



2024 NURSING ANNUAL REPORT

RWJBarnabas
HEALTH

Children's
Specialized
Hospital



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FROM THE CHIEF NURSING EXECUTIVE



The 2024 Annual Nursing Report marks a historic first for Children's Specialized Hospital—our inaugural publication dedicated to showcasing the strength, impact, and voice of nursing across our organization. This report reflects the dedication of our nurses to delivering safe, high-quality, family-centered care and highlights the remarkable progress made in clinical excellence, shared decision-making, professional growth, and outcomes-driven practice.

Key highlights from this year include:

- Expansion of shared governance and nurse-led initiatives to enhance practice environments and care delivery
- Continued focus on patient safety and quality outcomes across all care settings, including 581 days without a serious safety event
- Recognition of nursing excellence through specialty certifications, advanced education, and professional awards
- Investment in leadership development and mentorship for the next generation of nurse leaders

As we look forward to 2025, we are excited to begin assessing the feasibility of pursuing Pathway to Excellence® designation—an opportunity that aligns with our values and our vision for a nursing environment that supports autonomy, professional development, and exceptional care.

To every nurse at Children's Specialized Hospital: thank you for your tireless dedication, your courage, and your compassionate care. This report is a tribute to your impact, and a celebration of the journey we continue to take—together.

With deep gratitude,

Kelly Keefe Marcoux, PhD, CPNP-AC, PPCNP-BC, CCRN

Vice President & Chief Nursing Officer
Children's Specialized Hospital



Organizational
Overview

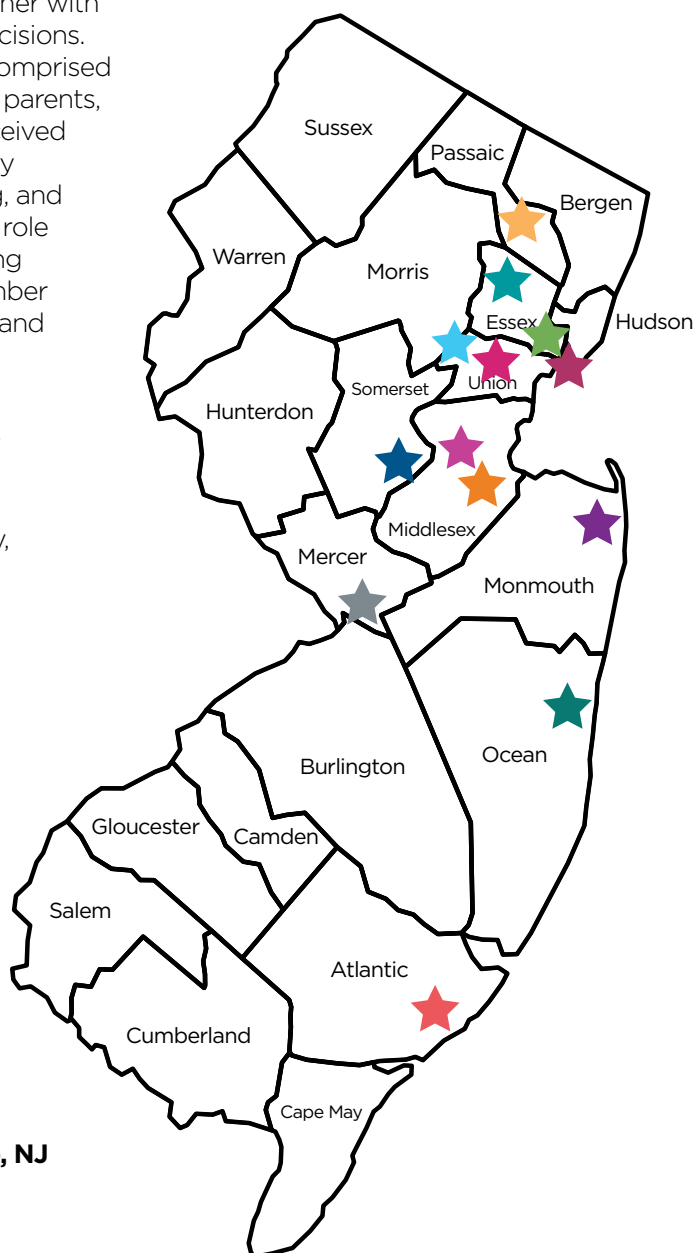
Children's Specialized Hospital (CSH), part of the Children's Health network at RWJBarnabas Health, is the nation's leading provider of inpatient and outpatient care for children from birth to 21 years of age facing special health challenges – from chronic illnesses and complex physical disabilities like brain and spinal cord injuries, to a full scope of developmental, behavioral and mental health concerns. CSH's purpose is to provide world-leading, family-centered medical and rehabilitative care for children and youth with unique health challenges so every child can reach their full potential.

CSH is comprised of a state-of-the-art inpatient facility in New Brunswick, NJ which provides comprehensive inpatient rehabilitation for infants through young adults (up to the age of 21) following a serious injury, illness, premature birth, major surgery, chronic illness or pain, or any other life-changing incident. CSH also offers pediatric long term, respite, and palliative care services for children with complex medical conditions. The two Long Term Care (LTC) facilities in Mountainside and Toms River are home to many medically fragile children who require life-sustaining care that can be challenging to provide in the home or other community setting. Additionally, CSH provides outpatient care covering an array of programs and services at 11 outpatient facilities across the state.

At the center of CSH's care model is a philosophy to partner with every child and family on their healthcare journey and decisions. CSH's patient and family centered care department is comprised of Family Faculty members, who are employees who are parents, caregivers, and family members of children who have received or are still receiving services at CSH. Their own day-to-day experiences provide a unique perspective, understanding, and empathy for families going through similar situations. The role of Family Faculty is to empower families to become strong advocates for their children. CSH also engages a 24-member Family Advisory Council to assist with hospital initiatives and further family-centered care goals.

This inaugural annual report for CSH is based on the domains from the American Nurses Credentialing Center (ANCC) Pathways to Excellence to best exemplify professional nursing practice at CSH. These domains include shared decision making, leadership, safety, quality, well-being, and professional development.

