

DEPARTMENT OF NURSING

BI-ANNUAL REPORT

2015 - 2016



Atlantic Health System
Overlook Medical Center

Highlights

From the Chief Nursing Officer, Chief Experience Officer



The last two years have been extremely busy for Overlook Medical Center. We are engaged in responding to new reimbursement structures, new technology, as well as the impact of national initiatives changing the face of nursing and patient care. Overlook and the nursing staff have been empowered and are instrumental partners in creating innovative ideas to meet these challenges. The focus of our *Trusted Network of Caring®*, embedded in our nursing philosophy, is to deliver the highest quality care, at the right cost, in right place, and at the right time to the communities we serve. We continue to expand our services to meet the evolving health care needs in our patient and professional communities.

As CNO, I firmly believe in and support ongoing professional development of our nursing staff. With the assistance of the Overlook Foundation, we offer continuing education and professional growth opportunities to ensure that our nurses are equipped to provide the highest quality care.

The empowered shared governance body re-evaluated the care delivery model to better align with nursing practice. The clinical nurses collaborated to create our first professional practice model which launched in February 2016.

At Overlook, we value innovation and consider it an essential component of modern health care delivery. We have embarked on a key strategic initiative to transition to a more robust electronic medical record, which will also promote more seamless transitions of care. We also continue to expand our nursing research department to ensure that we are providing the highest quality, evidence-based care.

I am honored to see the profound impact you have on our patients, their families, the organization, and the community we serve every day.

MaryPat Sullivan, MSN, RN, CNS
Chief Nursing Officer



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About the Department of Nursing

We are 1400 empowered registered nurses in the Department of Nursing at Overlook Medical Center, including direct care clinical nurses, Advance Practice Nurses, Clinical Nurse Specialists, Clinical Nurse Educators, Patient Navigators, a Patient Experience Manager, Nurse Managers, and Nurse Directors. MaryPat Sullivan, MSN, RN, CNS, our Chief Nursing Officer and Chief Experience Officer, serves as our senior executive nurse leader and is responsible for the structural and operational relationships in all areas where nursing is practiced at Overlook through direct or in-direct reporting structures. The mission, vision and values of the Department of Nursing are in direct alignment with the Atlantic Health System's mission, vision, and values.

Atlantic Health System Mission:

- Deliver high-quality, safe, affordable patient care within a healing culture
- Educate, in an exemplary manner, present and future health care professionals
- Innovate through leadership
- Improve the health status of the communities we serve
- Create a *Trusted Network of Caring®*

The mission of Overlook's Department of Nursing is to deliver high-quality, patient-centered, evidence-based care in a healing culture to promote the health and safety of our patients, community, inter-professional healthcare partners, and our staff.

Atlantic Health System Vision:

Empowering our communities to be the healthiest in the nation.

The vision of Overlook's Department of Nursing is to lead and promote excellence in care delivery.

Our Values:

- **P**rofessionalism – honesty, deliver exceptional service, positive team spirit
- **R**espect – be culturally sensitive, treat others with respect
- **I**nvolvement – shared responsibility, participate, collaborate, and engage
- **D**ignity – display ethical, moral behavior, compassion, empathy
- **E**xcellence – exceed expectations, mentor others, seek feedback

Our nursing professional practice model reflects the values of AHS and Overlook. Nursing is practiced using Kristin Swanson's Theory of Caring which embraces these values in our patient care delivery, professionalism, and interprofessional collaboration to demonstrate both the art and science of nursing quality care.

Our Philosophy:

Overlook nurses are committed to our patients by:

- Delivering patient- and family-centered care
- Maintaining belief, knowing, being with, doing for, and enabling our patients guided by Dr. Kristin Swanson's Theory of Caring
- Advocating for our patients to assist them in navigating the healthcare system along the continuum of care

We are committed to our healthcare delivery teams through:

- Open communication and collaborative relationships with all health care providers
- Upholding the PRIDE values of Overlook and AHS: Professionalism, Respect, Involvement, Dignity and Excellence
- Cultivating a culture of professional excellence which promotes life-long learning and professional development
- Transparency and accountability in structures, processes, resource allocation, and outcomes
- Reward and recognition for service excellence

We are committed to our community through:

- Addressing our community needs as identified in the Community Needs Assessment
- Volunteerism
- Outreach

Our Goals:

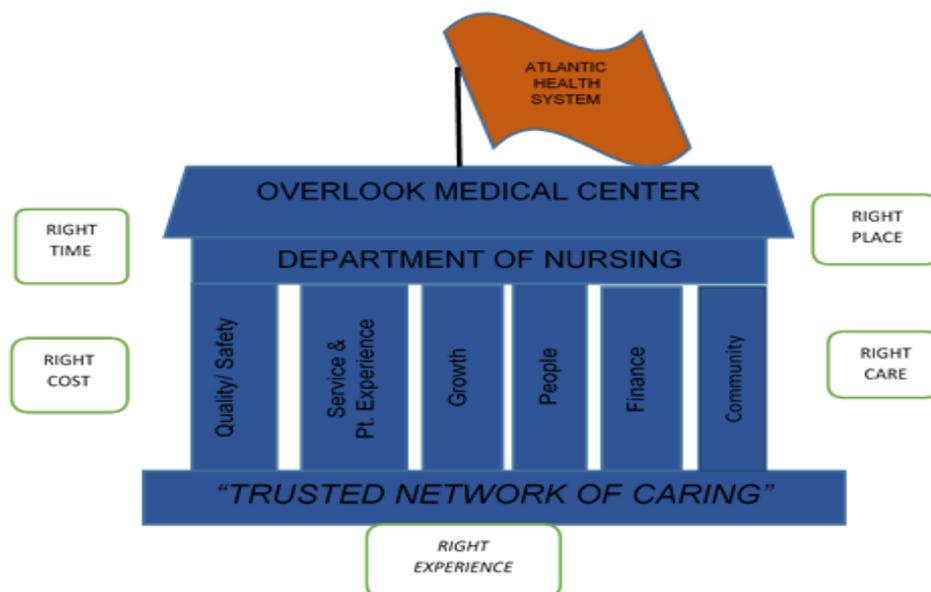
- To meet and/or exceed national benchmarks for nursing-sensitive quality indicators
- To meet and/or exceed national benchmarks for patient experience
- To facilitate the preparation of future nurses
- To meet the needs of the communities we serve
- To support ongoing professional development of our staff



TRANSFORMATIONAL LEADERSHIP

MaryPat Sullivan, our executive transformational nurse leader, has created a clear vision for the Department of Nursing in our FY 2015-2018 Nursing Strategic Plan. The plan is in alignment with the strategic pillars of Overlook/AHS. It establishes goals, guides change, ensures financial stability, and supports improvement initiatives that drive nursing excellence in an ever changing health care environment. The nursing strategic plan supports an environment where nurses are empowered and accountable over their practice and their practice environment to achieve excellent patient care outcomes and nursing satisfaction. Nurses at all levels and roles serve as transformational leaders who share in decision-making and inspire excellence in nursing practice.

