbirth Educators, Obstetricians, Neonatologists and 24-hour Anesthesiology and Pediatric coverage.

The Mother-Baby Center team recognized the importance of the highest quality infant care and feeding practices and as of January 2018, is proud to be a Baby Friendly Designated health care facility.

## Oncology Services

Services provided include chemotherapy, blood transfusion, phlebotomy, antibiotic and non-chemo infusions/injections. In addition to the oncology patients, the Infusion Center provides treatments to patients with many other diseases; Crohn's, Rheumatoid Arthritis, Myasthenia Gravis, and Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) to name a few.

## Surgical Services

Surgical Support Services supports each department within the surgical services arena: PAT, SDS, OR, PACU, Endo, Pain Management, and Central Sterile. In addition to the staff of the individual departments, administrative assistants work in the OR and surgical services schedulers represent the entrance for specific services for surgeons and patients. A process improvement project this year enabled the workflow of the surgical schedulers to improve the surgeon's and patient's experience coming to CMC. A new perioperative educator joined the team. She comes to us with much experience and great new ideas to improve training in all the surgical service departments.

## Operating Room

The CMC OR consists of seven operating rooms with Stryker endoscopy video equipment integrated into ceiling-mounted video monitors. There are individual rooms dedicated to various specialties:

- Cystoscopy procedures
- Da Vinci® SI robot
- Neurological microscope
- Laminar flow utilized for Orthopedics



Various surgical procedures are conducted including: Joint Commission Disease Specific, urology, neurosurgery, orthopedic, general surgery, vascular, gynecology, oncologic with certification as a Bariatric center of Excellence and Total Joint Center. The team includes registered nurses and surgical technicians, who take calls around the clock to care for patients in emergencies along with nursing assistants, anesthesia technicians, equipment technicians, unit representatives, and our products coordinator.

The OR experienced many changes in 2017, the first in March, with a talented new manager who brings years of experience and expertise to the department. Clinically, new orthopedic drills were implemented, and a switch occurred to disposable laryngoscopes. In collaboration with the four other campuses, the custom pack vendor was converted to Medline, saving AHS about 2 million dollars annually. A LEAN project was completed to streamline PAR levels and ordering which was a one-time savings of over \$300,000.

Much of the year was spent in EPIC preparations. Leadership collaborated with the entire system's Surgical Service on a Safe Surgery Summit. We focused on patient safety and created system-wide surgical policies.

Staff from the OR also participated in a myriad of activities. In April we hosted a fun exhibit for "Take Your Child to Work Day". Summer brought a fun opportunity for the OR department to challenge the ED to a friendly game of softball. On Saturday Nov. 11th the entire AHS Surgical department presented the "Interconnected Surgical Revolution" symposium in Morristown; a great day and a huge success.

## Ambulatory Surgery

The staff of the Ambulatory Surgery Department at Chilton Medical Center strives to provide an unmatched experience, focusing on excellent customer service and impeccable nursing and compassionate care, where safety is paramount.

The Ambulatory Surgery Department at Chilton Medical Center is a ten bed unit, for the admission of all elective and urgent surgical patients, age 13 through advanced age adult. The Pre-Operative Unit (5:30 a.m. until 1:30p.m) is staffed by two registered nurses and one patient care technician. This phase of care accommodates patients for day surgery as well as those staying overnight and longer. In this area patients, are prepared for their procedure while their loved ones and significant others are welcome to stay with them. Activities includes, intravenous (IV) access, skin antisepsis, VTE prophylaxis, pre-operative and post-operative education, and comfort measures.

Separate from the Pre-Operative Unit is the phase two recovery unit (930 a.m. until 8:00 p.m.) staffed by the Ambulatory Surgery department. This is a multidisciplinary unit with cardiac monitoring capability, and recovering patients from anesthesia provided for surgical, endoscopic, and interventional pain, procedures. Two registered nurses staff the unit

maintaining a 3:1 ratio, per the standards of the American Society of Perianesthesia Nurses (ASPAN).

The average tenure of the staff is 20 years of service. A zero turnover and vacancy rate for 2017 supports the present nursing satisfaction rate. Nurses and technician maintain a 100% competency rate. Certification is highly valued and several staff members have earned recognition from ASPAN, CPAN or CAPA. The Ambulatory unit is proud of staff participation at both Council meetings and monthly Unit Based Council meeting. All participate in Process Improvement (PI) data collection. Some PI projects include: Pre hospital Skin Antisepsis, chart review for documentation of education, and Set the Expectation initiative.

## Emergency Department

The Emergency Department (ED) is a Level II trauma center consisting of 33 treatment areas, 24 of which are private rooms. The ED is responsible for the immediate treatment of any medical or surgical emergency, initiating life-saving procedures in all types of emergencies, and providing emergency care for other conditions, including chronic medical problems and minor injuries and illness. The ED functions as a major outreach link for the hospital and is often the first experience that a patient and their family have with the hospital. The ED provided services to approximately 48,000 patients, this past year. To ensure that priority treatment is rendered to the critically ill patients, a 5-tiered triage system is utilized.

The ED utilizes a “pull to full” philosophy and direct bedding to get patients through the ED safely and efficiently. The average length of stay was 159 minutes in 2017 this is 10 minutes less than the previous year and is 81 minutes below the National Benchmark. As a result of this philosophy, the Door to Provider in 2017 averaged 15 minutes. This is half time of the national target of 30 minutes and the left without being seen rate is 0.2% which is under the national bench mark of 1%. These are important statistics as they reflect the efficiency and efficacy of our Emergency Department.

To increase the quality of care the ED invested in an iSTAT, permitting various blood levels to be resulted within minutes and at the bedside. The goal was to decrease the door to tPa and to help early with early detection and intervention of the septic patient. Sepsis observed, to expected mortality decreased by 28.5% which translates to a potential of 22 lives saved! In addition, the 2017 door to needle time for 2017 averaged 43 minutes which was below their goal and a decrease of 12 minutes from the previous year.

Working in an Emergency Room can be a stressful endeavor. In recognition of the need to take care of our employees as well as our patients, a quiet Zen room for staff was initiated to encourage holistic wellness.

## Pediatrics ED Hybrid Unit

After years of preparation and a vigorous evaluation from the State Department of Health, on October 11<sup>th</sup>, 2017, Chilton Medical Center celebrated the opening of The Children's Center. The Children's Center combines Pediatric Emergency Services with our Pediatric Inpatient Unit. The unit consists of seven ED beds, which includes an isolation room when needed as well as a room that can convert to accommodate children with psychiatric needs. The unit also includes four private inpatient rooms that are fully equipped to treat children of all ages. The Children's Center is staffed by Pediatric Specialized Physicians and Certified Pediatric and Emergency Nurses. The inpatient nurses oriented to the Emergency Room over the past two years in preparation for this transition. The uniqueness of this unit allows for the sharing of pediatric resources and increases continuity of care among the children and families served by Chilton Medical Center.

## Family Health Center – Pediatric, OB, and Medical Clinics and Diabetes Education

The CMC Family Health Center (FHC) is comprised of three separate and distinct primary care clinics that are focused on serving uninsured and/or underinsured patients and provides vital healthcare to our patients. In 2017 the clinics had a total of 3,786 patient visits with a breakdown as follows:

Pediatrics – 2,487 visits      Obstetrics – 1,062 visits      Medical – 236 visits

The OB clinic was an important contributor to CMC being awarded the "Baby Safe" designation. The Pediatric Clinic is actively involved in our successful partnership with the "Vaccine for Children program" in New Jersey and works tirelessly to ensure that all of the many regulations and program requirements are upheld.

The entire FHC team works collaboratively with our physician partners to ensure a positive experience for our patients.

## Cardiovascular Services

Cardiovascular Services includes the Cardiac Catheterization Lab, the Cardiac Rehabilitation Center and the Non-Invasive Cardiology department which is comprised of Echocardiography, Stress Testing, and EKG.

Our Cardiac Services include a full array of diagnostic and interventional procedures as well as rehabilitative therapies to help diagnose, treat and support patients through to a full recovery after cardiac events and interventions. Our staff is made up of highly trained and skilled Board Certified Cardiologists, Registered Nurses, Registered and Certified Cardiac Technologists, Exercise Physiologists, and supportive staff.

Inpatient procedures are available on a 24/7 basis both electively and emergently. Some of the procedures that are performed include:

- ❖ Diagnostic Cardiac Catheterization
- ❖ Primary Coronary Angioplasty
- ❖ Transesophageal Echocardiogram
- ❖ Cardioversion
- ❖ Pacemaker Insertions
- ❖ Loop Recorder Insertions
- ❖ Echocardiograms
- ❖ Stress Tests
- ❖ EKGs
- ❖ Coronary CTAs
- ❖ Calcium Scoring Tests
- ❖ Peripheral Vascular diagnostic
- ❖ interventional procedures and many more

CV Services continues to work collaboratively with the physicians and interdisciplinary teams to drive readmission rates down lower than the AHS target and the National Mean for both Acute Myocardial Infarction and Heart Failure.

## Diabetes Education

The Diabetes Education team provides out-patient education to referred patients with a variety of diagnosis. The staff teaches patients both on a 1:1 basis as well as in group classes. Some common visit types that are seen are patients with all types of diabetes including gestational diabetes, weight control patients, and bariatric patients. The Diabetes Education team is active in the community and frequently participates in various events representing CMC. Our RN CDE co-chairs the diabetes section of the North Jersey Health Collaborative.

## Nursing Resource Center

In 2017, the Nursing Resource Center implemented Guidelines for Staffing Inpatient Units. In congruence with the Unit Coordinators and Nurse Managers, a decentralized staffing system was developed where nurses have control (authority) over their staffing accompanied by accountability for meeting unit and organizational objectives. Unit Coordinators were educated in developing their skills from a more global perspective and develop and enhance a sense of trust between the leadership of the units and the nursing supervisors.

The Nursing Supervisors also started engaging the Nursing Resource Center in patient experience audits. They conduct walking rounds and observe AIDET communication- “M” in the Box, Bedside Shift reporting, No Pass Zone and hourly rounding. After audits were completed, the staff has a 1:1 to review strengths and weakness. This has been well received by the Float Staff.

One nursing supervisor was recognized for his leadership: Maniram Indarjit RN received the New Jersey League for Nursing Recognition Award.

### **Comprehensive Stroke Center**

Chilton Medical Center has an established stroke service line that works collaboratively within the Atlantic Health System. Chilton has earned the designation of a primary stroke center by the New Jersey Department of Health. This designation is a result of the institution meeting all of their requirements as outlined by the American Stroke Association for outstanding stroke care.

