

4million
REASONS TO
CELEBRATE

RM³



NATIONAL
NURSES WEEK
2019



Jersey City Medical Center

2019 Nursing Annual Report

**Jersey City
Medical Center**

**RWJBarnabas
HEALTH**



4million
REASONS TO
CELEBRATE

Book Margaret & Team

Monday May 6, 2019	Tuesday May 7, 2019	Wednesday May 8, 2019	Thursday May 9, 2019	Friday May 10, 2019
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JERSEY CENTER MEDICAL CENTER 2019 NURSING ANNUAL REPORT

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Working in a Magnet® Hospital means

“Empowering nurses by creating opportunities to make positive changes to the work environment”

—JCMC Magnet Champions

Attracting and retaining registered nurses with superior skills who are committed to continuing professional and personal growth that result in better patient safety and outcomes

—Amanda Tobias, BSN, RN-BC

“Cultivating resilient nurses who advocates for nursing excellence and better patient outcomes in the face of crisis”

—Nicolle Reyes BSN, RN

Being heard, involved and working together towards positive changes within the hospital

—Sonia Freire, BSN, RN



A Message from Michael Prilutsky
President and Chief Executive Officer
Jersey City Medical Center

Dear Jersey City Medical Center Nursing Staff,

Welcome to Jersey City Medical Center's 2019 Nursing Annual Report. Throughout these pages, you will see information highlighting the most significant accomplishments of our amazing nursing team (you!), nursing committees, and wonderful nursing leadership, and how Jersey City Medical Center continues to promote a culture of Nursing Excellence.

I recognize our community has a choice when it comes to health care providers and every day, our patients and community look to Jersey City Medical Center to provide exemplary, compassionate patient care. And, therefore, they choose our hospital for the exceptional medical professionals who are dedicated to delivering that world-class care (you!).

Our patients and their families have shared numerous heartwarming stories on how you made a difference in the lives of our patients. The safety and health of our patients, caregivers, and team members is embedded in everything we do. Safety and quality of patient care is a priority at Jersey City Medical Center.

To continue to support your excellence and dedication, we continue to heal, enhance, and invest in Hudson County. For example, this past year we opened the Lord Abbett Maternity Wing at Jersey City Medical Center, made possible by a \$1 million donation by investment firm Lord Abbett & Co.

The 17,500-square-foot state-of-the-art wing has 20 private rooms designed to promote bonding and provide the best outcomes for newborns, mothers, and families. In partnership with Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-designated Comprehensive Care Center, Jersey City Medical Center and RWJBarnabas Health opened the Radiation Oncology Practice at 631 Grand Street. Through this partnership, Hudson County residents now have access to the most advanced radiation therapy right in their community, and to complement, we are building a state of the art oncology practice and infusion center.

On behalf of all our patients, their families, who have expressed gratitude for our phenomenal team of nursing professionals...thank you for all you do for our community, each and every day.

I am honored to work with all of you.

Best—

A handwritten signature in black ink, appearing to read "Michael Prilutsky". The signature is fluid and stylized, with a long horizontal stroke extending to the right.

Michael Prilutsky
President and Chief Executive Officer
Jersey City Medical Center



**Message from Margaret Ames DNP, RN NEA-BC
Chief Nursing Officer and
Vice President of Patient Care Services**

To my colleagues,

A relay race can be the most exciting part of a swim meet. A careful choreography that considers the stroke of the individual swimmer, the swimmers position in the race, and the status of the competition are important considerations. The moment of hand-off is planned, anticipated and executed to sustain or improve the team results. After deliberate succession planning and a skillful approach Rita Smith, DNP, RN handed the baton of the CNO to me.

Professional development, succession planning and mentorship helps maintain high performers within the organization or system, models career development for surrounding staff and contributes to the profession of nursing by promoting leaders whose academic and employment results contribute to nurses who are systems thinkers and lead care across the continuum. These nurse leaders speak, teach, publish and create a spirit of inquiry that advances practice to achieve key patient centered metrics as measured by CMS value based purchasing, Leapfrog and, of course, Magnet. One of the highlights of Nurse's Week 2019 was our first Graduation and Certification Recognition Ceremony, attended by Michael Prilutsky, CEO and Nancy Holecek, MSN, RN, Northern Region. Our overall percentage of Registered Nurses with BSN degrees or higher is 91%, with 18% of nurses at all levels having advanced degrees and 43% percent

of nurses specialty certified. Sixty-nine (69%) of the Nursing Leadership team (manager and above) have a Master's Degree or higher and 72% with a specialty certification. Notably, 19% of the leadership team hold a Doctorate in Nurse Practice. We look forward to celebrating with more of you graduate and become certified.

As an internal promotion, I have had the honor of coaching our "relay" team for several years. We now continue the legacy of Nursing Excellence that Dr. Smith established in her tenure at Jersey City Medical Center. Within our Shared Governance approach, I anticipate incredible teamwork, some stumbles, several recoveries, ongoing skill development and many, many reasons to cheer the work that we do to improve the health of each other, our patients and our community.