It is through shared governance that nurses advance high-quality nursing practice across the care continuum. **Dr. Kristin Swanson's "Theory of Caring"** provides the theoretical foundation for all nursing practice at Overlook. Exemplary quality outcomes, service, and safety are achieved through open communication, the execution of a well-defined nursing strategic plan, the application of a well-articulated model of nursing care, and a vision that will support nursing excellence, ongoing professional development, and leadership development. Nurses advocate for and positively impact each patient, family, and staff member's experience each and every day through shared decision-making and engagement.



2015 – 2018 Nursing Strategic Plan

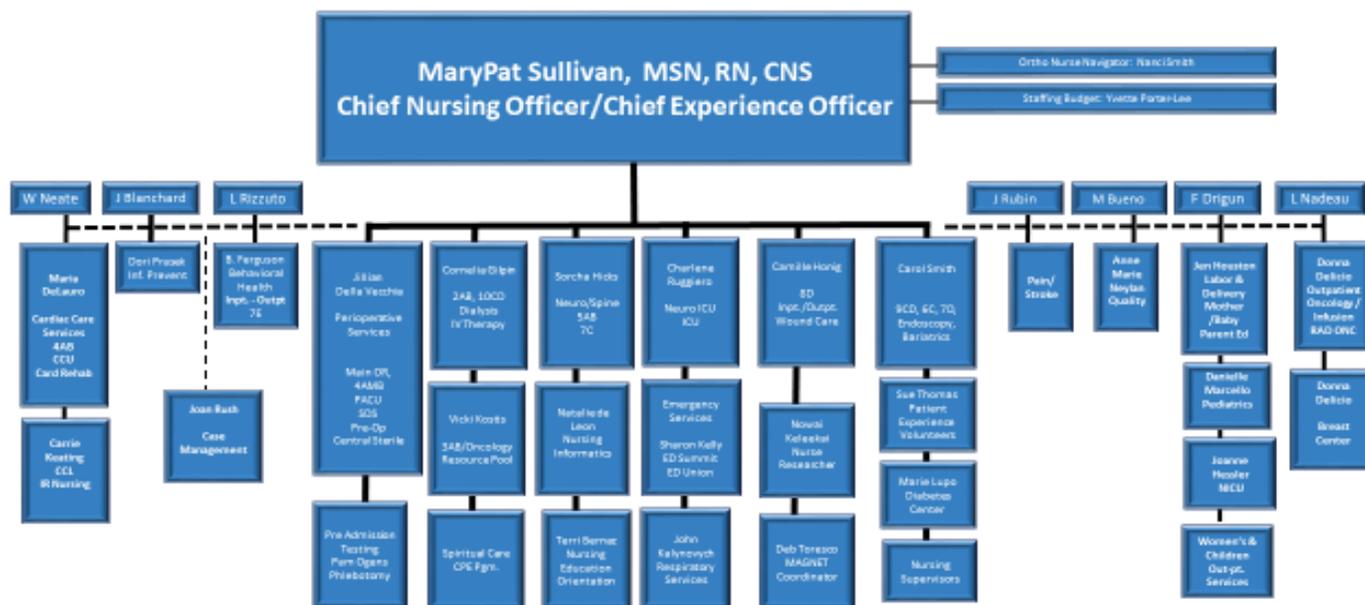
Pillar	Goals	Objectives
Quality & Safety	Provide high quality patient-family centered care in a culturally sensitive environment	Operationalize and enculturate Kristin Swanson's theory of caring into daily nurse practice. Identify care delivery models: <ul style="list-style-type: none"> ○ Modified primary for all in-patient areas ○ Episodic care in Perioperative Services, Emergency Department, Out-patient and Ambulatory departments
	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
	Capacity and patient throughput	Support workflow redesign and patient throughput with the goals of enhancing the patient experience and improving nurse satisfaction
	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
Service & Patient Experience	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 initiatives to meet standards of excellence to improve patient experience scores
Growth	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 tuition reimbursement, and scholarships Continue to provide certification review courses Foster national nursing certification and advancement of formal education: <ul style="list-style-type: none"> ○ Increase national certification rates by 1% year over year for 3 years for eligible RNs ○ Increase the percentage of nurses with baccalaureate degrees or higher by 1% year over year for 3 years

	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
Financial Stability	Develop and sustain unit based fiscal budgets	Maintain staffing budget to actual with effective and flexible processes Allocate resources efficiently
	Support the culture of philanthropy	Strengthen and support fundraising opportunities
People	Instill a culture of PRIDE	Strengthen teamwork and accountability across the nursing organization.
	Foster staff engagement	Support shared governance Encourage clinical nurse participation in hospital-wide committees Increase nurse participation in engagement, safety, and RN satisfaction surveys
	Establish strong nurse-practitioner relationships	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 Attain Centers of Excellence and Magnet recognition Evaluate and create a model for the AHS Nurse Workforce of the future
Community	Continue to develop and expand nurse involvement in community outreach programs	Expand role of nurse navigators Improve patient access to centers of excellence Health screenings-prostate, breast, hypertension, obesity, diabetes Increase the percentage of 'volunteer time' to the community

Nursing Organizational Structure

A flat, decentralized organizational structure supports MaryPat's autonomy and influence over nursing practice, quality patient care, and innovations in professional nursing practice. She is a member of the Overlook and AHS senior executive teams and participates on the governing and strategic planning bodies to provide strong nursing representation. Working closely with Overlook's Foundation, MaryPat identifies opportunities to assist with campaigns to strengthen our nursing care services and support ongoing nursing professional development and formal education which inspire our community to support our mission.

DEPARTMENT OF NURSING ORGANIZATIONAL CHART



To support all nursing staff, Mary Pat maintains an open door policy. "Patient quality always comes first". Her philosophy of honesty, integrity, and mentorship promotes open communication in a solution-oriented environment. Frequent, routine leadership rounding is a testament to her belief in the desire and power of nurses to be heard and have a voice over their practice. Opportunities for improvement may be identified during her rounding and often the nurses themselves have the solution.

Program Development

OMC strives to meet the ongoing and ever evolving needs of the communities we serve. New services were developed and current programs have expanded to satellite locations to meet these growing needs.

Certifications

OMC is proud of the many Joint Commission Disease Specific Certifications (TJCDSC) it has achieved and successfully maintained. Nursing is an integral member on each of the disease specific healthcare teams. Priority improvement metrics are followed closely with continuous staff engagement to maintain standards of excellence. Among the TJCDSC are:



- Comprehensive Stroke Care Center
- Spine Center of Excellence
- Bariatric Center of Excellence
- Wound Care Center of Excellence
- Endoscopy Center of Excellence
- Total Hip and Knee Replacement



Additional Designations and Recognitions include:

The Endoscopy Center received the “GI Excellence Award” recognized by the American Society for Gastrointestinal Endoscopy for promoting and maintaining high standards and excellent quality in endoscopy.



The Wound Care Center received national accreditation by the Undersea and Hyperbaric Medical Society for outstanding performance in wound treatment using hyperbaric therapy.

The Metabolic and Bariatric Center is accredited by the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery in recognition of their high Quality Improvement Program.