- | | |
|--|--|
|  Clifton, NJ |  East Brunswick, NJ |
|  West Orange, NJ |  Somerset, NJ |
|  Bayonne, NJ |  Eatontown, NJ |
|  Newark, NJ |  Hamilton, NJ |
|  Union, NJ |  Toms River, NJ |
|  Mountainside, NJ |  Egg Harbor Township, NJ |
|  New Brunswick, NJ | |





Shared Decision-Making

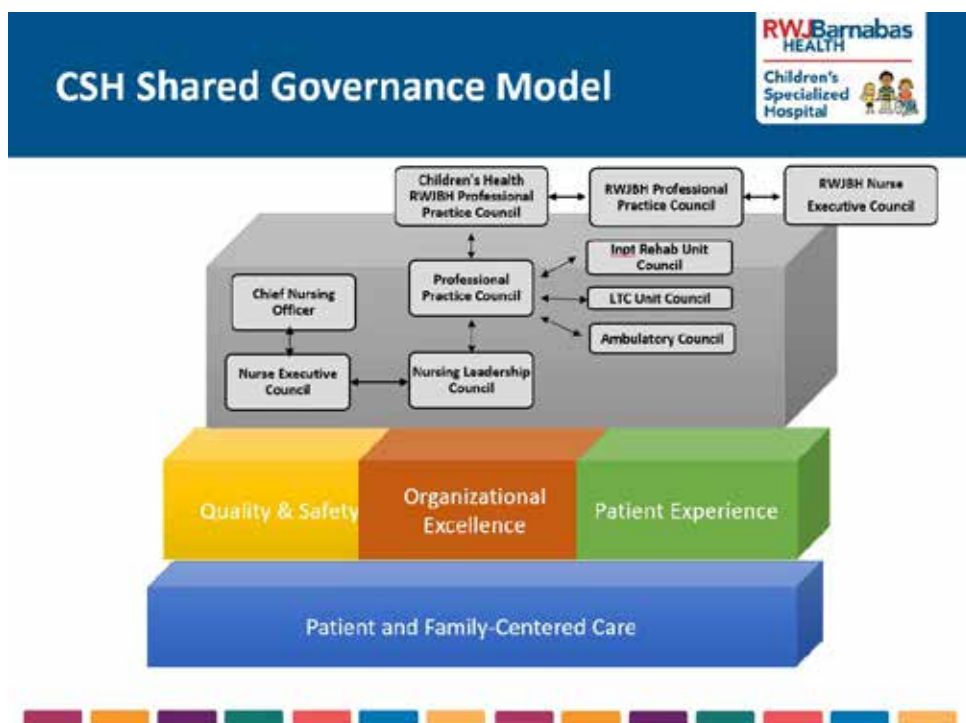
Nursing leadership at CSH is focused on Shared Governance. Shared governance is a leadership model in nursing that empowers nurses to have a voice in decision-making processes, fostering collaboration and shared accountability. The Professional Nursing Practice Council (PNPC) at CSH was re-established in 2023, after turnover resulted in loss of council leadership and active membership. CSH PNPC upholds the standards of nursing practice and patient care consistent with evidence-based nursing practices and regulatory agencies. CSH PNPC promotes and enhances the professional growth of CSH nurses and serves as a forum to exchange best practices that have the potential to impact patient care across the clinical areas. This is best exemplified by CSH nurses' professional growth and well-being through mentorship, education, and leadership. This committee serves in an advisory role for EPIC documentation and policy and procedure review, as well as pilots and leads projects that have emanated from nursing staff input, views, and clinical judgment.

CSH promotes shared decision-making at all levels of the organization as depicted in the schematic for nursing leadership shared governance.

As illustrated in the schematic below, the following councils and committees are comprised of the following:

- **Professional Nursing Practice Committee (PNPC):** This committee is comprised of staff nurses and facilitated by Clinical Educators, ensuring evidence-based best practices.
- **RWJBH Children's Health Professional Nurse Practice Council:** Inaugural PNPC in 2024, spearheaded by Dr. Keefe Marcoux and other pediatric leaders to ensure educators, leaders, and staff nurses from CSH and all RWJBH pediatric facilities contribute to system-wide decision-making.
- **Nursing Leadership Council (NLC):** This council engages nursing leadership and educators, fostering a collaborative decision-making cycle.
- **Family-Centered Care:** This approach actively engages families throughout the care journey, supported by a robust family faculty department. Family members are active members of nursing committees, councils, and task forces.

One example of a project spearheaded by the PNPC that resulted in a practice change is nasogastric (NG) verification by pH testing.



Nasogastric (NG) Tube Verification

The CSH Professional Nursing Practice Council (PNPC) sought to align our practice with evidence-based recommendations by establishing pH testing as the standard for NG tube verification. A literature review was conducted, and X-ray confirmation was found to be the gold standard. X-ray confirmation would be challenging for routine confirmation due to the increased incidence of NG tube dislodgements in the pediatric population. Evidence supported that when an X-ray is not advised, a dual verifying process is appropriate. This process includes an assessment of respiratory status and pH testing of stomach contents.

The PNPC worked with the multidisciplinary team to develop a policy and procedure to align nursing practices with the current evidence. The group also researched and found a product that allowed pH testing to occur at the bedside efficiently. Since the go-live, we have utilized the new process in both our acute rehab and long term care units. As of April 2025, there have been zero events related to medications or feedings administered through an NG tube that were not in the correct location.



Leadership

Professional Practice Model of Nursing Care

In 2022, CSH nursing leadership developed and finalized the CSH professional practice model. This schematic represents the interrelationship and conceptual interlinking of the mission, vision, values, family-centeredness and all essential elements of professional nursing practice at CSH. In 2024, it was updated to reflect the mission, vision, values of RWJBH as CSH is an essential element of the one system, one family mantra.



CSH developed numerous Leadership Development Initiatives in 2024 to enhance leadership skills for our current and future nursing leader, such as:

- 100% of new Nursing leaders participated in Level-Up Leadership development course
- New Leader Cohort classes offered at the system level for new or prospective leaders
- Leadership classes available free of charge through Harvard Business School
- 50% Nurse leaders received formal leadership coaching thru EAP
- Care & Connect – CNO personally met with 100% new hires and sent welcome notes to their home
- Identified key staff RNs to orient to nursing supervisor role
- Developed nursing supervisor role for LTC
- Implemented novel Tiered skills nursing orientation model for new graduates in acute rehabilitation
- CSH educators were instrumental in development, implementation, and success of RWJBH Pediatric fundamentals orientation program
- Charge nurses transitioned to indirect care as staffing permits
- 35% preceptors attended advanced concepts in precepting
- 100% new charge nurses attended charge nurse class



Nursing
Leadership Team



Chief Nursing Officer
Kelly Keefe Marcoux, PhD, APN, CPNP-AC, PPCNP-BC



Assistant Vice President Nursing
Regina Ciambrone, DNP, MBA, RN, NEA-BC



Director, Quality, Safety & Clinical Excellence
Gabriela Fernandes, DNP, APN, CPNP-PC