With sincerity and humble thanks,

A handwritten signature in cursive script that reads "Margaret Ames". The ink is dark and the signature is fluid and legible.

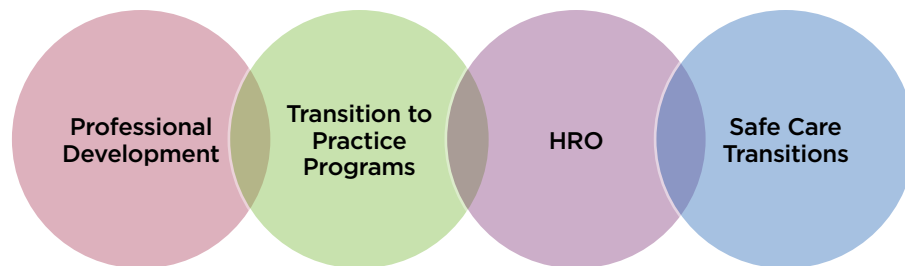
Margaret Ames, DNP, MPA, RN, NEA-BC
Chief Nursing Officer and
Vice President of Patient Care Services

NURSING STRATEGIC PLAN 2018 – 2020

The 2018 – 2020 nursing strategic plan is vital to moving the nursing division along the path of nursing excellence. Using the Magnet manual as a roadmap, this strategic plan focuses on clinical excellence through the high reliability organization process for safety and quality with maintaining a commitment to supporting continued professional development and safe care transitions for patients.

Goals:

1. Improve patient outcomes and improve nursing retention through Practice Transition programs.
2. Reduce patient readmissions through inter-professional and cross-continuum collaboration for safe care transitions.
3. Enculturate High Reliability into nursing structure, support, tools, mentorship, and evaluation through analysis and reports



Priority Initiatives:

1. Practice Transition Program (PTAP)
 - Successfully Implement a nationally accredited RN residency transition to practice program
2. CMS Star Readmission Team to reduce 30 day readmissions
 - Reviewing current readmission data
 - Literature Review
 - RWJBH Site Visits
 - Explore new model for inter-professional team focus on patients at high risk for readmissions
 - Continue focus on Medication Management across the continuum with complete & accurate home medications list upon admission
3. Enculturate High Reliability into Nursing
 - Education and training
 - Integrate into Shared Governance Councils: charters with patient outcome focus
 - Clinical Leadership: a department/unit will present their patient outcomes
 - Quarterly unit showcase meetings with the CNO with a focus on the unit's patient outcomes
4. Partner with Ambulatory to promote excellence in ambulatory nursing practice
 - Implement bi monthly Ambulatory Shared Governance Council
 - Integrate into JCMC Shared Governance Structure
 - Review and achieve data requirements for Nurse Engagement, Patient Engagement, and Nurse Sensitive Indicators
5. Increase the percentage of RNs with professional Nursing Certification
6. Sustain > 80% RN with BSN Degree or higher

Nursing Leadership 2020

Margaret Ames DNP, RN, NEA-BC
Chief Nursing Officer and Vice President
of Patient Care Services

Frank Bobadilla, MSN, RN, NVRN-BC, GRN
Nurse Manager, 7 East

Therese Boruta, BSN, RN
Manager/Clinical Informatics

Selina Bray, MSN, BSN, RN-C
Director of Nursing, Behavioral Health Services

Ingrid Brown, MSN, RN-C
Manager Care Continuum

Karen Caldas, CPHRM, MSN, RN-BC
Director, Clinical Risk Management and
Patient Safety | Risk Management

Coleen Calero, MSN, GRN, RN-BC
Nurse Manager, 7 West

Sean Conover, BSN, RN
Director of Nursing at Greenville Care

Vickie DeChirico, MSN, RN, CIC
Director Infection Control

Leah Dungee-Maignan, MSN, RNC-NIC, CBC
Director of Nursing, Maternal Child Services

Arlene Eastman, MSN/MPH, RN, CEN
Director of Nursing, Emergency Department

Pamela Farley, MSN, ACNP-BC
Chief Nurse Practitioner

Marissa Fisher, MHI, BSN, RN
Trauma Program Director

Claudia Garzon-Rivera, DNP, RN, CNL, CCRN-K, CPHQ
Director of Clinical Excellence

Bernadette Johnson, MSN, RN, ONC
Director 6 West and Renal Hemodialysis

Christine Kaminski BSN, RNC-OB, CBC
Nurse Manager, Labor and Delivery

Theresa LaFlam, BSN, RN, NVRN-BC
Manager Stroke Program

Mabel LaForgia, DNP, RN, CNL
Senior Director of Nursing Practice & Magnet
Program Director