Fortune magazine selected Overlook Medical Center as "100 Best Companies to work for" in both 2015 and 2016, a recognition achieved for eight consecutive years.



Union Emergency Department (ED) received the Lantern Award for a second designation in 2015. The Lantern Award is a recognition given to the top 10% of all EDs exemplifying innovative practice and exceptional performance in the core areas of leadership, practice, education, advocacy, and research.



Maternity Services was re-designated in 2015 and 2016 by the International Lactation Consultant Association (ILCA) for their knowledge, practice, and expertise that supports and promotes breastfeeding.

The service also received the prestigious Baby Friendly USA designation in December 2015.



OMC was recognized as a leader in **Lesbian-Gay-Bisexual-Transgender (LGBT)** Healthcare Equality by the Human Rights Campaign in April 2016. Eliminating LGBT health disparities and enhancing efforts to improve health are necessary to ensure that LGBT individuals can lead long, healthy lives. This recognition is reassurance to LGBT patients, their families, and employees that time spent at any of our Trusted Network of Caring® facilities will be equitable and non-discriminatory.



New and Expanded Services

Fragility Program commenced in December 2015, chaired by Cornelia Gilpin, MSN, RN, Manager 2AB,10CD, Hemodialysis, and IV Therapy and Laura Rose, MSN RN, Orthopedic Nurse Navigator. The collaborative efforts of the Departments of Orthopedics, Medicine, and Surgery have resulted in:

- Development of a “Hip Fracture Team”: An orthopedic trauma service
- Standard “triage to OR time” of 48 hours or less to obtain necessary assessments and diagnostics for surgical optimization
- Designated operating room block time at 1 pm daily to facilitate scheduling
- 12% decrease in mortality rates

Pre-Admission Testing Department: A Pre-Op Clinic was initiated in December 2015 as an option for a convenient and timely method to ensure standardized pre-operative optimization for all elective surgical procedures. An additional FTE was approved for a perioperative nurse navigator, Susan Cabatic, RN. Susan works collaboratively with OMC Medical Education as well as with department of anesthesiology nurse practitioner, Melissa Mojar, MSN, APN, FNP-C, to ensure a comprehensive pre-operative assessment to facilitate successful surgical outcomes.

Wound Healing Centers: Diabetic educator, Marie Lupo, MSN, APN, CDE, Manager, Diabetes Center and the Wound Healing Center partnered to develop an on-site Diabetes Program for diabetic patients undergoing treatment for wounds to improve glycemic control and promote wound healing.



Neuroscience Services: OMC hosted a ribbon-cutting for our newly-built helipad in November 2016. The helipad was designed specifically to expedite hospital-to-hospital transport of patients requiring advanced neurological care, further enabling us to provide live-saving, comprehensive care to our neighboring communities.

Outpatient Infusion Services: Expanded to meet growing community need by opening the Northfield Infusion Center. Physicians, nurses, and pharmacists played a collaborative role in developing the patient-friendly environment.



Northfield Infusion Center Staff Celebrate the Grand Opening. (left to right) Sylvia Matlosz, BSN, RN, Candice Chichioco, RN, Leslie Reiman, BSN, RN, Blanca Byrne, BSN, RN, Donna Delicio, MSN, APN-BC, OCN, Jared Dornfeld, Adm. Ass't

The Emergency Department (ED) initiated “Split Flow”, a new evidenced-based care delivery model to increase efficiency, improve patient safety, and enhance the patient experience. The goal is to keep low acuity patients vertical to expedite their care.



Dr. John Tyrell, Kristy Rodrigues, RN CPEN, Jen Moran, RN and Jude Lark, BSN, RN, CEN



Dr. Chris Amalfitano & Sharon Kelly, MSN, RN, NE-BC

STRUCTURAL EMPOWERMENT

The growth and development of our shared governance model demonstrates nurses' autonomy over their clinical practice. The Nurse Practice Congress serves as a shared decision-making forum.

Shared Governance

Our Professional Practice Model (PPM) was unveiled in February 2016. The PPM illustrates the structure, process and value of nurses as key partners in delivering patient care through collaborative leadership, professional development, and evidence-based practice. The anchor is the structural base signifying our roots in the community. The nautical theme reflects OMC's nautical flags, which translate to, "We Stand By to Assist", navigating patients through complex health issues to optimize their wellness.

The rope holds our mission, vision, values, and our *Theory of Caring* together to anchor our practice in commitment, accountability, recognition and excellence. The five points of the star hold the subsystems of the care delivery components of every patient encounter. At the center is the patient, family, and community—the reason we come to work each and every day. Our PPM defines nursing practice in a way that brings significance to our daily work and unifies nursing practice throughout every department.



Shared governance is centered around change, growth, and transformation. In 2016, the Nurse Practice Congress evolved from a congressional model into a councilor model to enhance communication with management and other disciplines, to foster engagement of its members, and to drive quality improvement initiatives in a timely fashion. The name was changed to "Shared Governance".

Councilor Structure

Shared governance is composed of both unit-based and hospital-wide councils. SG's house-wide councils are Quality and Performance Improvement, Nurse Practice, Education, Professional Development, Research/Evidence-based Practice, and Advanced Practice.

Quality and Performance Improvement focuses on improvement opportunities in areas of patient safety, quality, and outcomes and coordinates improvement strategies and initiatives. Members review our performance data from the National Database of Nursing Sensitive Indicators (NDNQI) and patient experience scores quarterly. They are resources for their peers to better understand unit performance of CAUTI, CLABSI,

Pressure Ulcers, and Falls. Patient experience scores are reviewed and plans are implemented focused on unit and house-wide improvement strategies.

Nurse Practice Council develops, reviews, and revises nursing protocols, policies, and procedures. The council integrates standards of clinical nurse practice that are evidence-based with the goal of exceeding national benchmarks. It is a forum for open discussion of concerns, issues, and other activities having an impact on nursing practice and patient care across the organization.

Education Council conducts an annual nursing assessment in collaboration with the nursing education department. They develop strategies to increase certification, formal education, and ongoing professional growth and development. The council facilitated educational programs to optimize patient health literacy. They conduct periodic review of the clinical ladder, preceptor, mentor, and orientation programs.

Professional Development Council, formerly Advocacy Subcommittee, plans, supports, and implements innovative reward and recognition activities, such as the Nurses' Day, National Certified Nurses Day, DAISY award, clinical ladder achievement celebrations, and scholarship award programs. They also oversee the nursing peer review process. Along with the entire shared governance council, they sponsor the NDNQI RN Satisfaction Survey and collaboratively develop actions plans for improvements with nursing leadership.

Research and Evidence Based Practice Council serves as the primary resource for nursing research-related activities. This council works to support a care environment that is conducive to learning and receptive to change, fosters a culture of clinical inquiry, promotes knowledge generation, and enables nurses to translate the best evidence into clinical practice to improve patient and staff outcomes. They provide education, mentorship, and consultation for nursing staff seeking to conduct research and EBP projects.

Advanced Practice Providers Council provides support and mentorship in role development and transitioning new APPs into practice. They provide an avenue for APPs (physician assistants, advanced practice nurses, etc.) to network and address issues specific to their professional practice. Through their subcommittees, they focus on advancing education, promoting research/EBP, and professional advocacy.