Director, CPDIR
Adriana Senatore, MSN, RN, CPNP-PC

CPDIR Team:

Patient/Family Educators:

- Alison D'Amato, MSN, RN, CCRN
- Michelle Donnelly, BSN, RN, CPN

Clinical Educators:

- Cathy Amato-Bowden, MSN, RNC, APN-BC
- Jennifer Ghiretti, MSN, RN
- Brenda Lay Pelka, MSN, RN
- Caitlin Lopez, BSN, RN, CPN
- Victoria Pontieri-Lewis, MS, RN, ACNS-BC, CWOCN

Unit/department nursing leaders:

Directors:

- Bridget Burns, RN
- Nicole McElvery, MSN, CPNP-PC
- Renee Spraggs, BSN, RN
- Clara Vasquez, BSN, RN

Assistant Director, LTC:

- Maria Darmer, BSN, RN

Nurse managers:

- Paola Figueroa, BSN, RN
- Katelyn Johnson, BSN, RN

Charge nurses:

- Alison Aguilar Ramos, RN
- Susan Barletta, RN
- Joy Cardace, BSN, RN
- Sara Coccia, BSN, RN
- Anna Heimberg, BSN, RN, CPN
- Beatrice Montaque, RN
- Chelsea Toto, BSN, RN, CPN

Nursing supervisors:

- Yiadom Akuamoah-Boateng, BSN, RN
- John Dorn, BSN, RN
- Ileana Ferrano, BSN, RN
- Bernadette Fitzpatrick, BSN, RN
- Jan Herbst, BSN, RN
- Lynn Imbriaco, BSN, RN
- Anne Marshall, BSN, RN
- Yannett Osorto, BSN, RN
- Shelby Pitts, MSN, RN
- Consolacion Solema, BSN, RN





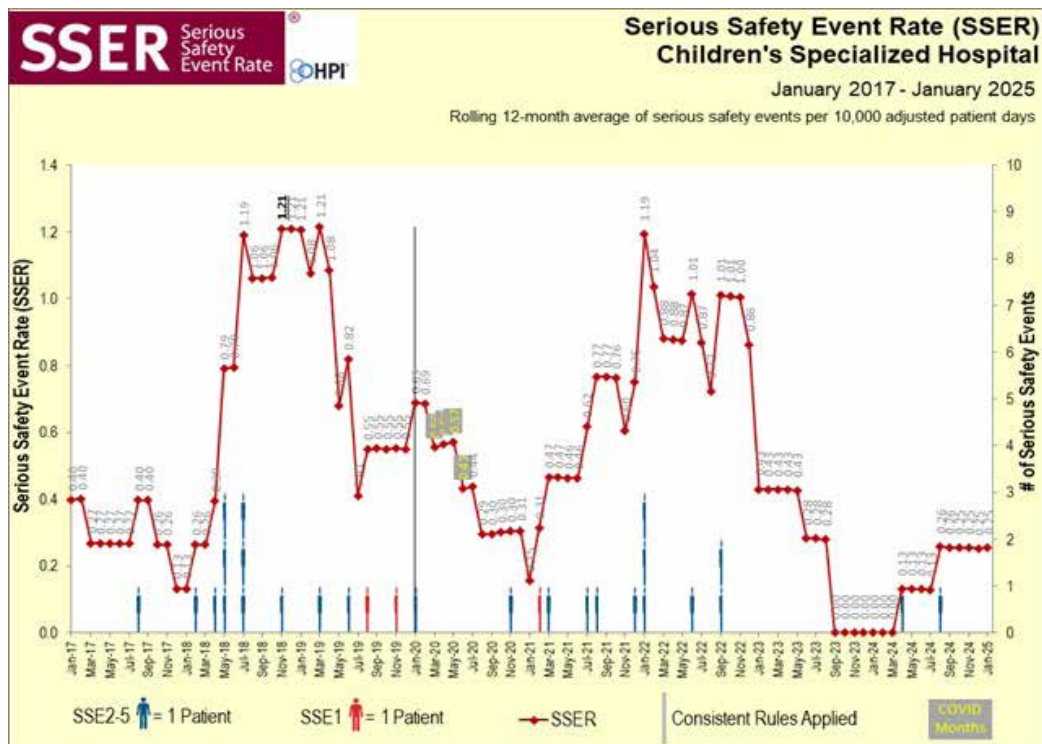
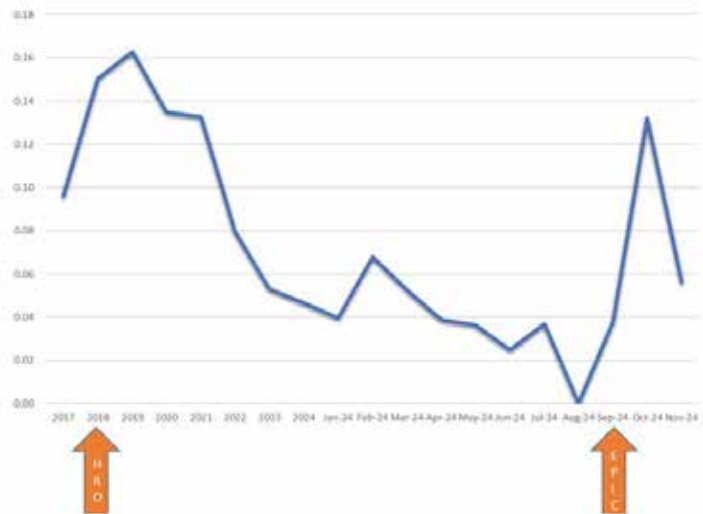
Safety and Quality

CSH has been laser-focused on preventing all harm in the children that we care for by consistently incorporating the principles of High-Reliability.

Safety Initiatives

- **Daily Safety Huddles:** Multidisciplinary elevation of safety concerns with immediate follow up to address.
- **Workgroups for Patient Safety** - focus on:
 - Safe sleep initiative
 - Hypothermia management / prevention
 - Alarm to badge(MTN LTC)
 - Autism passport
- **Infection Prevention & Control:** Hand hygiene protocols, hospital-wide disinfection, and vaccination programs.
- **Medication Safety:** eMAR and barcode scanning technology to reduce medication errors, continue to be >98% compliant.
 - Zero medication events that reached the patient and caused harm
- **Fall Prevention:** Risk assessments, assistive devices, and staff-family education.
 - Zero Patient Falls with Moderate/Major Harm in 2024
- **Serious Safety Event Rate:** In 2023-2024, CSH went 581 days without a serious safety event as depicted in the graph below.