Chilton has also achieved the Stroke Gold Plus Achievement Award with Target: Honor Award Elite Plus. This award is designed by the American Heart/Stroke Association's "Get with Guidelines." Chilton has earned this designation for many years. Chilton is a community hospital that serves the residents of Passaic and Morris counties in New Jersey. The stroke service line works in collaboration with the community through outreach programs. EMS, senior centers and health fairs which are just some of ways Chilton communicates its stroke awareness message.

Chilton Medical Center has been accredited by The Joint Commission for excellence in stroke care. This excellence starts in the Emergency Department, where the team has been trained to quickly evaluate a patient, and with the assistance of telemedicine which can establish the need for thrombolytic therapy. If needed, patients can be transferred to our comprehensive stroke hospital, Overlook Medical Center for interventional procedures. Chilton Medical Center meets the Joint Commission's criteria with a designated inpatient stroke unit for continuous patient monitoring. This unit is staffed with specially trained nurses that are able to recognize and treat medical complications related to a stroke diagnosis. The staff consistently demonstrates compliance with established clinical practice guidelines. The service line ensures education of staff related to stroke protocols and continuously updates on new guidelines and standards.

Lastly, the stroke service line focuses on patient outcomes. Chilton Medical Center is able to consistently ensure positive patient outcomes through process improvement activities. These outcomes are a result of stroke indicators established by The Joint Commission and the American Heart/Stroke Association. Overall, Chilton Medical Center's stroke program has been a large success that focuses on providing high quality patient care, along with education and prevention.

## Department of Nursing Education

The evaluation and restructure of the orientation experience was top priority of the Education Department in 2017. A generic hospital orientation, “Welcome to Chilton” was launched in June 2017, the welcome to Chilton faculty is comprised of executive leadership to acquaint all CMC hires with the policies and procedures of the medical center. Overall, improvements of the nursing orientation include revision of class content, competency tools, check-sheets, additional modules enhanced on-line learning. New faculty incorporated into the didactic and creation of learning board. New topics include New Jersey Nurse Practice Act, Shared Governance, Bullying, Sharing Network, Nursing Strategic Plan and Teach Back. Nursing Education continues to use new nurse feedback to improve the orientation process at CMC. The NICHE Curriculum was utilized to provide AHS/CEUs approved Courses for new hire RNs & PCTs for preparing the new hire in providing evidence-based care to older adult patients at CMC. The New Hire Learner Residency Program was expanded to include all newly hired RNs, not only those practicing in the critical care units.

Professional development support was provided through the George L. Link Jr. Foundation grant which allows for staff resources and funding that enabled 17 RNs to achieve ANCC Gerontology Nurse Certification. The grant also provided funding for the 2 day nationally recognized CEN Review Course, attended by CMC’s ED RNs in preparation for the BCEN, CEN Exam. Additionally, the funds provide for the NCCDP Certified Dementia Practitioner Course where twenty nurses, three patient care technicians, one speech pathologist and one community representative received Certified Dementia Practitioner (CDP) certification. The Link Foundation has renewed the grant for 2018.

Nursing Education is a member of the AHS corporate NJSNA Provider Unit for granting continuing education credits, NJ Consortium of Nurse Educators and Bergen Passaic Nurse Educators.

Nursing Education Department includes inpatient wound care and diabetes management. “Diabetic Education Dinner Seminars” were offered quarterly. They were sponsored by Diabetic Association in collaboration with Ray Fowlie RN, CDE.

Nursing Education team members received honors this year. Carnette Smith MS RN, won the AHS Outstanding Oral Presentation award for her podium presentation at the AHS annual Research Day. Her presentation was on “A study of Animal Assisted Activity (AAA) and Anxiety among Hospitalized Older Adults in an Acute Care Setting.” Ray Fowlie RN was awarded the Service Star in addition to 2 Pride Awards.

## Quality and Patient Safety Department

Throughout the year, members of the Quality and Patient Care Team have been collaborating with Organizational and System staff, Teams, Departments, Councils, Committees and Service Lines to improve the quality and safety of the care and services we provide to our patients and community.

2017 was a very busy year – kicking off with a very successful Joint Commission triennial survey in January and concluding with improved performance in many organizational metrics and goals as well as all of our System quality goals (reduce: hospital acquired infections, mortality observed to expected index, thirty-day readmission rates, patient safety incidents).

During fiscal year 2017 (October 1, 2016 – September 30, 2017) the following improvements were achieved relative to the mortality and readmission goals:

- Mortality:
  - Overall Observed to Expected index decreased by 16.4%
  - Sepsis
    - Observed mortality rate decreased by 17% (potential 22 lives saved)
    - Observed to expected index decreased by 29%
    - Sepsis “Not present on admission” decreased by 24%
- Readmission:
  - AMI 30-day readmission rate decreased by 49%
  - HF 30-day readmission rate decreased by 2%
  - Pneumonia 30-day readmission rate decreased by 21.5%

Team members participated in multiple other initiatives including reaccreditation or recertification for our bariatric, stroke, total knee/total hip replacement programs. Additional initiatives included our culture of safety survey and results based action plans, improved end of life care and management, patient identification failure modes effects analysis, continual survey readiness activities and Epic go-live preparation.

In addition, the Quality and Patient Safety Team is responsible for managing and reporting data related to Value Based Purchasing and other CMS and Leapfrog measurement and penalty programs. Additional site based data collection and reporting metrics included: RRTs & code blue incidents, restraints, sepsis bundle compliance, PPE compliance and hand hygiene monitoring via MyRounding.

## Care Continuum

Care Continuum is a multidisciplinary department comprised of RN Care managers, RN Case managers, Appeals Coordinators, Social Workers and Physician Advisors (PAs). We implement a team approach to discharge planning and care coordination. Each nursing unit has a dedicated team of a Social Worker and RN Care Manager who participate in multidisciplinary rounds as

well as daily bedside rounding with patients and their families to support the plan of care and coordinate discharge planning. Our RN Care Managers are also responsible for completing and submitting daily utilization reviews.

Some of our new initiatives this year:

- The Epic launch
- Implementation of Care Web QI
- Electronic submission of daily utilization review via the Care Web QI platform
- Slow Down, Sit Down, and Smile to support patient satisfaction
- Daily departmental Huddle to review reportable metrics and to discuss outlier cases
- Presentation at Readmission Huddle

Other responsibilities include:

- Weekly Long Stay Rounds-we discuss any patient with a length of stay of ten days or greater
- Coordination and oversight of the monthly Utilization Review Committee
- Coordinating transportation with Atlantic Ambulance
- Developing anticipated discharge report for possible discharges over the week-end

### Clinical Documentation Improvement Program

Clinical documentation is at the core of every patient encounter. In order to be meaningful, it must be accurate, timely, and reflect the scope of services provided. Successful clinical documentation improvement (CDI) programs facilitate an accurate representation of a patient's clinical status that translates into coded data. Coded data is then translated into quality reporting, physician report cards, reimbursement, public health data, and disease tracking and trending.

The convergence of clinical, documentation, and coding processes is vital to a healthy revenue cycle, and more importantly, to a healthy patient. CDI has a direct impact on patient care by providing information to all members of the care team, as well as for professionals who will treat the patient at a later date. A CDI program includes a myriad of people, processes, and technology that partner to ensure success. Organizations need well-rounded, flexible individuals who can effectively articulate all the pieces: documentation requirements, code assignment, coding guidelines, and quality reporting. We have an exceptional team of individuals at CMC.

At CMC, 4 full time registered nurses with strong clinical backgrounds, identifies gaps in the clinical evidence and documentation. The registered nurses network with Health Information Management (HIM) professionals. This partnership provides a rich foundation for our CDI program, which has helped to directly impact our case mix index, the severity of illness and risk

of mortality of our patients. They collaborate to decrease CHF, AMI, and COPD readmission rates.

## APN's

Advanced Practice Nurses (APN) expertise is being utilized in the areas of Palliative Care, Congestive Heart Failure and Behavioral Health at CMC. The APN's are helping provide theoretical and evidence based clinical knowledge, as well as provide learning experiences for nursing staff and patients. Currently the APNs include: Catherine Stevens DNP, RN, APN-C, CNN- COPD Nurse Practitioner, Michelle Gilbert, MSN, NP-C, CCRN, CHFN- Heart Failure Nurse Practitioner, Patricia Molinelli MS, NP, APN-C, AOCN- Palliative Care Nurse Practitioner and Leah Scilingo MSN, APN, Adult NP-C, PMHNP-BC - Behavioral Health Nurse Practitioner

The COPD Nurse Practitioner works with patients and their families along with the physicians and the multidisciplinary health care team during the patient's hospitalization for best practice population management. Ensure the patient is transitioned to home safely with the tools and resources to manage their COPD. Referring patients to smoking cessation classes, pulmonary rehab and the At Home Medical COPD Homecare Pathway along with assuring patients are on guideline directed medications. Assisting the COPD patient population to effectively manage their disease without exacerbations causing frequent hospitalizations to improve their quality of life.

In the area of Congestive Heart Failure (CHF), the focus of the team is to ensure that every patient receives high quality nursing care and education when hospitalized at CMC. One of the biggest initiatives this year was involving patients and families in tracking of intake and output, as well as making sure they are aware of resources in the community. The APN also works with the readmission team in the area of CHF.

In Behavioral Health, the APN will come to evaluate an inpatient that may require behavioral health services. This helps initiate the process if placement in a behavioral health facility is required. The APN can also make recommendations for further treatment and care and helps provide patients and families with information regarding services that are available.

CMC's partnership with Atlantic Home Care and Hospice resulted in a Hospice General Inpatient Care program (GIP). These services are provided in the hospital setting when a patient's symptoms are too severe to be managed elsewhere, with the goal the patient will be discharged to another hospice facility or home, where hospice services can be provided. A physician order for a GIP evaluation is required then the patient will be screened by the hospice nurse and physician to ensure appropriateness. Once approved, the patient is discharged from the inpatient setting and admitted to GIP services.

## Nursing Informatics

Nursing Informatics serves as the clinical support for electronic applications and network programming for the nursing team at Chilton Medical Center. Tania Cutone BSN, RN Nurse Manager and Debbie Kibitlewski, RN both highly qualified nurse informatics specialists ensure that nursing and clinical related practice, software clinical applications and related clinical equipment are selected, evaluated and monitored to ensure the delivery of patient safety and quality care. Additionally, the nursing informatics council partners with the leadership team to align the art and practice of nursing with electronic health systems.