Collaborative Governance membership includes interprofessional managers, council facilitators, and the CNO/designee. The council monitors progress to attain nursing strategic goals. The council facilitators participate in this forum to communicate the activities, achievements, and barriers of the councils and operations with leadership in a solution-oriented environment. This structure fosters open communication across all departments among all levels of staff.

Pledge to Professional Development

Transitioning to Practice

The Overlook Hire Learning Residency Program provides on-the-job training experience, observational learning experiences, and mentorship during the first year to assist in the transition from nursing student to competent professional nurse. The purpose of the nurse residency program is to support transition to practice, improve staff retention, and improve patient safety and outcomes. In 2015 and 2016, we hired 43 and 47 new graduate nurses, respectively with a retention rate of 93% and 98%. Clinical educators, preceptors, and mentors support our newly hired nurses in developing teamwork, collaboration, and communication skills to empower them to successfully transition into engaged Overlook nurses.



Professional Advancement Clinical Tracks (PACT) Ongoing professional development



2015 RN PACT Celebration

The RN Professional Advancement Clinical Tracks Program (PACT) is designed to promote personal and professional growth and advancement of clinical nurses. 224 and 221 registered nurses successfully completed the PACT program in 2015 and 2016 respectively. There was a 20% increase in level 4 in 2016. Among their many activities, 122 PACT RNs provided 1,352 hours of community service and 11 participated in nursing research projects.

Tuition Reimbursement

Overlook has a generous Tuition Assistance Program for all part-time and full-time nurses to assist them in pursuing formal education and certification programs. Academic partnerships have been established with many colleges and universities to provide baccalaureate and graduate education at reduced tuition rates.

Scholarships Awarded to Support Advancing Formal Education

Donations from our medical staff, employees, and community support the Overlook Foundation and BSN-MSN campaign to award scholarships for our nurses to help us align with the Institute of Medicine's *Future of Nursing* goal of 80% baccalaureate nurses by 2020. 2016 Baccalaureate and higher education throughout the department of nursing was 69.1% and national certification rate for all eligible RNs was 52.4% with many nurses on the journey to attain graduate degrees and national certification.



2016 Scholarship Award Breakfast



Summer Nurse Externship Program

The Overlook Summer Nurse Externship Program has expanded yearly thanks to the generosity of the Overlook Foundation. The program aims to develop junior nursing students by allowing them the opportunity to provide patient care under the supervision of a preceptor in planned learning experiences. Skill development, application of the nursing process, organizational and priority-setting skills, and evidence-based research are all

incorporated into the eight-week externship program. We had 12 nurse externs in 2015 and hired 50% into the Hire Learning Residency Program after graduation. In 2016, we provided nurse extern experiences to 14 nursing students.

Healthcare Showcase supports Claudia Wuest Scholarship

Since 2008, in memory of a talented ICU RN/educator who fully supported ongoing professional development and transitioning new nurses to practice, this scholarship has been awarded annually. The event continues her legacy by exhibiting the phenomenal accomplishments and projects conducted at the unit and department level.



2015 Health Education Showcase



EXEMPLARY PRACTICE

Overlook nurses are competent, accountable, autonomous practitioners who uphold ethical, safety, and regulatory standards while striving for excellence through the synthesis of evidence-based science and clinical practice. Our professional practice model and overarching care delivery model place the patient and family in the center of all we do.

Orthopedics Nurses (2AB) drive early mobility for TKR/THR patients. These nurses participate in the ACO Total Elective Joint Replacement Program. The goal of this model is to implement an interdisciplinary care plan that will facilitate patients' experiences along the entire continuum of care. Pre-operative education focusing on multi-modal pain management practices, the importance of early mobilization, and discharge planning set the stage for a successful discharge to home. The collaborative team efforts have increased the percentage of patients discharged to home to 61% in 2016 and patient experience scores in the category of pain management increased by 16.1%.



Oncology Nurses (3AB) transform end of life care at the bedside. In 2015, our direct care oncology nurses provided education and training to all inpatient clinical nurses which led to implementation of the Respiratory Distress Observation Scale (RDOS) for our end of life patients. The RDOS is an evidence-based scale to assess and manage dyspnea and distress in the unresponsive dying patient.

This team collaborated with nursing informatics to build the scale into our electronic medical record and also developed a system-wide patient education brochure. The RDOS tool has been integrated within our Inpatient Adult Comfort Care Order Set and both are now utilized throughout Atlantic Health System. Results of this project were presented as a podium presentation at the **Oncology Nursing Society (ONS) 41st Annual Congress** on April 28th, 2016.

Critical Care Nurses Collaborate for Patient Safety



An interprofessional, interdepartmental team of clinical nurses, laboratory technologists, physicians, and clinical nurse specialists from the **ICU and Labor & Delivery** developed a comprehensive **massive blood transfusion protocol** to expedite blood product transfusion during life-threatening patient emergencies.

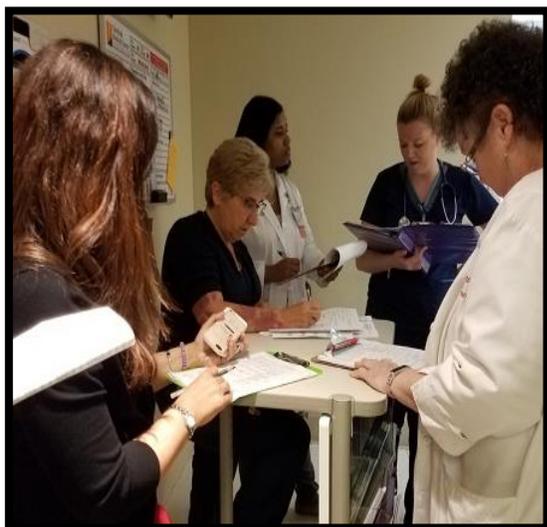
In response to the National Patient Safety Goal 06.01.01: **Clinical Alarm Safety**, several initiatives were undertaken. Cardiac monitors were upgraded throughout the **critical care units** and the hospital. Nurses are now able to individualize default settings to reduce nuisance alarms, prioritize actionable alarms, thereby increasing responsiveness. The units now receive alarm data monthly to continuously address opportunities to further reduce alarms.



Communication

Communication among healthcare team members influences the quality of working relationships, job satisfaction, and profoundly impacts patient safety. An integral part of our daily nursing process involves communication with patients, their families, and the staff to increase collaboration and awareness.

The 4AB (Medical/telemetry) team drive practice changes to improve communication and enhance patient safety. The cardiac unit employed the following practices:



Safety huddles twice a shift address patient safety concerns with the staff.

Shift to shift bedside report between nurses with patient collaboration.

Multidisciplinary rounds (MDR) at the bedside with patient and family input.

Nurses, case managers, social workers, dietary, pastoral care, Heart Success, clinical specialist, clinical coordinators, and physicians all attend.

Hourly rounding with intent by nurses and patient care technicians.

Individualized plans of care are updated at daily to identify unresolved issues.