Medication Event Rate/1000 Doses Administered
CSH – All Sites



Safety Initiatives Continued

MTN Alarm to Badge

The “Alarm to Badge Vocera” project aimed to upgrade communication systems at Mountainside long-term care. The project was designed to enhance the efficiency and safety of care delivery by integrating the Vocera communication solution, transforming how staff interact within the facility. This innovation meant staff could instantly receive critical alerts on their badges, eliminating the need for manual response to alarms and significantly improving response times. Alarm parameters and call flow were developed based on clinical data from the residents, consultations with similar institutions, and evidence-based guidelines.

In 2025 we will obtain reports on our “Alarm to Badge Vocera” project to ensure alarms are actionable and prevent alarm fatigue.

Safe Sleep

Safe sleep practices at CSH are vital to ensuring the well-being of infants during their stay. These practices prioritize creating a safe sleep environment to reduce risks such as Sudden Infant Death Syndrome (SIDS) and other sleep-related hazards. The nurses on PA3 reviewed the available research, particularly the American Academy of Pediatrics (AAP) guidelines, and implemented guidelines to promote safe sleep in 2023. This included placing infants on their backs to sleep, using firm mattresses with tightly fitted sheets, and keeping the sleep area free of soft bedding, pillows, and toys. Additionally, staff were trained to educate families about these safety measures to promote consistent practices both in the hospital and at home.

Given the unique population of children with medical complexity, the nurses emphasized monitoring and adapting to each child’s unique medical needs while maintaining safe sleep protocols. For example, special considerations might be taken for infants with tracheostomies and on a mechanical ventilator, ensuring their safety without compromising necessary care. By integrating these practices, CSH nurses play a critical role not only in providing immediate medical support but also in fostering lifelong habits for safe sleep.

Nurses on PA3 also took proactive steps to engage families in safe sleep initiatives, recognizing the importance of role modeling to sustain these practices at home. For example, they distributed educational materials, offered hands-on demonstrations of safe sleep setups, and provided complimentary sleep sacks to replace traditional blankets, as well as bedside organizational cubbies to remove all supplies from the crib.

In 2024:

- Safe sleep was reinforced by just in time education
- 100% of staff received education during annual competency
- Initiatives for safe sleep:
 - Sleep sack for all infants < 1 y.o. as appropriate
 - Bed side organizer to remove all supplies from crib
 - Audit of safe sleep measures
 - Developed and have families sign safe sleep crib waiver (only if child > 1 y.o.)
 - CSH educators were key members in system wide implementation of safe sleep and policy development
 - Safe sleep signage (traffic light) placed at bedside

ALWAYS
<ul style="list-style-type: none">• Put baby to sleep on back in the crib.• Use a sleep sack instead of a blanket.• If swaddling infant with a receiving blanket, swaddle no higher than armpit level.• Dress baby in only 1 extra layer than an adult would be comfortable in the same environment.
SOMETIMES
<ul style="list-style-type: none">• Elevate the head of the bed for medical needs.• Offer a pacifier for sleep if appropriate.• Use a nest for premature or neurologically immature infants. *• Use positioning aids for infants who have difficulty with state regulation. * <small>*Discontinue at least 1 week before discharge</small>
NEVER
<ul style="list-style-type: none">• Place loose blankets or soft objects in the crib.• Use a hat inside on an infant who can maintain body temperature.• Place infant to sleep in a swing, car seat or stroller. (If baby falls asleep in swing, car seat or stroller – move baby to crib ASAP).• Allow infant to sleep with parent on parent bed.• Prop pacifier with positioning aide or blanket.

EPIC Go-Live

In 2024, CSH joined the RWJBH system in Wave 6 of the EPIC Go-Live. This EPIC conversion allowed us to extend the one system, one family mantra. Our CSH team did exceptionally well during the go-live. We maintained our compliance with bar-code medication scanning with the highest rate at go-live of any hospital in the system. Since our go-live, CSH has been instrumental in progressing the EPIC system to be much more sensitive to the unique needs of the pediatric patients, not only at CSH but within the system. Our team has continued to optimize the documentation system.

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Epic together.



Trial of the Augustine Warming Blanket

Nursing Education collaborated with the Long-Term Care Medical team in Mountainside and Toms River to construct a protocol for practitioners to follow when utilizing a new warming device, the Augustine Hot Dog Warmer. Since go live data has proven that with implementation of the created protocol and device selected, the nurses have been able to utilize preventative settings to maintain body temperatures within an appropriate range rather than utilize the device in a warming mode to treat hypothermia. This has decreased the overall time spent on high levels of heat-treating hypothermia within patients with known temperature instabilities related to a neurologic diagnosis.

What is different for patients on the Augustine Warming Blanket?

- Those on the Augustine Warming Blanket have an ice cream cone signage at their door, indicating hypothermia risk and trial. Patients with signage should have passive warming measures in place during their care. These include:
 - Warm feedings
 - Bundle with blankets
 - Utilize additional layers of clothing and hats as appropriate
 - Remove wet or soiled linens and provide warm, dry clothing
 - Adjust room temperature as needed
 - Provide heated, humidified, oxygenation as clinically appropriate
 - Provide a warm bath
 - Provide blankets and dry hair after bathing

Some early results from this trial have shown the following positive outcomes for the children in LTC:

- Decreased time on high heat settings
- Prevention of hypothermic instances
- Enhanced Patient Comfort
- Improved Healing and Recovery





Tissue Plasminogen Activator (tPA) Policy

The education team at CSH developed a nurse-driven Tissue Plasminogen Activator (tPA) policy and protocol for managing clotted central venous devices (CVADs), addressing a critical issue in pediatric care. Catheter occlusion due to clots can lead to treatment delays, complications, and the need for more invasive procedures to restore patency. The development of this nurse-driven tPA protocol aimed to empower nursing staff to quickly and safely address these clots, improving patient care, reducing unnecessary delays, and minimizing the need for invasive interventions. The key steps in developing this policy included assessing the current practice, collaborating with multidisciplinary experts, and creating a comprehensive education and training program. A core element of the protocol was empowering nurses to initiate tPA treatment for Central Venous Catheters (CVC) occlusions after assessing the catheter and the patient's clinical status and obtaining a provider order. The team defined specific criteria for when nurses could administer tPA, which included:

- **Assessment for occlusion:** Nurses were trained to assess the catheter for signs of partial or complete blockage through standard techniques such as aspirating blood from the catheter.
- **Eligibility for tPA administration:** Nurses were educated to recognize the conditions under which tPA could be safely administered, including the type of catheter, the patient's age, medical history, and the time since the occlusion occurred.
- **Dosage and administration:** Standardized protocols for tPA dosage (tailored to pediatric dosing guidelines) were established, as well as instructions on how to administer the medication, in the case of a complete or partial occlusion.