## IV Access Team

The CMC IV Access Team is made up of a handful of dedicated, highly skilled registered nurses who are specially trained in Peripherally Inserted Central Catheters (PICCs) for in and outpatients. This team consists of a full-time RN, a part time RN and three per diem RNs. The IV Access Team is available Monday - Friday from 8am – 4pm. In 2017, the IV Access Team inserted 675 PICCs boasting a ZERO hospital acquired infection rate.

## Infection Prevention

In 2017, the Infection Prevention Department was involved in a number of projects/charters and initiatives to improve the quality of healthcare through the prevention and control of infections in our patients, employees, volunteers and visitors. Additional education topics this year included: Candida Auris, Zika virus and Pregnancy, WHO Five Moments for Hand Hygiene, and Antibiotic Stewardship newsletter and Nursing Grand Rounds (Antimicrobial Stewardship). Continued education on isolation precautions, standard precautions, use of personal protective equipment, multidrug resistant organisms and C-diff infections are a standing part of the Infection Control Plan.

The infection prevention department is proud of the accomplishments made to improve patient safety and outcomes at CMC. This was done through the development of charters, daily huddles, education, multidisciplinary rounds, data transparency in the departments, and the hard work and dedication of our amazing nurses & supporting staff. You can review these results in the New Knowledge & Innovation and Empirical Outcome sections.



## New Knowledge and Innovation

### Research at CMC

Research is an integral part of nursing at Chilton Medical Center. Much work is done to increase the number of research projects. The table below demonstrates research conducted at CMC in 2017.

	Lead Investigator	Study Topic	Date of entry	Stage of Progress	Comments
1	Carnette Smith MS, RN-BC	Animal Assisted Therapy	2016	10	Completed
2	Marcella Klepacki BSN, RN	Aroma Therapy	4/2017	5	In Progress
3	Alana Scala- Brew BSN, RN-BC, CIC	Hourly Rounding	2/2017	6	In Progress
4	Morgan Feuss BSN, RN, CEN	Whiteboard / Communication ED	5/2017	8	In Progress
5	Pat Hubert	Chronic Pain	4/2017	10	Completed
6	Halina Miller BSN, RN	Nursing Stress	4/2017	10	Completed
7	Beverly Kass DNP, RN	Family Caregivers for geriatric patients	8/2017	6	In Progress
8	Susan Govlick RN	CCU Nurses End-of-life	10/2017	5	In Progress
9	Sharon Van Duyane RN	Health Habits	10/2017	5	In Progress

#### Stage of Progress

- 1) Research idea/ topic
- 2) Team / Co-Investigators development
- 3) Literature review
- 4) Written Proposal
- 5) Presentation to Nursing Research Council
- 6) IRB Application
- 7) IRB approved
- 8) Data Collection
- 9) Data Analysis
- 10) Distribution of Knowledge (Poster presentation, oral presentation, manuscript)

## Technology

What an exciting year at CMC with the EPIC “go-live”. All hands were on deck to launch our Patient Medical Record System conversion to Epic. The informatics representatives participated in the pre planning, and building phase of EPIC system. In 2017, January through September, many hours were spent in meetings, phone calls, and responding to emails for input and approval of templates and documentation. From October to December, unit based meetings occurred sharing the new assessment scales that CMC was about to implement. During this time, the informatics council members added extra classroom training to be able to support the go live as “super- users”. Over 280 nurses attended EPIC prep classes hosted by Tania Rojas-Cutone BSN, RN and the nurse educator team.

After much anticipation, our “Go Live” successfully launched on February 3<sup>rd</sup>, 2018. Our sister sites provided support and joined our super-users during the first 3 weeks of implementation. This Project was a large undertaking involving nursing, allied health, and providers. We thank each and every person for their commitment and dedication to this project. The informatics council continues to support Morristown, Hackettstown and Newton Medical Centers during their “go-live”.

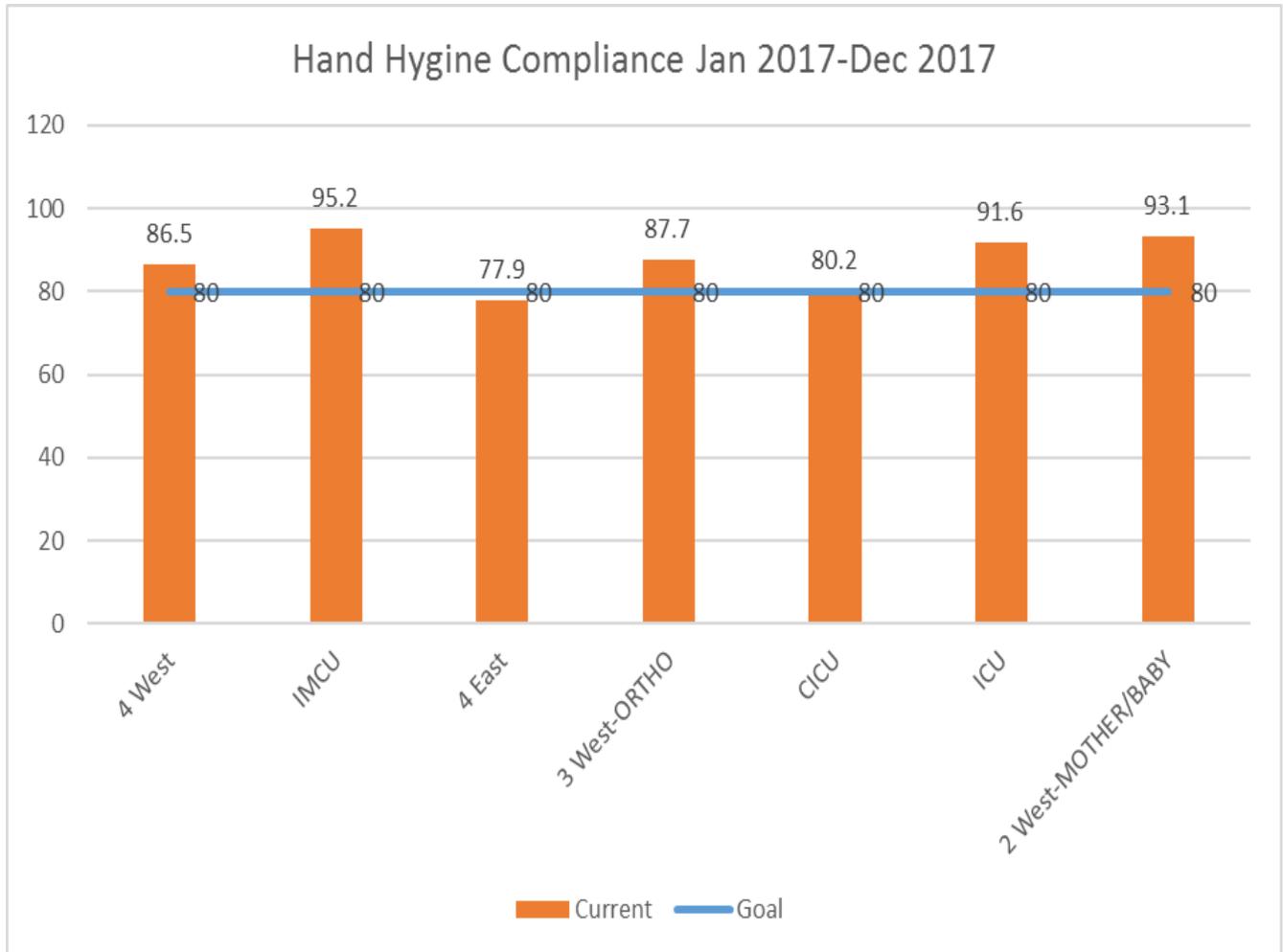
In preparation for EPIC, CMC added many new technologies and / or upgraded devices and applications to ensure a seamless integration of patient information in to the new electronic medical record.

- ❖ The Philips Vital Sign and monitoring equipment were upgraded in the Emergency Department, critical care areas and surgical services areas.
- ❖ The Anesthesia Department converted to Omnicell lockable carts.
- ❖ The ventilators had a device called CAPSUL installed to allow the ventilator information to flow over into EPIC
- ❖ All mobile computer carts were converted to 24 inch monitors to accommodate the EPIC screen lay out.
- ❖ The transport staff were provided with hand held devices, utilizing the application ROVER that allows them to receive and manage transport request. This allows for more efficient means of communication.
- ❖ The Mother-Baby unit launched a new Philips fetal monitoring system in anticipation of EPIC this allowed data integration which allows reeducation of redundancy in documentation.

All these integrated new technologies increase patient safety.

## Hand Hygiene

As the most important action one can take to prevent healthcare-associated infections, hand hygiene is a top priority at CMC. In 2017, CMC became the first AHS hospital to be 100% electronically monitored for in-patient hand hygiene. ICU, IMCU, CPCU, 4E, 4W, 3W and Mother-baby units are all monitored. CMC accumulated over 2.3 Million hand hygiene events in 2017.



### NON-DebMed Units: Hand hygiene compliance

For all other units and associated ambulatory areas we conduct hand hygiene compliance using observational surveillance, and monitor the “in and out” of each patient room or the “before and after” each patient encounter. Observational surveillance has obvious limitations including observer bias. Standardizing the approach to data collection and having clear guidelines are necessary.

In 2017, our ambulatory departments began utilizing the HH module in the MyRounding application. This application is utilized by ED, OR, C/S, PACU, Endo, Radiology. One of the many goals for 2018 is to have all offsite locations utilize the application as well. Compliance is reported to Infection Prevention. The data is compiled and shared at ICCM, QIC, Department meetings, and daily huddles. Each unit is directed to post their HH Compliance for visibility.



## MyRounding

CMC is dedicated to safe patient care. Daily rounding on all urinary catheters and central venous access lines started in MyRounding in September 2017. The goal of this new method and technology was to scrutinize appropriate devices using evidence-based bundles of care.

In addition to patient safety rounds, MyRounding is also used for patient rounds by coordinators and managers. The data collected is aggregated and reported to the staff so action plans can be created and followed through.