7C (Neuroscience Specialists) Facilitate Transitions of Care. Patient satisfaction scores for discharge information were 70% in March of 2015. The nurses conduct patient call backs within 24 hours of discharge for follow up. Clinical nurses collaborated and created a red discharge folder with a variety of inserts regarding individualized diagnostics, treatments, new medications, and instructions for follow up care. In addition, they implemented a discharge checklist which serves as a guide to ensure all discharge instructions have been reviewed and is signed by both the RN and patient. They have sustained their improvement efforts over 2016 with the score for discharge information at 88.1%.

7D (General Surgery Experts) nurses cultivate innovative practice to enhance the discharge process.

For some patients and their families, the actual discharge process can be quite overwhelming and discharge instruction review can become garbled. In 2016, Alexandra Rodriguez, BSN, RN, CMSRN clinical coordinator added the nurses' work cell phone number(s) to the discharge instructions with the statement "if you have any questions, you can call anytime." Patients have utilized the call back to clarify information. Their HCAHPS scores increased significantly in the category regarding the discharge information received.



Lauren Lynn, RN, CMSRN answers call from recently discharged patient.

Communication about New Medication	
 The AIDET for Administration of first dose of new medication	
A - Acknowledge- Patient has been prescribed a new medication	
I - Introduce - Name of the new medication	
D - Duration, dose - How often... frequency and duration receive daily and for how long	
E - Explain - why this medication is prescribed, purpose, & side effects	
T - Thank you - Do you have any further questions	

5AB (Neuroscience Unit) applies AIDET® to improve patient understanding of new medications.

AIDET® is an evidence-based communication tool to provide a clear and consistent approach to educating patients. It is proven to reduce patient anxiety, increase compliance, and improve clinical outcomes. The tool was implemented in March of 2016. Pre-implementation, the HCAHPS scores for new medications was 50%; within three months, the scores increased to 56.9%

5AB and 7C share responsibilities in the planning of the week-long festivities of **Neuroscience Nurses Week**. This was started in 2015 and is held annually to increase awareness and celebrate neuroscience nursing and the renowned neuroscience program at Overlook.



May is "Stroke Awareness" month.

The 7C staff use their artistic talents to create a poster contest displaying Stroke education for patients and families, which is showcased in the 7C waiting room. The staff vote on their favorite poster and the winner receives a prize.

Evidence-Based Practice

Overlook nurses are accountable, autonomous, and competent practitioners who constantly strive for excellence through the application of evidence-based practice. We apply these principles within the overarching care delivery model that places the patient and family at the center of all we do.

9CD (Surgery/Bariatrics) RNs implement bedside shift reporting to optimize patient-centered care. Patient involvement and understanding their care decreases anxiety, increases nurse accountability, and fosters teamwork. The nurses piloted this EBP project lead by Sarah Portnoy, BSN, RN, clinical nurse in February 2016. On 9CD, the HCAHPS scores dramatically increased from 71.9% to 87.4% by October.



Kristi Salvesson, BSN, RN
Eric Hess, BSN, RN
Bedside reporting



10CD (Ventilator, Peritoneal Dialysis, Medical Specialists) deploy Ventilator Bundle for clinical management of ventilator dependent patients. The vent bundle is a grouping of best practices to prevent ventilator associated pneumonia. The RN staff partner with dedicated respiratory therapists to collaboratively manage these patients. For two consecutive years, 2015 and 2016, 10CD had no patient ventilator acquired pneumonias (VAPs).

8D Innovations Unit Completes second year of Medical/Education model of care. Modeled after Emory's Accountable Care Unit, 8D has dedicated physicians and residents who work collaboratively with the interdisciplinary team. Their staffing pattern is unique in that they utilize a "dyad" model with 1 nurse and 1 PCT per 7 patients to facilitate a more cohesive, team-based approach to patient care.

Labor & Delivery: Obstetrical Services Mandated Simulation Training for the Management of Obstetrical Emergencies to Improve Outcomes.

When an obstetric emergency occurs in the Maternity Center, optimal outcomes depend on rapid assessment, diagnosis, and implementation of interventions by the obstetric team. The drills are mandatory for the Obstetric Hospitalists, residents, Labor and Delivery staff, and Mother-Baby staff. The drills focus on improving both teamwork, and communication to minimize error and improve patient safety.



6AB Mother-Baby Transforms Culture: Maternity Services received the prestigious Baby Friendly USA designation in December 2015. A Baby-Friendly facility supports mother/baby bonding by placing and emphasis on and providing resources for



Jill Reimer RN, Niki Swayze, RNC, Cathy Traflet, BSN, IBCLC, Lauren Beam, BSN, IBCLC, Jackie Grieco, BSN, RNC-MNN,

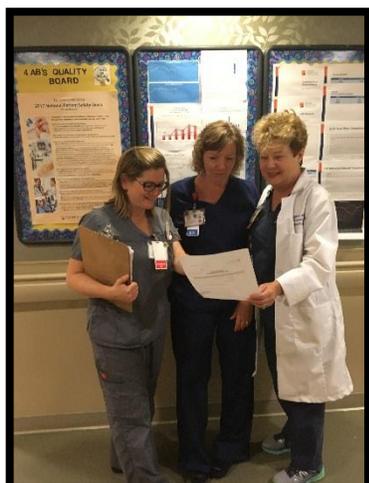
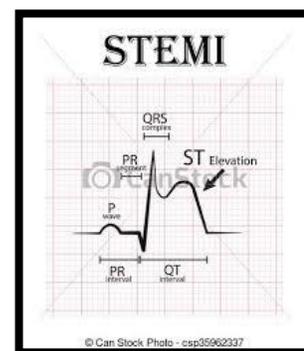
successful breastfeeding. Baby-Friendly is not just an award given to a hospital, rather it is a designation that denotes a change in practice and move to uphold the standards set by American Academy of Pediatrics, the American Congress of Obstetrics and Gynecology, the Centers for Disease Control and Prevention, and World Health Organization.

NICU Partners with Families to Improve Newborn Care. In 2015, the NICU introduced Cue Based Feeds which are evidence-based guidelines for preterm infants transitioning from tube feeding as well as babies just learning how to coordinate their suck, swallow, and breathing. The staff are educated to perform advanced assessment of the baby's readiness to nipple feed as well as the evaluation of the quality of the feeding. Parents are encouraged and assisted to participate in newborn care, including feedings to promote bonding and build confidence in newborn care.

Perioperative Services Go Green. Operative areas have the potential to generate large volumes of waste from packaging and disposable equipment. As a cost-containment strategy, the OR established a recycling program and, as a result of their efforts, received the Greening the OR® award from Practice Greenhealth in 2016.

PACU Eases Families' Anxiety. Awaiting news of family member status after surgery while in recovery can be stressful. Collaborative efforts between the unit based council and the unit representatives resulted in the implementation of hourly rounding for families of patients in the recovery room. Families are permitted into the recovery area once an hour on the hour. This family-centered initiative has been welcomed by our family members and embraced by the staff.