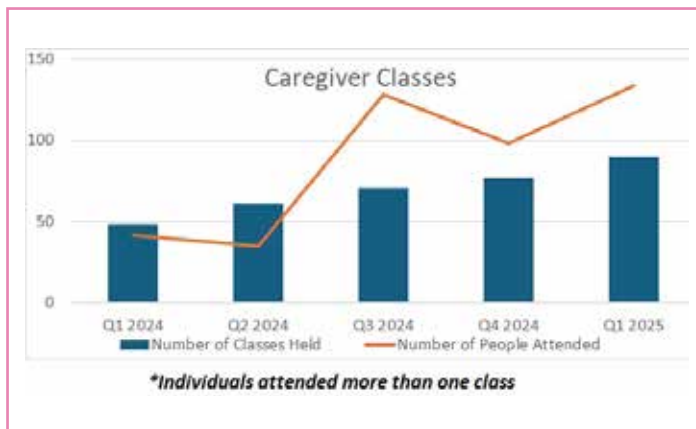
Since implementation of this policy there have been zero CLABSI (as of Q1 2025 over 365 days without a CLABSI) and no central lines requiring premature removal due to a thrombus.

This policy is also the foundation for development of RWJBH Children's Health system policy on nurse administered tPA.

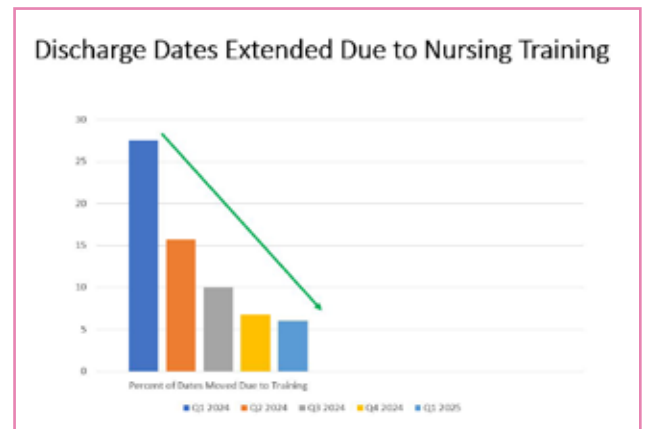
Patient/Caregiver Curricula

Standardized patient/caregiver curricula were designed to provide caregivers with the confidence and competency to manage the complex needs of their children at home. The program was structured in modules, each focusing on a specific aspect of care. This approach ensured that caregivers can digest information step-by-step, progressing through topics based on their needs and the child's condition. The education team creates individualized curriculum within 48-72 hours of admission. Caregivers are then introduced to the curriculum and provided with a bedside education tool and class calendar to guide their learning. The goal is not just to educate, but to empower caregivers to be active, confident participants in their child's care, leading to better results for both the child and the family unit. Some achievements of this program include:

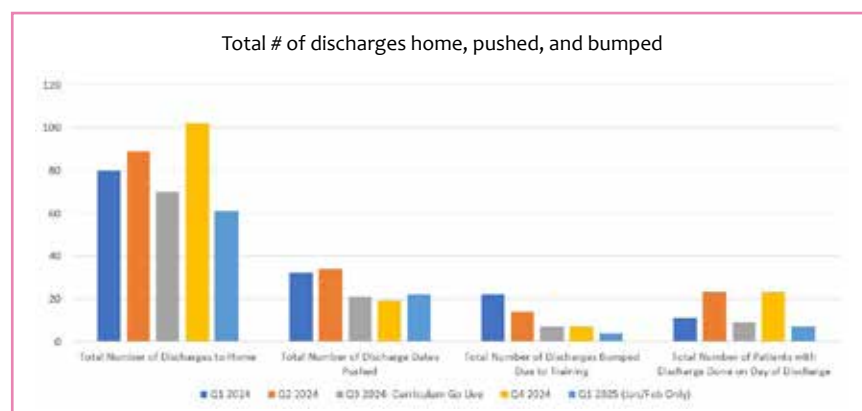
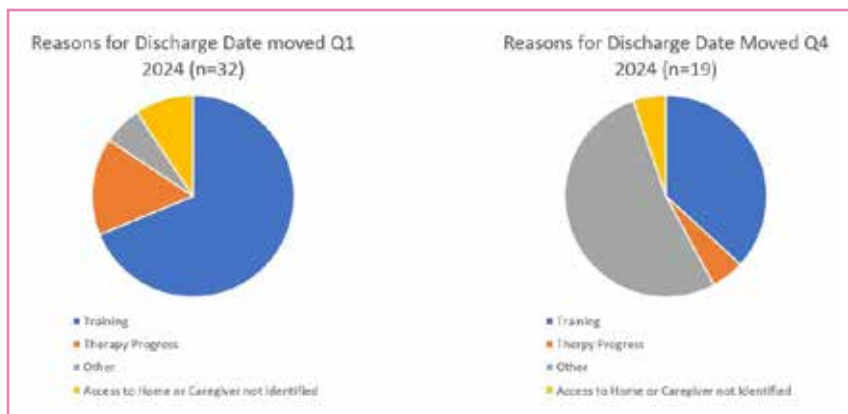
Increase in classes provided to caregivers from 48 classes in Q1 2024 to 90 classes in Q1 2025



Decrease in the day of discharge training provided from 13.5% in Q1 2024 to 11.5% in Q1 2025



Decrease in discharge dates extended due to incomplete nursing training from 27.5% in Q1 2024 to 6.5% in Q1 2025




Autism “About Me” Passport

Autism “About Me” passport – interdisciplinary team, led by nursing, collaborated to develop a tool that parents complete to ensure staff are aware of child preferences before admission (or appointment in OP)

My name is	I like to be called	My personal pronouns	This is how I communicate best
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What happens when I get upset	This is how I experience pain	Things I don't like	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
If I get upset, you can help me by...	This is how I communicate pain	Things I like a lot	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Things that make me feel good		Things that I am good at	
<input type="text"/>		<input type="text"/>	
I need extra time and support to do these things		These are the foods I really like to eat	
<input type="text"/>		<input type="text"/>	
This is the help that I need if there is an emergency			
<input type="text"/>			

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- Person-first and Identity-first Preferences
- Communication Needs and Preferences
- Clear Communication
- Processing Information
- Explanations
- Asking Questions
- Visual Aids
- Routines and Schedules
- Focused Interests
- Sensory Challenges and Needs
- Personal Boundaries
- Recognizing Signals
- Calming Methods