## Redesign of Work Environment



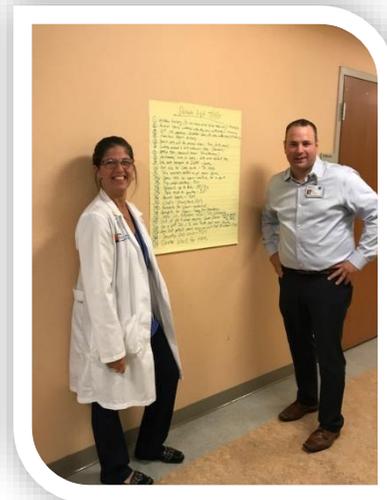
### The Children's Center

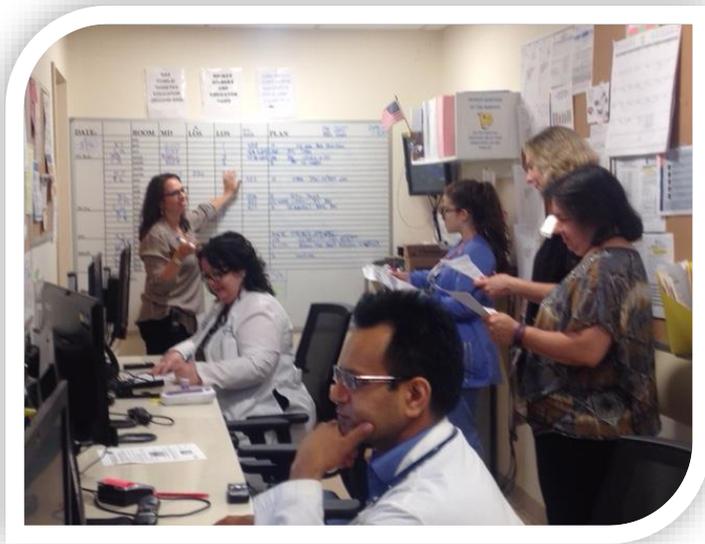
The Pediatric Hybrid unit opened in October 2017 to great fanfare for this innovative approach to acute pediatric care. The unit enables the Pediatric Emergency Department and inpatient pediatric unit to be in the same location, sharing resources. The unit includes 7 pediatric emergency exam rooms, 4 inpatient rooms and a shared core for the functional resources such as a nursing station, medication room etc. The décor was chosen to create a warm, non-threatening and friendly environment for children. Staff have been oriented and educated to both emergency and acute inpatient care of the pediatric population.

### Cardiac Progressive Care Unit

In July 2017, as part of continued efforts to improve the patient experience at Chilton Medical Center's Cardiac Intermediate Care Unit (CICU), was moved to the 2<sup>nd</sup> Floor (2 East) and renamed **Cardiac Progressive Care Unit (CPCU)**. The relocation of the unit continues to support and foster the commitment to deliver excellent service to our patients.

Pictured to the right is CPCU staff on the units opening day and Pictured bottom right is Laura Reilly MSN, RN, CCRN and Timothy Hicks MBA, Director of Operations preparing for the units opening.





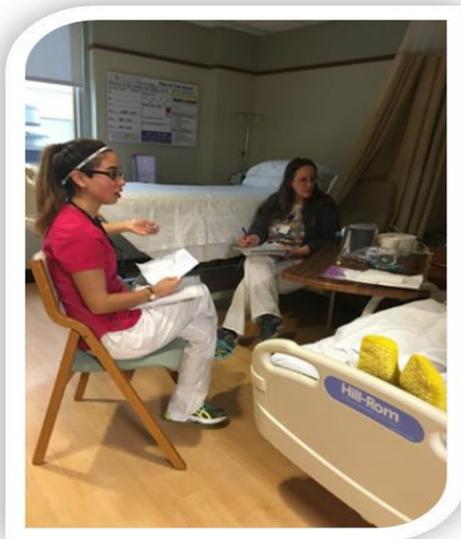
### MULTIDISCIPLINARY ROUNDS

All clinical disciplines discuss patients in preparation of their discharge.

Pictured left is the 4 East team conducting Multidisciplinary Rounds.

### PURPOSEFUL ROUNDING

Hourly rounds are conducted with the purpose of establishing a relationship with the patient to address their needs. These needs may be physical, psychological or both. Hospitalization is a very stressful time for the patient and their family. The RN's role is to provide a sense of safety and establish trust. By conducting hourly rounds, stress is reduced and thus many physical symptoms. The introduction of hourly rounding has increased patient satisfaction as evidenced by Press Ganey HCAHPS scores. The picture on the right showcases the strategy of 4 East's hourly rounding of utilizing a visual aid for the team which indicates that rounds were completed.



### BEDSIDE SHIFT REPORT

Shift report is now completed at the bedside, including the patient in the discussion. Bedside shift report was standardized using AIDET fundamentals and SBAR technique for communication.

- A** Acknowledge
- I** Introduce
- D** Duration
- E** Explanation
- T** Thank You

<b>S</b>	<b>Situation</b> Briefly describe the current situation. Give a clear, succinct overview of pertinent issues.
<b>B</b>	<b>Background</b> Briefly state the pertinent history. What got us to this point?
<b>A</b>	<b>Assessment</b> Summarize the facts and give your best assessment. What is going on? Use your best judgement.
<b>R</b>	<b>Recommendation</b> What actions are you asking for? What do you want to happen next?



## Empirical Outcomes

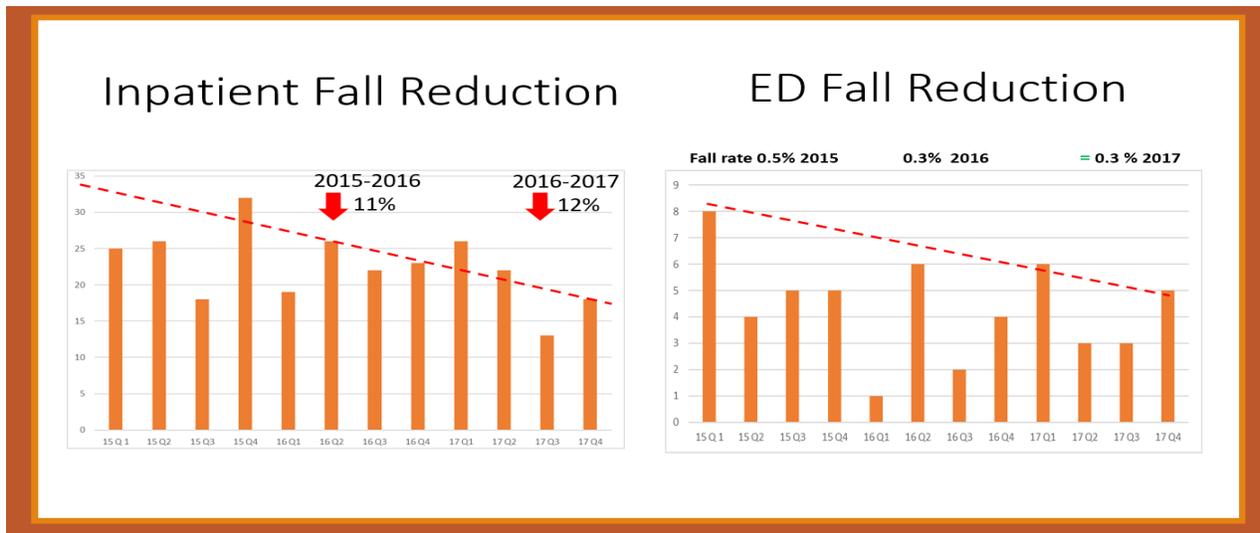
The Nursing department participates in many performance improvement initiatives in 2017. Our Shared Governance Councils (SGC) collaborated to meet the 2017 Chilton Nursing strategic goals. We use the National Database of Nursing Quality Indicators (NDNQI) to compare how we are doing nationally. In 2017 our team **decreased CAUTI rates by 60%, C-diff rates by 46% and continue to decrease CLABSI rates.**

Our **patient safety culture** participation rate was at **83%** and there has been noted improvement in our patient safety culture with our nurses conducting quality audits and rounds on CAUTI and CLABSI bundles on each unit. Our HCACPS scores are increasing which demonstrates that our patients are experiencing satisfaction with our nursing care.

Number of Quarters Performing "Better" than the NDNQI Median 4th Qtr 2017 Data Update- Based on Rolling 8 Quarters (Q1 2016- Q4 2017)															
CMC NDNQI	Total Nursing Hours/Pt Days	Total RN Hrs./Pt Day	% Total Nursing hours supplied by RNs	RN with BSN or Higher	Certification	Total Pt Falls/1,000 Days	Injury Falls/1,000 Pt Days	% Pt Falls Moderate or	Unassisted Pt Falls	% of Surveyed Pts with Hospital Acquired Pressure Injuries	% of Surveyed Pts With Hospital Acquired Pressure Injuries Stage 2 and Above	% Pts. with Physical Restraints	Central Line Associated Blood Stream Infections per 1000 Central Line Days	Ventilator-Associated Events per 1000 Ventilator Days	Catheter Associated Urinary Tract Infections per 1000 Catheter Days
IMCU	0/8	0/8	5/8	4/4	4/4	7/8	5/8	7/8	6/8	4/8	4/8	6/8	7/8	7/8	6/8
4West	0/8	0/8	8/8	0/4	4/4	6/8	6/8	7/8	6/8	5/8	6/8	7/8	8/8		6/8
4East	0/8	0/8	7/8	0/4	4/4	5/8	5/8	6/8	6/8	5/8	6/8	4/8	7/8		7/8
3West	0/8	1/8	7/8	0/4	3/4	8/8	7/8	7/8	7/8	5/8	7/8	6/8	7/8		7/8
Special Care Nursery				0/4	4/4										
Pediatrics	7/8	7/8	7/8	0/4	4/4	5/8	7/8	no data	5/8						
Labor and Delivery				3/4	4/4										
ED				4/4	4/4										
Endo				0/4	4/4										
OR				2/4	2/4										
PACU				0/4	4/4										
Same Day Surgery				4/4	0/4										
# Units Outperforming Median a majority of the quarters	1/7 units	1/7 units	6/7 units	4/14 units	13/14 units	6/7 units	7/7 units	7/7 units	7/7 units	4/6 units	5/6 units	4/6 units	6/6 units	1/2 units	6/6 units
% Units Outperforming the Median a majority of the quarters	10%	10%	90%	30%	90%	90%	100%	100%	100%	70%	80%	70%	100%	50%	100%
Green= Greater than 50% of quarters performing better than NDNQI Median.															
Yellow= Less than or equal to 50% of quarters performing better than NDNQI Median.															
Any quarters less than 8 is because the data was not collected in prior quarters - see unit specific tabs															
Magnet Required Reporting															
Blue writing can be used for Magnet - or you can use CDIFF, MRSA, VTE, PIV, or Device related HAPI															

The inpatient units improved the NDNQI national benchmarks demonstrating a positive outcome performance over the past 8 quarters.