Cardiac Cath Lab improves STEMI Care in state-of-the-art process of "Direct-To-Cath-Lab". Minutes save heart muscle. Our Acute Coronary Syndrome (ACS) Committee collaborated with the Cath Lab Staff, AHS Patient Transfer Center (PTC), and Emergency Medical Service(EMS) providers to implement a new process for patients with ST Elevation MI (STEMI) to decrease "Door to Balloon" (DTB) time to below the national benchmark of 90 minutes. As early identification is key, EMS can identify a STEMI in the field. Once identified, the Cath Lab Team is activated via the Patient Transfer Center (PTC). STEMI patients bypass the traditional Emergency Department (ED) evaluation and are taken directly to the Cath Lab for intervention. There has been a reduction of 24 minutes in DTB post-implementation.



Stephanie D'Andrea, BSN, RN, WOCN, Susan OKane, BSN, RN-BC, PCCN, Angela Natale-Ryan BSN, RN, WOCN, review prevalence study pressure ulcer outcomes.

Wound Healing Inpatient Program drive Overlook to 'diaper free': Stephanie D'Andrea BSN, RN, WOCN and Angela Natale-Ryan BSN, RN, WOCN in partnership with the Wound Resource Nurses (WRNs) have successfully changed the culture of the organization to 'diaper free'. These nurses also led the initiative to implement sacral border dressing to all inpatients at high risk for pressure ulcer development. They expanded this practice to the Operating Room. There is a positive correlation to the implementation of these initiatives and our reduction in pressure ulcers.

The **Endoscopy** department implemented a new life-saving procedure to cure *Clostridium difficile* via fecal microbiota transplant. Mary Jo Miller, BSN, CGRN, nurse educator, was instrumental in developing the protocol to implement the new procedure. This cutting-edge procedure has dramatically improved the quality of life of patients and allowed them to avoid potentially life-altering surgery.

Emergency Department Team Sepsis

Early recognition of sepsis is imperative to prevent mortality. In 2015, a multidisciplinary team was formed to evaluate our effectiveness in the identification and management of patients with sepsis. Jude Lark, BSN RN CEN CCRN, emergency services nurse educator, led efforts to increase compliance with the 3-hour sepsis bundle, an evidence-based set of guidelines proven to improve outcomes. By September 2016, bundle compliance rose to 75%



Committees

Nurses at all levels participate on our interprofessional hospital wide committees. These committees are responsible to increase productivity, drive performance improvement and quality outcomes to ultimately improve patient safety.



Pain Management Committee guide safe pain practices.

Karen Macey-Stewart, MSN, APN, RN-BC is the chair of the Pain Management Committee. She and Laura Labrozzi, BSN, RN, CMSRN, nurse educator, were influential in changing pain management practices for post-op joint replacement patients to facilitate early ambulation and discharge to home. The pain resource nurses (PRN) educate their colleagues about interventions to minimize opioid use, such as incorporating the use of complementary and alternative therapies. The pain management committee also instituted a monthly newsletter that is circulated house wide to provide continuous updates and education.

NICHE SPICES Up Overlook. The NICHE committee consists of Geriatric Resource Nurses from all inpatient units who provide mentoring and support to their units on specific needs of our older hospitalized patients. In 2015-2016, they collaborated with our wound care nurses and nutritionists to develop the *Interdisciplinary Hospitalized Older Adults Plan of Care*. This care plan introduced *SPICES* (*an acronym for the common syndromes of the elderly requiring nursing intervention*), a geriatric specific assessment tool for all patients 70 years and over. Our Geriatric Resource Nurses were responsible for house-wide implementation of this new care plan.



Rewards and Recognition

Overlook continues to provide new opportunities to recognize our nurses, including weekly notes to the staff when they go “above and beyond”, Shout Outs, Pride in Action Awards, Clinical Excellence Awards, the Humanitarian Award, and the Manager of the Year Awards. We are also proud of our nurses who are recognized in the community for their work.

GEM Award Finalist



Tara Donnelly, BSN, RN
Clinical Coordinator, Outpatient Infusion
Overlook Medical Center, Summit, N.J.

Tara Donnelly, BSN, RN, NE-BC, clinical coordinator Outpatient Infusion Center was recognized as a 2016 GEM Award Northeast Region Finalist for “Excellence in Management” by Nurse.com. Tara leads a team of 42 staff members at four infusion centers with a total of 52 chairs. She also has successfully reduced the wait time for patients from appointment to chair, with the added benefit of relieving a patient’s anxiety when it is at its highest. To date, following the completion of a study of the situation, wait time has been reduced by 21%. Additionally, there has been a projected \$370,000 gross revenue increase related to the expanded hours of operation.

Overlook Medical Center Clinical Excellence Awards

Our employees who have shown stellar performance in medicine and patient care are recognized at the annual Clinical Excellence Awards dinner.



2015 Clinical Excellence Award Winners

2015 Nursing Awardees

Lisa Downer, BSN, RN, CNRN, Neuro ICU
Kathleen Hobson, BSN, RN, Endoscopy
Maria Veloso, BSN, RN, 6C
Suzanne Vitiello, RN, CMS-RN 2AB
Ortho/med Maureen Turner, RN, 7C
Sandra Wrigley, RN, CBPN-IC, Outpt.
Oncology

2016 Nursing Awardees

Joanna Sullivan RN, 9CD
Nathalie de Leon BSN, RN, ICU
Heather Patrikios, BSN, RN, SCRNI, 5AB
Carmen McCloud, RN, ED Union
Toni Porcelli, RN, Neuro ICU
Grace Macalalag, BSN, CCRN, SCRNI, ICU

Diseases Attacking the Immune System (DAISY) Awards

Sophia Costa, RN, with the support of the Nurse Practice Congress, introduced the monthly DAISY Award Program at Overlook in 2016. As a result of exceptional nursing care during a time of personal tragedy, the Barnes' family instituted this recognition program to "honor the super-human work nurses do for patients and families every day". Nurses can be nominated by patients, families, or colleagues. We were privileged to have Mr. and Mrs. Barnes in attendance at the June 2016 award presentation for Victoria Cetera, RN, from 6C who was presented with the award by a former patient who nominated her.



Victoria Cetera, RN receives award by OMC leadership, patient nominator, DAISY pickers, and Mr. & Mrs. Barnes, DAISY Foundation founder.

Seton Hall University *Many Are One* Humanitarian Award



Ingrid Johnson,
MSN, RN, Manager
of Patient Access
and Bed

Ingrid Johnson, MSN, Manager of Patient Access and Bed Management received the Many Are One Humanitarian Award from her alma mater, Seton Hall University, in 2015. Ingrid was recognized for her passionate dedication and commitment to helping survivors of domestic human trafficking. She is truly an example of servant leadership in action.



New Knowledge, Innovation, and Improvement

Creating a Culture of Inquiry

Research is central to advancing nursing practice and optimizing patient and staff outcomes. At Overlook, we strive to bridge the gap between theory and practice by cultivating a culture of inquiry and empowering nurses to seek evidence-based and innovative solutions to provide the highest quality of care for our patients.

The Nursing Research Committee continued to grow in 2015 as the primary resource for education and mentoring of all nursing research and evidence-based practice activities in the hospital. We are proud that research activity was accelerated in 2016 with a 17% increase in poster presentations, 50% increase in oral presentations, and 300% increase in publications.