Outpatient initiative to improve patient/family experience and quality of care

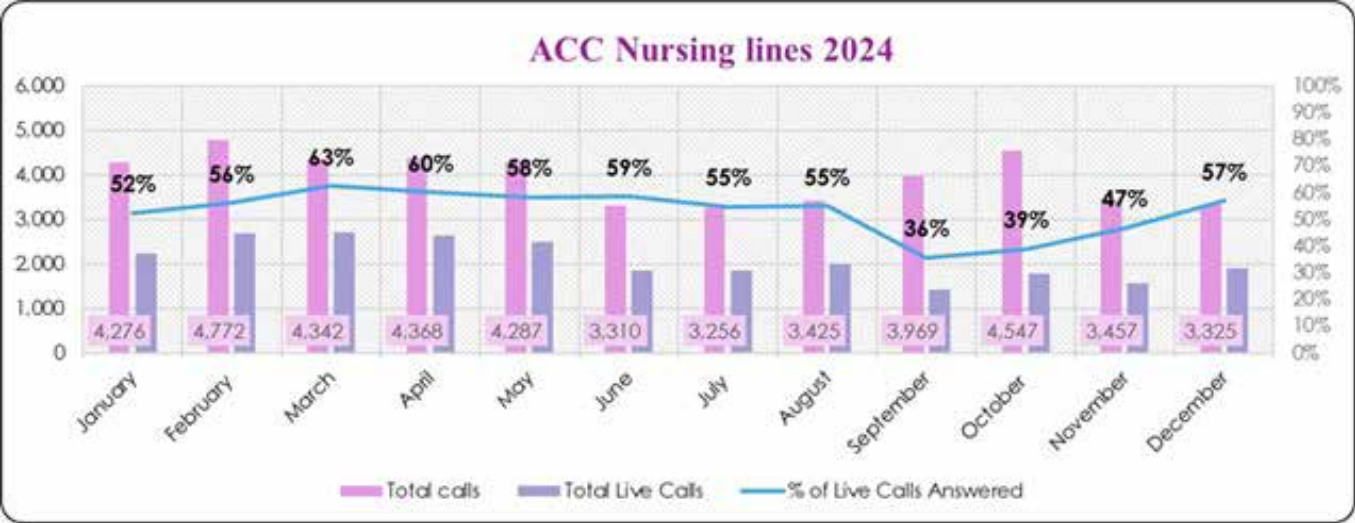
Centralized Nursing Phone System - 2024

In 2024, we proudly launched the Centralized Nursing Phone System in our outpatient department, a strategic initiative designed to enhance operational efficiency and elevate patient care standards. This innovative integration of our computer system Five 9 has transformed the outpatient nursing department into a cohesive team, significantly improving the quality and safety of our nurse line responses.

Throughout the year, the department achieved an impressive average call response efficiency of 53%, ensuring that every call is returned by the end of the day. This not only reflects our commitment to responsiveness but also enhances the overall patient experience. Patients now benefit from the reassurance of speaking directly with a live nurse, a change that has contributed positively to our Press Ganey scores.

Furthermore, the centralized phone system has optimized the utilization of our nursing resources. By employing standardized protocols and combined sites, we have enhanced patient education and clinical advice, enabling nurses to assist more effectively. This improvement has also led to enhanced patient access, with nurses now better positioned to schedule emergency appointments promptly.

This initiative represents our dedication to continuous improvement in patient care and operational excellence, affirming our commitment to serving our communities with the highest standards of healthcare.





Quality

The goal of CSH is zero harm for all children in our care. Nursing leadership developed operational definitions for key indicators to prevent all harm to children at CSH. Many of these operational definitions were based on those developed by Solutions for Patient Safety, a network of over 150 children's hospitals that work together to improve pediatric and employee safety.

CSH operational definitions were developed for all nursing-sensitive quality indicators to differentiate the unique population of CSH from acute care settings.

The main areas of focus are on prevention of:

CLABSI (central line-associated bloodstream infections)

- CLABSI Rate: 0.6 per 1000 patient days (1 case in 2024).

CAUTI (catheter associated UTI)

- ZERO

CIC UTI (continuous intermittent catheter UTI)

- ZERO

Pressure injuries

- Preventable Pressure Injuries (Stage 3, 4, and unstageable): 0.27 per 1000 patient days (12 cases in 2024).

Unplanned tracheostomy decannulation

- Unplanned Tracheostomy Decannulation: 1.59 per 1000 patient days (27 cases in 2024).

GT Dislodgement

- New measure in 2024, data being collected

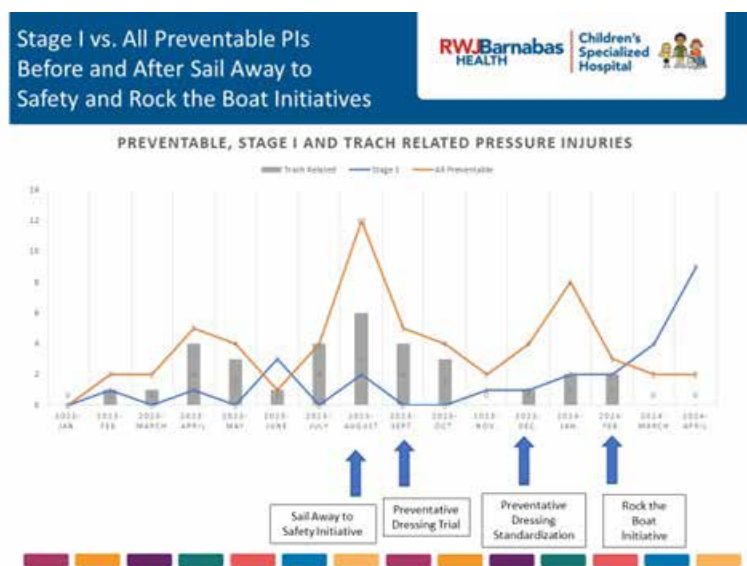
Pressure Injury Prevention:

During the third quarter of 2023, all sites at CSH began to see an increase rate in pressure injuries. Clinical staff, particularly the education team and bedside RNs, identified recurring patterns in the onset and location of pressure injuries during routine patient care. These observations prompted a deeper inquiry into the potential contributing factors, including device related injuries, tracheostomy care assessment, and presence of preventative measures. To support these clinical insights, a literature review of best practice and pediatric prevention bundles was conducted. Building on these findings, Sail Away to Safety was developed to address the common contributing factors and apply tailored interventions to decrease pressure injuries.