### Preventing Falls at CMC



Reducing falls has been an important initiative at CMC. The falls committee comprised of representatives from nursing, pharmacy, risk management, physical therapy, and the quality department have been analyzing the fall data and have been coming up with strategies to further reduce falls in the patient care areas. Inpatient fall reduction decreased by 12% in 2017. The ED fall rate remained the same at 0.3%.

### Sepsis Analysis – By Discharge Limited to Severe Sepsis and Septic Shock

#### Chilton Medical Center

Fiscal Year (Year Ends Sept)	Not POA			POA			Total		
	Cases	Mort. Rate (Obs)	Mort. O:E	Cases	Mort. Rate (Obs)	Mort O:E	Cases	Mort. Rate (Obs)	Mort. O:E
2014	59	58%	4.33	364	31%	1.40	423	35%	1.66
2015	51	49%	3.45	428	28%	1.41	479	30%	1.57
2016	42	43%	4.10	376	28%	1.23	418	29%	1.38
Sep 2017	3	67%	4.47	31	19%	0.94	34	24%	1.17
FYTD 2017	34	44%	3.54	414	22%	0.88	448	24%	0.98

2017 Bench Marks (POA) | Median | +1 Dec | +2 Dec | Top Quartile | Top Decile

Peer Group B	0.92	0.87	0.80	0.77	0.55
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Data Obtained from University HealthSystem Consortium (UHC). Includes ICD-9 codes 99592 and 78552. Discharges on or after 10/01/2015 ICD 10 codes R6520 and R6521. FFY = October through September.

- ❖ Sepsis accounts for one-third to one-half of the deaths that occur in US hospitals. A multidisciplinary collaborative which started in the Emergency Department helped decrease CMC mortality rate by 29%. This is a potential of 22 lives saved!

### AHS Internal Benchmarking/Trending Observed and Expected Mortality Rates 2014-2017 UHC 2016 Risk Model

Federal Fiscal Year (Year Ends Sept)	CMC		
	Observed Mortality (%)	Expected Mortality (%)	O/E
2014	3.11%	2.16%	1.44
2015	2.99%	2.44%	1.23
2016	2.98%	2.58%	1.16
2017 Sep	2.58%	2.58%	1.00
2017 FYTD	2.89%	2.98%	0.97



2017 Benchmark	Threshold	Target	Max
CMC	0.954	0.857	0.798

2017 goals based on UHC peer group B performance Ey 2016

- ❖ There was a 16% decrease of Observed and Expected Mortality since 2014.

ATLANTIC HEALTH SYSTEM

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### Readmission Rates Per Fiscal Year

Federal Fiscal Year (year ends Sep)	2014	2015	2016	2017*	AHS Target	Nat'l Mean
AMI	17.8	22.2	14.1	7.2	15.6	16.9
HF	24.5	18.9	17.9	17.6	20.7	22.0
PNE	17.7	14.6	14.4	13.1	15.9	17.1
COPD	26.5	20.1	13.9	22.7	18.7	20.0
THA/TKA	1.5	6.9	5.0	4.8	3.4	4.6

2017goals based on CMS Readmission Reduction National performance using National Mean – 1% as threshold and National Mean – 1.5% as Max.

2017\* Represents 4thQ2016 through 3rdQ2017 (12 months of data)

- ❖ As part of the Affordable Care Act a Readmission Reduction Program focusing on 30 day readmissions in the following cohorts: Acute Myocardial Infarction, Heart Failure, Pneumonia, Chronic Obstructive Pulmonary Disease and Total Hip & Knee Arthroplasty is working on decreasing the readmission rate. CMC is better than the National benchmark in 3 of the 5 cohorts!

# PSI 90 Component Scorecard - Chilton

CMC	FY 2017 Patient Safety and Adverse Event Composite (Modified PSI 90) Events and Rate per 1000												YTD	Monthly		PSI rate per 1000	
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		2017 Total	2017 Avg	2016 Avg	2016 Monthly Trend
Indicator number, name and (weight) in the modified PSI 90 composite																	
03 Pressure Ulcer (5.04%)	0	0	0	0	0	1	0	0	0	0	0	0	1	0.1	0.0		
	0.0	0.0	0.0	0.0	0.0	4.1	0.0	0.0	0.0	0.0	0.0	0.0	0.4				
06 Iatrogenic Pneumothorax (5.31%)	0	0	0	0	0	1	0	0	0	0	1	0	2	0.2	0.0		
	0.0	0.0	0.0	0.0	0.0	2.6	0.0	0.0	0.0	0.0	2.9	0.0	0.5				
08 In-Hospital Fall with Hip Fracture (1.09%)	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0		
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
09 Perioperative Hemorrhage or Hematoma (6.91%)	0	0	0	0	0	1	0	0	1	0	0	0	2	0.2	0.0		
	0.0	0.0	0.0	0.0	0.0	16.4	0.0	0.0	20.4	0.0	0.0	0.0	3.3				
10 Postoperative Acute Kidney Injury (5.75%)	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0		
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
11 Postoperative Respiratory Failure (30.45%)	1	0	0	0	0	0	0	0	0	0	0	0	1	0.1	0.1		
	66.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.7				
12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis (18.39%)	0	0	0	0	0	0	1	0	0	0	0	0	1	0.1	0.3		
	0.0	0.0	0.0	0.0	0.0	0.0	14.5	0.0	0.0	0.0	0.0	0.0	1.5				
13 Postoperative Sepsis (25.52%)	0	0	0	0	0	0	0	0	1	0	0	0	1	0.1	0.2		
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	66.7	0.0	0.0	0.0	6.4				
14 Postoperative Wound Dehiscence (1.04%)	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0		
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
15 Unrecognized Abdominopelvic Accidental Puncture/Laceration (0.52%)	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0		
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				

AHRQ PSI v6.0.2

Data Source HPM - Limited to Medicare Cases

Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators represent the quality of inpatient care and also focuses on preventable complications and iatrogenic events.

## Hospital Acquired Infections (HAI)

2017	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
CLABSI	0	0	0	1	0	2	0	0	0	0	0	1
CAUTI	0	0	0	1	0	0	1	0	0	0	1	0
C.Diff	4	2	3	0	4	2	0	1	0	3	1	2
MRSA BSI	0	1	0	0	0	1	0	0	0	1	0	0
SSI:Colon	0	0	0	0	0	0	0	0	0	0	0	0
SSI: Hyst	0	0	0	0	0	0	0	0	0	0	0	0

In Fiscal Year (FY) 2017:

- CMC had 4 reportable CAUTI infections. This raw number represents a **60% reduction in CAUTI from FY2016**. We met our AHS target goal.
- CMC had 22 HA-Cdiff infections. This raw number represents a **46% reduction in C.diff from FY 2016**. This improvement allowed CMC to hit AHS maximum target goal.
- CMC had ZERO Surgical Site infections out of 84 reportable Colon procedures. This represents a **100% improvement form FY2016**-during that year we had 6 infections and < threshold.

Our nurses are hard at work and the work that is being generated is tremendous. It's exciting to see the clinical outcome data that is being accomplished.

## RN Satisfaction Survey

The 2017 RN Satisfaction Survey resulted in a 93% response rate of participation with an 8% increase over 2016. Scores have been increasing since 2015 with 15 of 17 indicators greater than the national mean benchmark. Press Ganey has matched the content to the 7 categories delineated in the Magnet standard for RN satisfaction - Autonomy, Professional Development, Inter-professional relationships, Fundamentals of Quality Nursing Care, Adequacy of resources and staffing, RN-RN teamwork and collaboration and Nursing Administration. This is a significant achievement for CMC Dept. of Nursing.

## New Nursing Leaders

In 2017 the Nursing Department welcomed Several New Nurse Leaders.

Laura Cima PHD, MSN, MBA, RN, NEA-BC FACHE Manager of Medical Surgical Nursing

Barbara Martucci MSN, RN, ACNS-BC Manager of the Education Department

Laura Reilly MSN, RN, CCRN-K, CNRN Manager of Critical Care

Donna Symons MSN, RNC-OB Manager of Mother Baby Center

Laura Wisse MSN, MHA, RN, CNOR Manager of Surgical Services

Susan Yale- Mancini BSN, RN, CCRN was promoted to Nursing Coordinator of ICU

Marcella Klepacki BSN, RN was promoted to Clinical Coordinator of the Mother-Baby Center



Our New Nurse Managers being greeted by members of the team. Pictured on Left to right Maura Kayal RN, GRN, Kristine Depuyt BSN, RN, GRN, Maureen Schneider PhD, MBA, RN, CNE-BC, CPHQ, FACHE, Erin Ryan McDonald ADN, RN, Laura Wisse MSN, MHA, RN, CNOR, Cheryl Sauerbier BSN, RN, CPAN, Michele Pomroy MSN, RN Claudia Cotarelo from Human Resources, Timothy Hicks MBA, and Barbara Martucci MSN, RN, ACNS-BC.

## SPECIAL ACHIEVEMENTS

- ❖ Justyna Baldyga graduated from Rutgers University with her BSN in January, 2017.
- ❖ Amanda (Harper) Lukacsko graduated from County College of Morris with her AAS in January, 2017.
- ❖ Allorah Hussein graduated County College of Morris with her AAS in January, 2017.
- ❖ Jeffrey Tanis RN, was a PCT at Morristown Medical Center, he graduated from the County College of Morris in January, 2017 and is now an RN in the ED at CMC.

- ❖ Rinku Patel BSN, RN from the ED graduated with her BSN from Rutgers University in January, 2017.
- ❖ Kelly Rumler BSN, RN from the ED graduated with her BSN from Chamberlain College of Nursing in February, 2017.
- ❖ Christine Thompson BSN, RN, CEN from the ED, graduated with her BSN from Grand Canyon University in March, 2017.
- ❖ Courtney Dock RN, was a PCT in the ED, she graduated from the Bergan Community College Nursing Program in May, 2017 and is Now a RN in the Emergency Department.
- ❖ Gabriella lamurri RN, was a PCT on 3 West, she graduated from The County College of Morris Nursing Program in May, 2017 and is now a RN on 3 West.
- ❖ Karina Laynes BSN, RN from 4 East obtained her BSN in May, 2017 from St. Peter's University.
- ❖ Emma Nicholas BSN, RN from the ICU, graduated from Caldwell College with her BSN in May, 2017.
- ❖ Mary Beth Openshaw BSN, RN-BC, from the OR, obtained her BSN in May, 2017 from Felician University.
- ❖ Meryl Spitzer BSN, RN from 4 East, obtained her BSN in May, 2017 from Ramapo College.
- ❖ Sharra Stark RN was a Certified Pharmacy Technician who worked at MMC. She graduated from the County College of Morris Nursing Program in May, 2017 and is now a RN in the ED at CMC.
- ❖ Emily Costanzo MSN, RN graduated MSN in June, 2017 from Walden University.
- ❖ Susan Yale-Mancini BSN, RN graduated BSN from Grand Canyon University in June, 2017.
- ❖ Uljana Zamaslo MSN, RN graduated from Western Governors University with a MSN with a focus of Nursing Education in July, 2017.
- ❖ Denise Johnson BSN, RN, CNOR graduated with her BSN from Walden University in August, 2017.
- ❖ Jessica Heller MSN, RN, PCCN graduated from Walden University with a MSN with an Informatics focus in November, 2017.