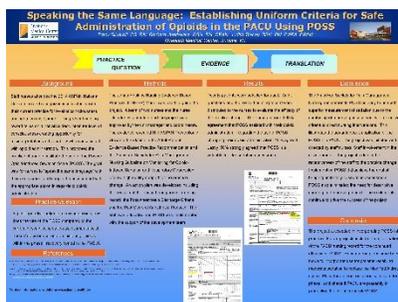
We continue to expand our membership to nurses at all levels from clinical to administrative with representatives from both inpatient and outpatient areas.

Overlook nurses have showcased their work at regional, national, and international conferences, demonstrating the innovative care we provide here every day. Their presentations highlight projects conducted in a diverse range of clinical areas illustrating how research and EBP permeate throughout the organization.



Felician College students attend AHS Research Day 2015

Pasero Scale Improves Patient Safety in PACU



To address nurses' concerns about patients' level of sedation with opioid administration, PACU nurses utilized the Johns Hopkins EBP model to implement the Pasero Opioid-induced Sedation Scale, an evidence-based, objective tool, to measure sedation and guide medication administration. Teresa Silvaroli, RN, CGRN, Barbara Jurkiewicz, BSN, RN, CPAN, and Judith Tracey, BSN, RN, CPAN, CAPA presented this best practice at the ASPAN national conference.

Advancing Geriatric Nutrition

Maintaining optimal nutritional status of our hospitalized patients is a challenge, particularly in the geriatric population. Kerstin Scheper, RN, RN-BC, OCN, CHPN, Clinical Nurse Educator and Rajesh Kumari, RD, Clinical Coordinator for Food and Nutrition Services shared how Overlook utilized geriatric resource nurses to improve mealtime and nutritional outcomes for this population at the NICHE national conference.



Kerstin Scheper speaks at the 2015 NICHE conference in San Diego

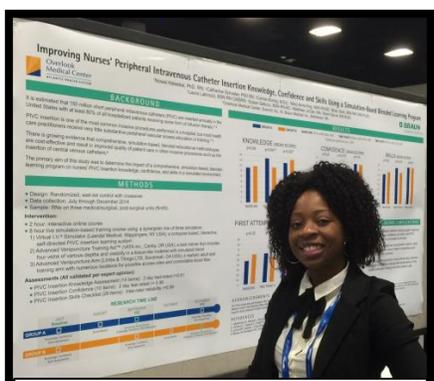
Therapeutic Hypothermia Wins Research Award

Bonnie Forshner, DNP, RN, CCRN-CMC, Cardiovascular Clinical Specialist, was the principal investigator of a collaborative research study with Morristown Medical Center exploring the phenomenon of fever occurrence following therapeutic hypothermia. This innovative study received the **Research Abstract Award** at the AACN National Teaching Institute in 2015.



Dr. Bonnie Forshner (right) presents at the 2015 NTI Conference in San Diego

Simulation-Based Education for Peripheral IV Insertion



Dr. Nowai Keleekai displays research at the International Meeting on Simulation in Healthcare in January 2016

Peripheral IV insertion skills was identified as an area for improvement amongst clinical nurses. Clinical educators (Susan Gallucci, BSN, RN-BC, Mary Anne King, MAS, BSN, RN-BC, and Laura Labrozzi, BSN, RN, CMSRN) and nurse researcher (Nowai Keleekai, PhD, RN) collaborated with B. Braun Medical, Inc. to develop and evaluate a blended, simulated-based educational program for clinical nurses on the surgical units 2AB, 9CD, and 7D. Results of this novel program demonstrated significant improvements in the nurses IV insertion knowledge, confidence, and skills. Results have been widely disseminated at International Meeting on Simulation in Healthcare and the Infusion Nurses Society and published in *Simulation in Healthcare*

and *The Journal of the Association for Vascular Access*

Metabolic Screening

Inpatient Behavioral Health initiated metabolic syndrome screenings, which include baseline BP, fasting glucose, lipids and waist circumference. To facilitate transition of care, results are sent to the next level of care provider for ongoing monitoring. Compliance rates improved from 0% to 60% in the first quarter with further improvement to 100% in 2016.



Behavioral health staff, Lori Pineda and Lauren Woods the American Psychiatric Nursing Association National Conference

Infusion Chair Utilization Project Increases Productivity and Revenue



Donna Delicio, MSN, RN, ONS and Tara Donnelly, BSN, RN, NE-BC shine at the Oncology Nurses Society Annual Congress

MDA Infusion Center

A Six Sigma project 'Infusion Chair Utilization Project'

- Increasing hours of operation by 2 hours each day
- Additional RN FTE approved for the expanded hours of operation
- Infusion chair utilization increased an average of 2 additional patients per day
- Results: 40 additional patients/month and 480 additional patients/year at approximately \$1,000 per patient minus the RN cost of \$110,000 with benefits
- Financial gain was an average of **\$370,000** additional gross revenue for MDA Infusion

Nursing Research Website

To facilitate internal communication, the nursing research website was launched in 2015. The site provides education and resources for research, EBP, and quality improvement. The site is accessible to all nurses from the intranet and is updated quarterly with all nursing publications and presentations.

To Access Nursing Research Website:

Home page → Locations → Overlook Medical Center → Nursing Research

<http://intranet.atlantichealth.org/Departments/Hospital+Specific/Overlook/Nursing+Research>

OMC Nursing Research and External Publications and Presentations

2015

Publications

Keleekai, N., et al (2015). Assessing a peripheral intravenous catheter insertion, simulation-based mastery learning course's impact on nurses' IV insertion skills, knowledge, and confidence. *Simulation in Healthcare*, 10(6), 452.

Poster Presentations

Ferguson, B., Pineda, L. & Kessler-David, H. (2015, October). *The impact of mindfulness based stress reduction on health care workers*. Poster presentation at the American Psychiatric Nurses Association, Lake Buena Vista, FL.

Forshner, B. Andrew, L., DeGrandpre, K., & Luttenberger, K. (2015, May). *Hot and bothered: investigation of fever following therapeutic hypothermia*. Poster presentation at the National Teaching Institute & Critical Care Exposition, San Diego, CA.

Lanaras, R. Dellavecchia, J. & Herrmann, B. (2015, March). *Don't let another drop go to waste! Minimizing blood transfusion on total joint patients with the use of TXA*. Virtual poster at AORN Surgical Conference and Expo, Denver, CO.

O'Kane, S. (2015, April). *Spotter Program: An initiative to reduce falls in the elderly population*. Poster presentation at the Nurses Improving Care for Healthsystem Elders Conference (NICHE), Lake Buena Vista, FL.

Scheper, K. & Dyer, R. (2015, April). *Intra-hospital transportation of geriatric patients: A nurse transporter partnership at Overlook Medical Center*. Poster presentation at the Nurses Improving Care for Healthsystem Elders Conference (NICHE), Lake Buena Vista, FL.