The Sail Away to Safety Initiative:

Involved intensive education on head-to-toe assessment and a thorough assessment of the stoma and neck during tracheostomy care. Although this initiative began at the end of 2023, the results of this education became evident in 2024. This was shown with an increase in identification of Stage I Pressure Injuries.

Sail Away to Safety originated from increased pressure injury rates throughout the CSH inpatient units. Its components are based on the prevention bundle elements from Solutions for Patient Safety. Building on this foundation, additional interventions that address the needs of patients with complex medical issues and improve CSH-specific barriers to care were incorporated into this pressure injury work.



Initiative
Preventative Trach Dressing is the standard of care
Pressure Injury Huddle: Led by a Nurse Leader after a PI is identified or patient is admitted with existing PI
Trach Tie Tuesday: Every Tuesday a Nurse Leader will support during trach ties
4 Point Neck Check: Assess left, right, back and under flanges for redness or alteration in skin
Skin Support DL: If ANY alternation in skin caused by pressure is assessed (redness, questionable abrasion, etc.) alert charge nurse or leader to email support DL.
Pressure Injury Resource: Provides information on staging, assessments and PI treatments
Wound Care Wednesday: Pictures and measurement documentation of all PIs and wounds
Prevention Bundle: <ul style="list-style-type: none"> • Moisture Management • Appropriate Bed Surface <ul style="list-style-type: none"> • Patient Positioning • Skin assessment EVERY SHIFT and device rotation



Rock the Boat:

The Rock the Boat initiative complements the Sail Away to Safety initiative. Its primary purpose was to engage nursing and therapy in pressure injury initiatives in an immersive experience that would lead to a deeper level of education. Participants complete skin care rounds with a wound care specialist, focusing on head-to-toe assessment and classification of skin abnormalities. After this requirement is completed, Rock the Boat superusers can participate in rounds as well as assist with staff in-services that support pressure injury initiatives.



Professional
Development & Wellbeing

Professional development is a critical component of pediatric nursing practice at CSH. It enables nurses to enhance their clinical skills, improve patient care, and remain current with the latest advancements in healthcare practices. Initiatives and programs that have been instrumental in enhancing the skills and knowledge of our nurses include our nurse extern and nurse residency programs. These programs have been essential to prepare new nurses to understand the physical, psychosocial, and emotional challenges of caring for children with medical complexity in family-centered care. Additional initiatives include our revised clinical ladder to recognize, celebrate, and reward expert bedside clinicians, as well as numerous educational opportunities.

The Nurse Extern Program provides valuable hands-on experience for nursing students, fostering a smooth transition from academic learning to professional practice. During the summer, CSH hosted a cohort of six externs integrated into clinical teams, gaining exposure to various clinical settings and patient care scenarios. This program serves as a workforce pipeline, with most externs remaining with the CSH family by transitioning to PCTs, but also contributes to the professional development of our current nursing staff by mentoring future nurses.

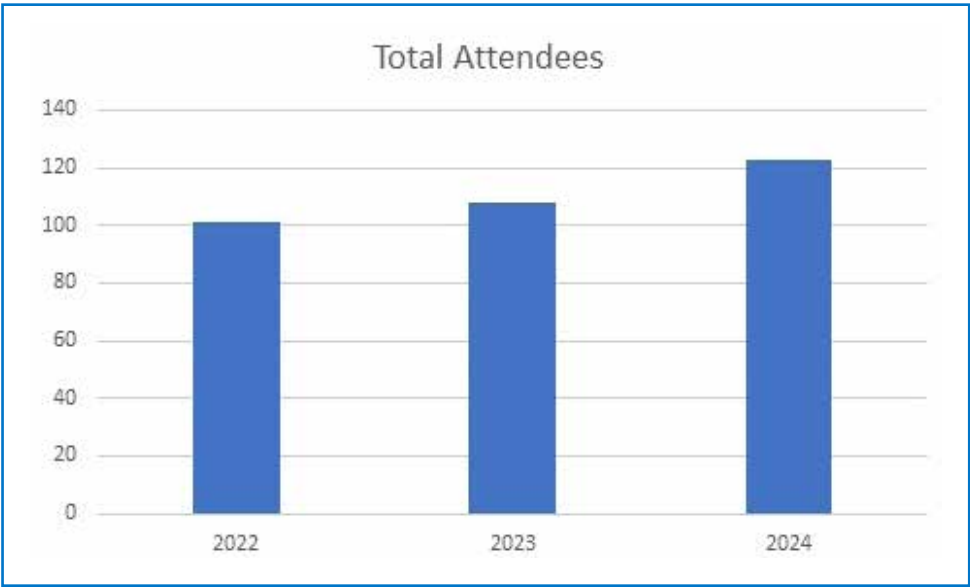
Our Nurse Resident Program continues to support new graduates as they transition into the nursing profession. This program allows new nurses to gain critical skills through structured mentorship, educational sessions, and hands-on experience. This year, our RWJBH system began the certification journey to the ANCC Practice Transition Accreditation program. CSH contributed to the pediatric specialty component of this system-wide initiative.

CSH has continued to support and promote professional advancement through our Clinical Ladder program. This initiative recognizes and rewards nurses' dedication to ongoing education, leadership, and clinical excellence. All ladder levels have been attained this year, with nurses from acute rehabilitation, long-term care, and outpatient settings achieving clinical ladder status.

The Center of Professional Development, Innovation, and Research held various conferences this year and incorporated the results of the CSH Needs Assessment Survey. The events were held at various dates, times and formats including in person, virtual and hybrid to accommodate nurses with different schedules and geographic locations. In addition to the annual system wide Lois Pollack Pediatric Nursing conference, CSH offered charge nurse, advanced concepts in precepting, IV certification, and Fundamentals of Diabetes classes this year. Furthermore, a self-paced Pediatric Certification review class was made available to all staff through Lippincott to encourage specialty certification.

The CSH nursing education team conducted monthly mock codes at all inpatient sites offered on both day and night shifts. These drills are essential for reinforcing high-quality resuscitation practices, improving team dynamics, and ensuring compliance with Pediatric Advanced Life Support Guidelines. Year over year, the number of nursing staff members participating in these sessions has increased, with 2024 being the highest number of participants yet.

Mock Code Data:



Staffing

- o Decreased RN vacancy rate from 8.84% in 2023 to 4.78%-year end 2024.
- o RN total turnover also decreased from 20.7% in 2023 to 17.9% in 2024 (it was 24.1% in 2022)
Overall 25% decrease in 2 years!