- ❖ Tamara Tskhvediashvili BSN, RN graduated from University of Miami with her BSN in December 2017.
- ❖ Halena Miller MSN, RN, CNOR graduated from Felician University with her MSN in Nursing Leadership in December 2017.

### Nurse's as Lifelong Learners

In alignment with the Nursing Strategic Plan, the Nursing Leadership and Shared Governance Councils have been working hard to create opportunities for employees to obtain a BSN and certifications. Partnerships have been created with Colleges and Universities creating classes on site and decreases in college tuitions have been negotiated to make it more desirable for the RN's to pursue their BSN.

There are eighty-one nurses pursuing their BSN at this time. Twenty-nine of which are attending The College of St. Elizabeth here at Chilton Medical Center. Sixteen nurses are in Cohort A and thirteen nurses are in Cohort B. In addition to degrees, in collaboration with the Chilton Medical Center Foundation there are two grants from George L. Link Jr. fund based on the principles and guidelines of NICHE, twenty-four nurses have received RN-BC gerontology nurse certification by the ANCC, and eighteen more nurses are in preparation to take the exam to obtain the same certification. Due a second grant, we were able to cover the cost of education preparation and certification for twenty-six Emergency Department nurses who are currently preparing for their Certified Emergency Nurse (CEN) exam.

### CMC's current rate of certification & Bachelors of Science in Nursing (BSN) or higher



**80%**  
**Certified  
Nurse Leaders**

**45%**  
**Certified  
Nurses**

**61%**  
**BSN or higher**

**What Some of Our Nurse's Say About Working at Chilton.....**



Marcella Klepacki BSN, RN

“It’s not just a “JOB” it’s a feeling. Being a nurse at Chilton is being a part of a community that takes care of each other as well as the patient’s. Being able to be a part of families lives in a time of great change...new beginnings is an amazing privilege that makes my heart happy. I have always been an OB nurse and I wouldn’t change it for anything!”

Pictures left is Marcella at the Special Care Nursery reunion 2017. The baby pictured with Marcella was in the special care for 8wks.

Rosemarie Jones BSN, RN CEN

“I love working at Chilton, being able to use my knowledge, experience, wisdom, passion, energy and enthusiasm for nursing so that my presence becomes a critical force in making a difference for other nurses, patients and their families.”



Marlene Grafstein RN

“Working at Chilton is more than I thought nursing would be. Chilton embraces the meaning of community. Multiple disciplines working together to achieve a common goal. As an RN, I am encouraged to seek help when I need it. I am motivated and inspired to be a part of change. I am excited to be a part of the Chilton community.”



Kristine Malig BSN, RN

“Chilton has many meanings to me. However, the word that stands out the most is community. Everywhere in Chilton, there is a willingness to help with whatever endeavor I, or a fellow coworker, wants to accomplish. As a young nurse, I want to continue to embrace that message of advocacy for many years to come. I have had such great opportunities to help provide advice for research with my fellow nurses on my unit, giving back during Nurses Week with the Nursing Research Council, and volunteering as a research assistant in the facility-wide Animal Assisted Therapy. But, of course, this sense of community extends to our patients as well. And it shows when patients come back to show their appreciation, and better health.



Debbie Schell BSN, RN, PCCN

“The greatest reward is when my patients walk back to the Unit and thank me for taking care of them and for comforting and explaining things to their families as they went through their most difficult time.”

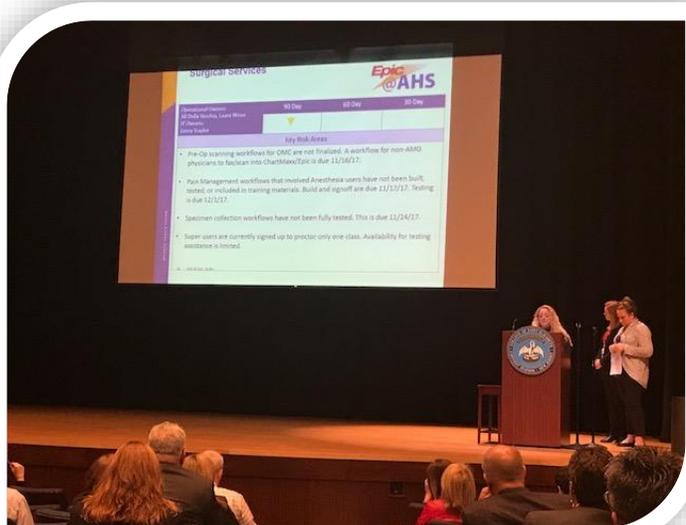


Erin McDonald-Ryan RN presenting at CMC Management Meeting on the OR lean project. They did an inventory, reduced PAR levels & automated the ordering process, saved the hospital \$208,600 dollars and saved time ordering & processing our supplies.

Heather Sheenan RN, PNCC staff nurse on IMCU presenting at the Nurse Research Council. The steps on how to conduct research at CMC.



Laura Wisse MSN, MHA, RN, CNOR Surgical Services Manager presenting the OR's EPIC module during a System wide go live readiness meeting.



Donna Symons MSN, RNC-OB presenting the Manager of Mother-Baby Center presenting the STORK the Labor and Delivery module of EPIC during the System-wide readiness meeting.



Michael Richetti CMC's Chief Financial Officer, Lou Faraone MSN, RN, CEN, NRP Nurse Manager of the Emergency Department and Lynda Jung Financial Analyst during budget season.

Rosemarie Jones BSN, RN, CEN, Barbara Martucci MSN, RN, ACNS-BC and Laura Cima PhD, MSN, MBA, NEA-BC, FACHE were amongst many of the nurse leaders who attended the Chilton Gala.





## Letter from the Editor

The Annual Report, showcased the tremendous work of nursing, fostering the very best work environment and improving patient outcomes. It is amazing to watch the image of nursing elevate, as the improve the quality and healthcare, strengthen leadership and the generate of new knowledge. The talents and contributions of nursing is extraordinary. Over the past year I have witnessed many changes here at Chilton. Changes that improve patient care and initiatives and empower nurses in their professional practice. It is exciting to see the nursing department establishing a culture of nursing excellence as they are embarking on the Magnet Journey. Thank you to everyone who contributed to the Annual Report. A special thank you to Dr. Maureen Schneider our Chief Nursing and Operations Officer for her guidance and making this annual report possible.



Rosemarie Jones MSN, RN, CEN

## Appendix A: Shared Governance Councils

### Nursing Governance Council

Chairs: Kerry Quinn BSN, RN, CEN and  
Carnette Smith MSN, RN-BC  
Lorell Boughton BSN, RN  
Danielle Bolich ADN, RN  
Annie Casamento ADN, RN  
Kenneth Castro ADN, RN  
Jessica Estrella BSN, RN  
Marlene Grafstein ADN, RN  
Heidi Grebe BSN, RN, CRN  
Miranda Knight BSN, RN, FN-CSA  
Alberta Meta ADN, RN  
Rebecca Mix BSN, RN, PCCN  
Carmen Szabo ADN, RN  
Susan Welsh BSN, RN, CPHQ  
Facilitator: Rosemarie Jones MSN, RN, CEN

### Nursing Performance Improvement Council

Chair: Rosemarie Jones MSN, RN, CEN  
Maria Laxina BSN, RN  
Beata Sadowska ADN, RN  
Maria Duncga BSN, RN  
Justyna Baldyga BSN, RN  
Maria Macksoud BSN, RN  
Danielle Petrucci BSN, RN  
Mary Trifari ADN, RN, CRN  
Laury Caminero RN  
Lisa Lynn BSN, RN  
Nancy Jones ADN, RN  
Jennifer Stevens ADN, RN, RNC-OB  
Michelle Buda MSN, RN-BC  
Maura Kayal ADN, RN, CGRN  
Susan Welsh BSN, RN, CPHQ  
Cynthia Promnitz BSN, RN, CHT  
Facilitator: Laura Cima PhD, MSN, MBA, RN,  
NEA-BC FACHE

### Nursing Practice Council

Chairs: Daleth Koroghlian BSN, RN and  
Raymond Fowlie RN, CDE  
Susan Becker BSN, RN, WOCN, ACH-RN  
Emily Costanzo MSN, RN-BC

Kathleen DeGuzman ADN, RN  
Debra Devries ADN, RN  
Lisa Hamilton Delaney ADN, RN-WCC, CHT  
Kristina Depuyt BSN, CGRN  
Joyce Harper ADN, PCCN  
Theresa Jackson MSN, RN  
Michele Joseph RN  
Jacqueline Kitchell ADN, RN  
Susan Keber BSN, RN  
Michele Lawson BSN, RN-BC, CRNI  
Andrea Liaci BSN, RN  
Angela Lynn ADN, RN  
Brady Pevny BSN, RN  
Danielle Rapp ADN, RN  
Theresita Reylado BSN, RN, PCN  
Maria Eufemia Santos BSN, RN  
Elena Smith BSN, RN  
Mary Squier ADN, RN  
Catherine Stevens DNP, RN, APN-C, CNN  
Mary Trifari ADN, RN, CRN  
Gail Washburn MSN, RN-C  
Nancy Wasiuk ADN, RN  
Monika Wathe BSN, RN  
Facilitator: Barbara Martucci MSN, RN, ACNS-  
BC