Silvaroli, T., Jurkiewicz, B. & Tracey, J. (2015, April). *Speaking the same language: Establishing a uniform criteria for administration of opioids in the PACU using the Pasero Opioid-induced Sedation Scale*. Poster presentation at the American Society of PeriAnesthesia Nurses Conference, San Antonio, TX.

Oral Presentations

Forshner, B. (2015, June). *Hypothermia therapy and new horizons*. Oral presentation at Chill Out: Northern New Jersey Chapter American Association of Critical-Care Nurses Conference, Pompton Plains, NJ.

Forshner, B. Andrew, L., DeGrandpre, K., & Luttenberger, K. (2015, May). *Hot and bothered: Investigation of fever following therapeutic hypothermia*. Oral presentation (podium and concurrent sessions) at the National Teaching Institute & Critical Care Exposition, San Diego, CA. **(2015 Research Abstract Award Winner)**

Forshner, B., Rodgers, P., & DeGrandpre, K. (2015, March). *Pumping the brain: The use of intra-aortic balloon pumps in patients with subarachnoid hemorrhage associated*

vasospasm. Oral Presentation at OPTIONS in Critical-Care Nursing Conference, Fairfield, NJ.

Pineda, L. & Dyer, R. (2015, April). *The development and impact of the delirium protocol as a house-wide project*. Oral (roundtable) presentation at the Nurses Improving Care for Healthsystem Elders Conference (NICHE), Lake Buena Vista, FL.

Rodgers, P. (2015, April). *Sherlock Holmes needs your help: Challenging cases in neuroscience nursing*. Oral presentation at the American Association of Neuroscience Nurses National Conference, Nashville, TN.

Scheper, K. & Kumari, R. (2015, April). *Utilizing geriatric resource nurses to improve mealtime and nutritional outcomes of hospitalized geriatric patients*. Oral presentation at the Nurses Improving Care for Healthsystem Elders Conference (NICHE), Lake Buena Vista, Fla.

2016

Publications

Halperin, J., Moran, S., Richards, A., Prasek, D., Ruggiero, C., & Maund, T. (2016). Reducing hospital-acquired infections among the neurologically critically ill. *Neurocritical Care*, epub ahead of print.

Befus, M., Miko, B., Herzing, C., Keleekai, N., Mukherjee, D., Larson, E., & Lowy, F. (2016). HIV and colonization with *Staphylococcus aureus* in two maximum-security prisons in New York State. *Journal of Infection*, 73(6):568-577.

Keleekai, N., Schuster, C., Murray, C., King, M., Stahl, B., Labrozzi, L., Gallucci, S., LeClair, M. & Glover, K. (2016). Improving nurses' peripheral intravenous catheter insertion knowledge, confidence, and skills using a simulation-based blended learning program. *Simulation in Healthcare*, 11(6):379-84.

Schuster, C., Stahl, B., Murray, C., Keleekai, N., & Glover, K. (2016). Development and testing of short peripheral IV insertion skills checklist. *Journal of the Association for Vascular Access*, 21(4):196-204.

Poster Presentations

Keleekai, N., Schuster, C., Murray, C., King, M., Stahl, B., Labrozzi, L., Gallucci, S., LeClair, M. & Glover, K. (2016, January). *Improving nurses' peripheral intravenous catheter insertion knowledge, confidence, and skills using a simulation-based blended learning program*. Poster presentation at the 16th International Meeting on Simulation in Healthcare, San Diego, CA.

Amalfitano, C., Audett, J., Kelly, S., Lee, Y., Lark, J., Richards, A., Ruggiero, C., Prasek, D., Groman, D. (2016, March). *Sepsis, SIRS and Madams*. Poster presentation at the 38th NJ ENA Annual Emergency Care Conference.

Scheper, K. (2016, April). *Effectiveness of inpatient distress screening to promote patient centered care and improve patient satisfaction of hospitalized patients with cancer*. Poster presentation at the [Oncology Nursing Society 41st Annual Congress](#) in San Antonio, TX.

Donnelly, T., Fischer, E., Nadeau, L., Delicio, D. (2016, April). *Six sigma infusion chair utilization project*. Poster presentation at the Oncology Nursing Symposium, San Antonio, TX.

Keleekai, N., King, M. Labrozzi, L. & Gallucci, S. (2016, July). *Partnership to implement a simulation-based curriculum for peripheral IV insertion*. Poster presentation at the Association for Nursing Professional Development Annual Convention, Pittsburgh, PA.

Pineda, L. (2016, October). *Metabolic syndrome: Are your patients at risk?* Poster presentation at the American Psychiatric Nurses' Association 30th Annual Conference, Hartford, CT.

Keleekai, N., King, M. Labrozzi, L. & Gallucci, S. (2016, October). *Practice-industry partnership to implement a novel simulation-based curriculum for peripheral IV insertion*. Poster presentation at the New Jersey State Nurses/Institute for Nursing Convention, Atlantic City, NJ.

Oral Presentations

Fischer-Carlidge, E. (2016, March). What's in a name? Aftermath and recovery from title protection. Podium presentation at the National Association of Clinical Nurse Specialists 2016 Annual Conference, Philadelphia, PA.

Donnelly, T., Fischer, E., Caffrey, L., Delicio, D., Nadeau, L., & McKie, G. (April 2016). Knowledge and perceptions of palliative care in ambulatory oncology patients. Poster presentation at the Oncology Nursing Symposium, San Antonio, TX.

Rodgers, P., Forshner, B., & deGrandpre, K. (2016, April). *Pumping the brain: The use of intra-aortic balloon pumps in patients with subarachnoid hemorrhage associated vasospasm*. Oral presentation at American Association of Neuroscience Nurses 48th Annual Educational Meeting, New Orleans, LA.

- Rodgers, P. (2016, April). *Calming the storm - seizures, status epilepticus and trauma-induced therapy*. Preconference Contact Hour (2) presentation at American Association of Neuroscience Nurses 48th Annual Educational Meeting, New Orleans, LA.
- Rodgers, P. (2016, April). *Cutting to cure: Surgical options for intractable epilepsy*. Oral presentation at American Association of Neuroscience Nurses 48th Annual Educational Meeting, New Orleans, LA.
- Scheper, K. (April, 2016). *The oncology nurses' perspective of the effectiveness and implementation of the respiratory distress observation scale in patients at end of life*. Podium presentation at the [Oncology Nursing Society 41st Annual Congress](#) in San Antonio, TX.
- Macey-Stewart, K. (2016, September). *A 360-degree look at sickle cell crisis: A clinician's perspective*. Oral presentation at Association for Pain Management Nursing 27th National Conference in Louisville, KY.
- Scheper, K. (2016, September). *A 360-degree look at sickle cell crisis: A nurse educator's perspective*. Oral presentation at Association for Pain Management Nursing 27th National Conference in Louisville, KY.
- Sullivan, M. (2016, March). *Reining In Labor Costs with Predictive Analytics*. HIMSS 16, Las Vegas, NV.
- Sullivan, M. (2016, April). *Role of Nursing at OMC*. Overlook View Magazine (Conference interview for article).
- Sullivan, M. (2016, July). *Managing Capacity*. AHA Leadership Summit, San Diego, CA. (Panel Discussion).