Wellbeing

CSH fosters a supportive work environment, prioritizing staff well-being and professional growth with the following Wellbeing Initiatives:

- Employee Assistance Programs (EAPs): Confidential counseling and mental health support.
- Wellness Programs: Yoga, meditation, fitness challenges, and stress management workshops.
- Flexible Scheduling: Supports work-life balance.
- Onsite Health Screenings and Flu Clinics.
- Massage chair for NB and MTN nursing staff for use 24/7 in mediation room



Workplace Violence Program

A comprehensive Workplace Violence Support Team was created as part of our ongoing commitment to a safe and supportive work environment. This dedicated group is tasked with ensuring a rapid response to reported incidents of workplace violence by convening either the same day or the next day. This quick response allows the team to immediately review the incident, assess its severity, and collaborate on the most appropriate course of action. Some actions include behavior plans, restricted visitation, increased security presence, and phone calls with families. The WPV Support Team ensures we are reactive and proactive in preventing future incidents, fostering an environment where employees feel protected and valued. A comprehensive Workplace Violence Support Team was created as part of our ongoing commitment to a safe and supportive work environment. This dedicated group is tasked with ensuring a rapid response to reported incidents of workplace violence by convening either the same day or the next day. This quick response allows the team to immediately review the incident, assess its severity, and collaborate on the most appropriate course of action. Some actions include behavior plans, restricted visitation, increased security presence, and phone calls with families. The WPV Support Team ensures that we are not only reactive but also proactive in preventing future incidents, fostering an environment where employees feel protected and valued.



Family-centered care initiatives

- Nursing leadership was instrumental in developing and overseeing the design for Rocco's Room. A unique home-like nursery setting to support parent education before discharge home with their medically complex child.
- Inpatient nursing leaders launched Huron rounding to meet with all families on admission and weekly thereafter.

RECOGNITIONS

CSH values employee contributions and promotes recognition programs to foster motivation and engagement:

Clinical Ladder 2024

Recognizing nursing expertise and professional growth:

CN I

- Daniella Galati
- Olivia Torregrossa
- Bethann Keenan

CN II

- Suzanne Packo
- Morgan Literate
- Lauren Kane
- Cecelia Tola
- Joyce Yang
- Malgorzata Marczydlo
- Samantha Nardoza
- Julie Meile
- Anna Santos
- Nashaba Chowdhury
- Kaitlin Radcliffe
- Renata Piskadlo
- Jenna Cipriano
- Francesca Cotroneo
- Kaitlin Zwerling
- Heather Burch
- Rosemary O'Donnell

CN III

- Annie Heimberg
- Lucelle Masamayor-Mendoza
- Joy Cardace

CN IV

- Melissa Chan
- Ashley Gruber

DAISY Award Honorees in 2024

Recognizing nurses for extraordinary care and compassion:

DAISY Nurses:

- Alexis Wlodkowski (MTN)
- Lisa Pastilha (NB)
- Lauren Kane (NB)
- Samantha Nardoza (NB)

Nursing Team LTC TR:

- Brianna Yellin
- Olga Montes
- Karen Otero

Educator:

Caitlin Lopez (LTC TR)

Leader:

- Clara Vasquez (CSH OP)

Nursing Impact:

- Jeannie Brooks (Pre-Admissions)

Friends of Nursing:

- New Brunswick IT Department (Epic go-live)

IRIS Award Honorees in 2024

Honoring CNAs/PCTs who exemplify compassionate, safe patient care:

- Shataya Henderson (LTC TR)
- Tanya Collins (OP)
- McKenzie Johnson (NB)

Completion of Degrees

- Shataya Henderson - LPN (LTC TR)
- Paola Figueroa - BSN (OP)
- Kairavi Shah - BSN (OP)
- Stephanie Soos - MSN-FNP (NB)
- Jennifer Rooney - MSN-FNP (NB)

Certifications

- Kaitlyn Zwerling - PNCB

Awards

- Dr. Kelly Keefe Marcoux received the inaugural Judith Lothian Alumni Award from Seton Hall University
- Dr. Kelly Keefe Marcoux was elected to the executive board of the National Association of Pediatric Nurse Practitioners (NAPNAP) as a Member at Large

Presentations/Publications

- 45th Annual National Association of Pediatric Nurse Practitioners (NAPNAP) conference, Decrease in accidental tracheal decannulations in chronically ill children with complex medical needs in an inpatient rehabilitation facility. Dr. Kelly Keefe Marcoux & Evelyn David, MSN, APN. Orlando, Florida. March 2024
- 2024 Spring NJSSA Conference, Podium Presentation on GT Assessment and Care- Adriana Senatore
- 2024 Society of Pediatric Nursing Annual Conference, Poster Presentation, Sail Away to Safety: The Journey to Decreasing Medical Device Related Pressure Injuries in the Pediatric Population- Adriana Senatore, Michelle Donnelly, Brenda Lay Pelka, Josephine Campbell, and Lauren Farrand, and Sara Callahan
- NCN Regional Pediatric Nursing Conference and RWJBH Quality Fair
 - o Poster Presentation:
 - Rock the Boat for Pressure Injuries
 - NGT Verification was presented- Nursing Education Team



CLOSING MESSAGE

As we close this inaugural Annual Nursing Report, we reflect with pride on the remarkable contributions of our nursing team at Children's Specialized Hospital. Your unwavering commitment to excellence, safety, and compassionate care has elevated the experience of every child and family we serve.

This report not only celebrates our achievements over the past year—it sets the foundation for the future. With a renewed focus on professional development, shared governance, and quality outcomes, we are poised to build upon our successes and continue driving innovation in pediatric care.

Looking ahead to 2025, we are inspired by the possibilities that lie before us, including the exploration of Pathway to Excellence® designation. This journey represents more than a credential—it reflects our deep commitment to creating a supportive and empowering environment where nurses thrive and excellence flourishes.

To our nurses: thank you for being the heart of Children's Specialized Hospital. Your voice, your leadership, and your passion are the driving force behind everything we do. Together, we will continue to advance the mission, grow our impact, and shape the future of pediatric nursing.

With sincere appreciation,

Executive Nursing Leadership Team

Dr. Kelly Keefe Marcoux, PhD, APN, CPNP-AC, PPCNP-BC

Dr. Regina Ciambone, DNP, MBA, RN, NEA-BC

Dr. Gabriela Fernandes, DNP, APN, CPNP-PC

Adriana Senatore, MSN, RN, CPNP-PC



RWJBarnabas
HEALTH

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Specialized
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Our mission: We are an academic health system, partnering with our communities to build and sustain a healthier New Jersey.