### Nursing Professional Development Council

Chair Connie Mastrangelo BSN, RN, PCCN and  
Augustina Samuels ADN, RN-BC, CCRN  
Donalyn Brooks BSN, RN-C  
Jennifer Cutri BSN, RN-BC  
Kristina DePuyt BSN, RN, CGRN  
Mary Ann Fallon ADN, RN  
Rosalie Galeos BSN, RN  
Samantha Golden MSN, RN  
Barbara Hartigan BSN, RN  
Valerie Marcus BSN, RN  
Riku Patel BSN RN-BC  
Kerry Quinn BSN, RN, CEN  
Carol Anne Reardon BSN, RN  
Catherine Sawoszczyk ADN, RN  
Jennifer Rodriguez ADN, RN  
Nancy Vander Meulen ADN, RN, OCN

Kim Velez ADN, RN  
 Dorothy Walters RN, CWCA, CHT  
 Susan Welsh BSN, CPHQ  
 Martha Yaghi ADN, RN  
 Facilitator: Donna Symons MSN, RNC

## Nursing Research Council

Chairs: Heather Sheehan ADN, RN and  
 Janelle Peters BSN, RN, PCN  
 Recording Secretary: Kristine Malig BSN, RN  
 Marcella Klepacki BSN, RN  
 Danielle Bolich ADN, RN  
 Emma Nicholas BSN, RN  
 Susan Coletta ADN, RN  
 Kelly Hartmann ADN, RN  
 Jana Tabackova-Corna BSN, RN  
 Aracelys Delgado ADN, RN  
 Susan Becker BSN, RN  
 Danielle Rapp ADN, RN

## Nurse Manager Coordinator Council

Maureen Schneider PhD, MBA, RN, CNE-BC, CPHQ,  
 FACHE  
 Laura Cima PhD, MSN, MBA, RN, NEA-BC FACHE  
 Louis Faraone MSN, RN, CEN, NRP  
 Diane Perez MS, BSN, RN  
 Tania Cutone BSN, RN  
 Donna Symons MSN, RNC-OB  
 Rosemarie Jones MSN, RN, CEN  
 Laura Wisse MSN/MHA, RN, CNOR  
 Barbara Martucci MSN, RN, ACNS-BC  
 Anna DeLuca MSN, RN  
 Laura Reilly MSN, RN, CCRN-K, CNRN  
 Susan Yale-Mancini BSN, RN  
 Diane Friswell BSN, RN, CRRN  
 Laura McConnell MSN, MBS, RN, CEN  
 Helen Filor BSN, RN  
 Alaina Scala-Brew BSN, RN-BC, CIC  
 Liza Padua BSN CCRN  
 Marcella Klepacki BSN, RN  
 Dina Tortorelli BSN, RN, CMNL  
 Susan Becker BSN, RN  
 Emily Costanzo MSN, RN  
 Denise Montano MSN, RN

Facilitators: Maureen Schneider PhD, MBA, RN,  
 NEA-BC, FACHE & Laura Cima PhD, MSN, MBA,  
 RN, NEA-BC FACHE

## Nurse Executive Council

Maureen Schneider PhD, MBA, RN, CNE-BC,  
 CPHQ, FACHE  
 Laura Cima PhD, MSN, MBA, RN, NEA-BC FACHE  
 Louis Faraone MSN, RN, CEN, NRP  
 Diane Perez MS, BSN, RN  
 Tania Cutone BSN, RN  
 Donna Symons MSN, RNC-OB  
 Rosemarie Jones MSN, RN, CEN  
 Laura Wisse MSN/MHA, RN, CNOR  
 Barbara Martucci MSN, RN, ACNS-BC  
 Anna DeLuca MSN, RN  
 Laura Reilly MSN, RN, CCRN-K, CNRN

## Nurse Informatics Council

Facilitator: Tania Cutone BSN, RN  
 Crystal Paradero BSN, RN  
 Donna Dufort RN  
 Barbara Minder RN  
 Nancy Snel RN  
 Giselle Billeci BSN, RN, RCIS  
 Jessica Heller MSN, RN  
 Michelle Lawson BSN, RN  
 Gail Washburn RN  
 Tammy Vreeland RN  
 Jacqueline Munoz BSN, RN  
 Deanna Colaizzi RN  
 Linda Tzap RN  
 Pauline Gaela RN  
 Kerry Quinn BSN, RN, CEN  
 Anne Marie Rucker RN  
 Non- Nurse members:  
 Ernie Pomeroy- PT/OT/Speech  
 Tanya Prescott RT Cardio Pulmonary  
 Kathleen Merritt- Dietetics



Sandra Leo BSN, RN  
 Michelle McKenney BSN, RN  
 Cheryl Sauerbier BSN, RN, CPAN  
 Erin McDonald-Ryan ADN, RN  
 Nicole Fusco BSN, RN, CEN  
 Jodi Jones MSN, RN, CEN  
 Heidi Grebe BSN, RN  
 Christine Apkarian BSN, RN

## Wound Council

Jo Ann Coar, BSN RN -BC CWOCN COS-C, Chair  
 Carol Seibert, RN  
 Kathleen Higgins, RN  
 Barbara (Dee) Edwards, RN  
 Galina Babayan, RN  
 Trisha Grip PCT  
 Leslie McGill, RN  
 Diane Buniak PCT  
 Kim Weber, RN  
 Edie Lippner RN  
 Dorothy Walter, RN  
 Peggy Polo PCT  
 Barbara Giles RN  
 Carnette Smith MS, RN-BC

## NICHE Council

Carnette Smith MSN, RN-BC Chair  
 Grayna Guzman RN  
 Maria Dungca, RN,  
 Mary Squier RN,  
 Augustina Samuel RN,  
 Mary Babula RN,  
 Margaret Puccio RN,  
 Nicole Fusco BSN, RN, CEN  
 Deborah Cocharane MSN, RN,  
 Daysi Lowalski PCT  
 Janelle Peters BSN, RN, CPN

## Falls Committee

Chairs: Diane Friswell BSN, RN, CRRN  
 and Heidi Griebe BSN, RN, CRN  
 Antonio Rafael ADN, RN  
 Shannon Struthers PT  
 Yamilie Castano PCT  
 Lisa Padua BSN, CCRN  
 Alaina Scala MSN, RN-BC,  
 Donna Macrone BSN, PCCN  
 Julia Bernstein APN, MSN, CCRN  
 Laura Mc Connell MBA MSN, CEN  
 Laura Reilly MSN, CCRN-K  
 Geraldine De Haas, ADN, RN  
 Marie Kamby BSN, RN  
 Jodi Jones MSN, RN, CEN  
 Carnette Smith MSN, RN-BC  
 Andrea Rojas BSN, RN  
 Helen Filor BSN, RN  
 Lisa Luciano BSN, RN, CPHRM  
 Rosemarie Jones, BSN, RN, CEN  
 Barbara Giles RN  
 Alan Chen Pharm D, BCPS  
 Adriana Red ADN, RN-BC



## Appendix B: Certified Nurses



### ADMINISTRATION

Maureen Schneider NEA-BC, CPHQ  
 Laura Cima NEA-BC  
 Laura Reilly CCRN-K, CNRN  
 Rosemarie Jones CEN  
 Anna Deluca CPXP  
 Kathi Hoffman PCCN

### OPERATING ROOM

Rosemarie Ado-Diaz, CNOR  
 Rosemary Cortese, CNOR  
 Kathleen Ferns CNOR  
 Carol Hamilton CNOR  
 Katelyn Harris CNOR  
 Denise Johnson CNOR  
 Erin McDonald-Ryan CNOR  
 Carol Reardon CCRN  
 Iryna Shlapakova CNOR  
 Soon-Ho Shin Kwak CNOR  
 Laura Wisse CNOR  
 Donna Giannetto CNOR

### ENDOSCOPY

Eileen Arahill, CGRN  
 Kristina DePuyt CGRN  
 Holly McAllen FN-CS  
 Maura Kayal CGRN  
 Diane Tasker CGRN

### QUALITY MANAGEMENT

Susan Welsh CPHQ  
 Robin Puma, CEN  
 Eloise Valencia CIC

### RADIOLOGY

Heidi Grebe, CRN  
 Mary Trifari CRN

### CASE MANAGEMENT

Roberta Barnicle CCM  
 Kathleen Barrett CCM

### NURSING EDUCATION

Michelle Buda RN-BC  
 JoAnn Coar RN-BC, CWOCN, COSC  
 Raymond Fowlie CDE  
 Barbara Martucci ACNS-BC  
 Kerry Quinn CEN  
 Carnette Smith RN-BC  
 Treeza Menezes RNC-OB

### PACU

Karen Baum CPAN  
 Robin Donohue CPAN  
 Michael Gonzalez CPAN  
 Patricia McQuade CCRN  
 Barbara Minder CPAN  
 Augustina Samuel CCRN, RN-BC  
 Nancy Wasiuk RN-BC  
 Michelle McKenney FN-CSA

### AMBULATORY SURGERY

Cheryl Sauerbier CPAN

### CARDIAC CATH LAB

Laura Adams CCRC  
 Gisselle Billeci RCIS  
 Emily Costanzo RN-BC  
 Dina Tortorelli RCIS, CNML

### WOUND CARE CENTER

Susan Becker ACHRN  
 Lisa Hamilton-Delaney, WCC  
 Cynthia Promnitz CHT  
 Dorothy Walters CWCA, RN-BC

### IV THERAPY

Deborah Cochrane CRNI, FNP-C  
 Michele Lawson CRNI, RN-BC

### Infusion Center

Michele Daddario OCN  
 Amanda Hackett OCN



Rosemarie Conklin CCM  
 Binta Dogbe CCM  
 Debra Franco CCM  
 Carolyn Kelly CCM  
 Regina Micciche CCM  
 Robin Murphy CCM  
 Kristy Picariello CCM  
 Joan Shinn CCM

#### **DOCUMENTATION SPECIALIST**

RoseMarie Cerca CCDS  
 Marion Courter CCDS  
 Sandra Glynn CCDS  
 Tammie Profitko CCDS

#### **3 WEST**

Christine Apkarian, RN-BC  
 Jana Corna RN-BC  
 Jennifer Cutri RN-BC  
 Gina Frazzitta RN-BC  
 Liza Padua CCRN  
 Diane Rotonda RN-BC

#### **4 WEST**

Reginald Bonnah RN-BC  
 Deanna Colaizzi RN-BC  
 Giesppa Giammona RN-BC  
 Mary Kinuthia RN-BC  
 Adriana Reda RN-BC  
 Beata Sadowska RN-BC

#### **4 EAST**

Carol Carroll PCCN  
 Maria Dungca RN-BC  
 Barbara-Dee Edwards RN-BC  
 Vincenza Giammona RN-BC  
 Alexis Guerriero RN-BC  
 Jenna Kurdyla RN-BC  
 Andrea Rojas RN-BC  
 Jennifer Rodriguez RN-BC  
 Alaina Scala-Brew CIC, RN-BC  
 Mary Squier RN-BC

#### **ATLANTIC CORPORATE HEALTH**

Maryanne Brennan-Spotts APN-C  
 Nancy Brenner FNP-BC

Sandra Leo OCN  
 Tara Lester OCN  
 Jihane Saade OCN  
 Laura Smith OCN  
 Nancy Vander Meulen OCN  
 Susan Petraitis CCM

#### **NURSE PRACTITIONERS**

Michelle Gilbert NP-C, CCRN, CHFN  
 Patricia Molinelli APN-C, AOCN  
 Leah Scilingo PMHNP-BC, CDP  
 Catherine Stevens APN-C, CNN

#### **PEDIATRICS**

Nerisa Resultan PCN  
 Andrea Figueroa PCN  
 Janelle Peters PCN  
 Marion Vrancken PCN  
 Tammy Vreeland PCN

#### **NURSING RESOURCE**

Carolyn Harding CSN  
 Kathleen Hendricks NRP  
 Maniram Indarjit CLNC  
 Halina Miller CNOR  
 Daniel Misa CEN, CPEN  
 Kaba Shpejtime RN-BC

#### **CPCU**

Lori Dale PCCN  
 Colleen Dente PCCN  
 Diane Friswell CRRN  
 Joyce Harper PCCN  
 Jessica Heller RN-BC  
 Deborah Schell PCCN  
 Nicole Spellman PCCN  
 Kathleen Szilezy PCCN  
 Phyllis Valerio PCCN  
 Mary Beth Wyant PCCN

#### **INTENSIVE CARE UNIT**

Shelley Gagliardi CCRN  
 Benevictoria Hilario CCRN



Teresa Conklin FNP-BC  
 Karen Donovan CDE  
 Geg Gulnick CEN  
 Diane Hough RN-BC  
 Diana Marques APN-BC  
 Barbara Touw RN-BC  
 Jun Zenobia-Shim FNP-BC, CCRN

Kelly Innamorato RN-BC  
 Claudia Irmieri CCRN  
 Angela Kostman CCRN  
 Mercedes Palarino CCRN  
 Pranvera Qose CCRN  
 Carol Siebert CCRN  
 Susan Yale-Mancini CCRN

#### **FAMILY CARE CENTER**

Bethann Anderson LCCE  
 Susan Baumgartner RNC-OB  
 Andria Benham RNC-OB  
 Carol Boyce RNC-LRN  
 Karen Bunero RNC-OB  
 Donalyn Brooks RNC-MNN

Debra Panas, RNC-OB  
 Lauren Ritchie RNC-OB  
 Terri Schulok RNC-OB  
 Jennifer Stevens RNC-OB  
 Donna Symons, RNC-OB  
 Mei Tien RN-LRN

#### **EMERGENCY DEPARTMENT**

Danielle Barbieri, CEN  
 Nancy Bombaro CEN  
 Laurie Cornelissen CEN  
 Carrie Correale CEN  
 Michele Dolan CEN  
 Louis Faraone CEN, NRP  
 Nicole Fusco CEN  
 Jodi Jones CEN  
 Melissa Lelo CEN  
 Stacy Moore CEN  
 Kenna Mowry PCCN  
 Crystal Paradero CEN  
 Meghan Stellingwerf CEN  
 Christina Thompson, CEN  
 Eric Weber CEN  
 Ulijana Zamaslo RN-BC

#### **INTERMEDIATE CARE UNIT**

Julia Bernstein CCRN  
 Julia Breure PCCN  
 Anna Cardenas PCCN  
 Victoria Ebue PCCN  
 Vanessa Kuczewski PCCN  
 Constanza Mastrangelo PCCN  
 Laura McConnell CEN  
 Rebecca Mix PCCN  
 Pauline Gaela PCCN  
 Charise Ryans PCCN  
 Heather Sheehan PCCN  
 Sharon VanDuyne PCCN  
 Jackie Walode PCCN  
 Karen Whitehead PCCN  
 Maria Wietecha PCCN, RN-BC  
 Donna Macrone PCCN

## Appendix C: 2017 PACT Recipients

### PACT Level 2

Danielle Bolich ADN, RN  
 Theresa Carrelus ADN, RN  
 Susan Coletta ADN, RN, CRN  
 Lori Dale BSN RN, PCCN  
 Kristina DePuyt BSN, RN, CGRN  
 Michael Gonzalez BSN, RN  
 Grazyna Guzman BSN, RN  
 Jessica Heller BSN, RN-BC  
 Kathleen Higgins ADN, RN  
 Leann Hopkins BSN, RN  
 Christine Koch ADN, RN  
 Angie Kostman BSN, RN, CCRN  
 Kenneth Livingston BSN, RN  
 Sheri Lynch BSN, RNC-OB  
 Stacy Moore ADN, RN  
 Kenna Mowry BSN, RN, PCCN  
 Danielle Petrucci BSN, RN  
 Danielle Rapp BSN, RN  
 Teresita Reylado BSN, RN  
 Maria Santos BSN, RN  
 Mary Squier ADN, RN  
 Linda Tczap ADN, RN  
 Taylor Thoma BSN, RN  
 Mary Trifari ADN, RN, CRN  
 Nicole Vitrone BSN, RN  
 Monika Wathe BSN, RN  
 Pamela Weidemann BSN, RN

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 Mary Babula ADN, RN  
 M. Gisselle Billeci BSN, RN, RCIS  
 Colleen Dente ADN, RN, PCCN  
 Maria Dungca BSN, RN-BC  
 Morgan Feuss BSN, RN, CEN  
 Andrea Figueroa BSN, RN, CPN  
 Denise Johnson ADN, RN, CNOR  
 Melissa Johnson BSN, RN, CCRN  
 Jodi Jones, MSN RN, CEN  
 Michele Lawson BSN, RN, INCC  
 Danielle Massaro BSN, RN  
 Rebecca Mix ADN, RN  
 Augustina Samuel ADN, RN, CCRN  
 Theresa Schulok BSN, RNC-OB  
 Lucyann Scorzo ADN, RN  
 Heather Sheehan ADN, RN, PCCN  
 Meghan Stellingwerf BSN, RN

### RN PACT Level 4

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 Nicole Fusco BSN, RN, CEN  
 Heidi Grebe BSN, RN, CRN  
 Joyce Harper ADN, RN, PCCN  
 Connie Mastrangelo BSN, RN, PCCN  
 Janelle Peters BSN, RN, CPN  
 Deborah Schell ADN, RN, PCCN

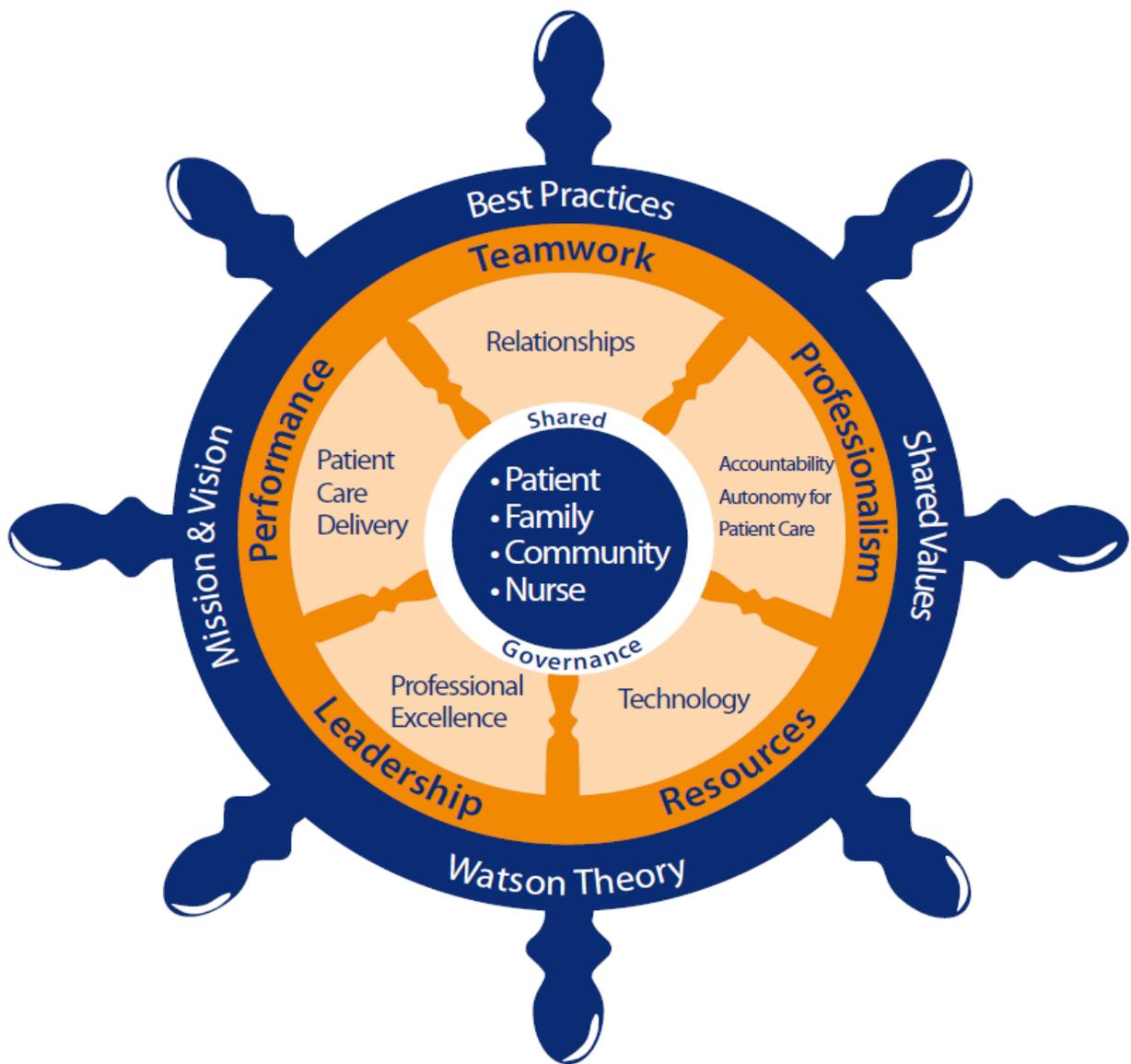
## PACT Committee

### 2017 PACT Committee

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