Kelly Loo, MSN, RN, CGRN
Director of Nursing, Surgical Services

Michele Lopez, MSN, RN, CEN, NE-BC
Director Educational Center for
Professional Development

Allison McCabe, MSN, RN
Director of Nursing, Critical Care

Washington Moitui, MSN, RN-BC
Assistant Director of Case Management

Jennyfer Morel-Carvajal, MPA, BSN, RN, CCCTM
Orthopedic Institute Nurse Manager Navigator

Kim Palestis, MSN, RN, CEN, TCRN
Senior Director of Nursing Practice

Vito Pascarella, BSN, RN
Clinical Operations Manager

Sarju Patel, MSN, RN
Clinical Operations Manager

Joanne Reich, DNP, RN, NEA-BC, CPHQ
Vice President of Safety, Quality, and Regulatory Affairs

Bianca Rosa, BSN, RN
Lead Clinical Operations Manager

Erin Salmond, DNP, RN
Director 5 East/6 East

Rodolfo Sangalang, DNP, RN
Director PACU, Catheterization Lab &
Ambulatory Services

Pamela Santiago, MSN, RN, NEA-BC
Manager 5 West

Cristina Simeone, MSN, RN, NEA-BC
Clinical Resource Director

Valentyna Tabaka, BSN, RN, WCC
Manager Wound Care

**Mariekarl Vilceus-Talty, MA, BSN, NE-BC, RNC-OB,
C-EFM, LNC**
Senior Director of Nursing and Patient Experience

Brian Weil, BSN, RN
Clinical Operations Manager

Structural Empowerment

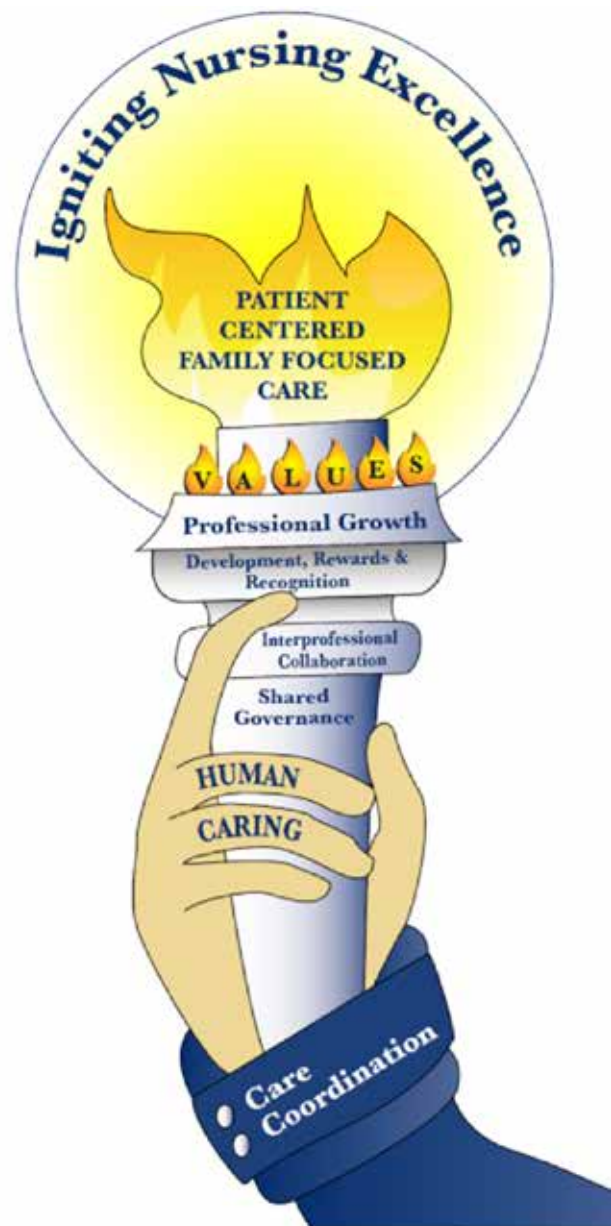
The guiding force of JCMC's Nursing Professional Practice Model

The professional practice model (PPM) displays the nursing framework for the delivery of exceptional care by nurses and the interdisciplinary care team (ANCC, 2017). The PPM depicts how nurses practice, collaborate, communicate and develop professionally to provide the highest quality care for the patients, families, and communities they serve.

At Jersey City Medical Center, the theory and concepts noted in the model reflect the Organization's Mission, Vision, and Values while also embracing the diversity of the patient population in our urban location. Members of the Magnet Champion Council take the lead in reviewing and updating the Model to ensure it remains current with our changing practice environment; emphasizing the important role nurses at JCMC have in providing safe and effective care across the continuum and in every setting.

Jersey City Medical Center's Nursing

Strategic plan continues to focus on care transitions and practice transition for sustained professional practice excellence and improved patient outcomes. JCMC's professional practice model (PPM) drives its nursing strategic plan and guides nursing practice.

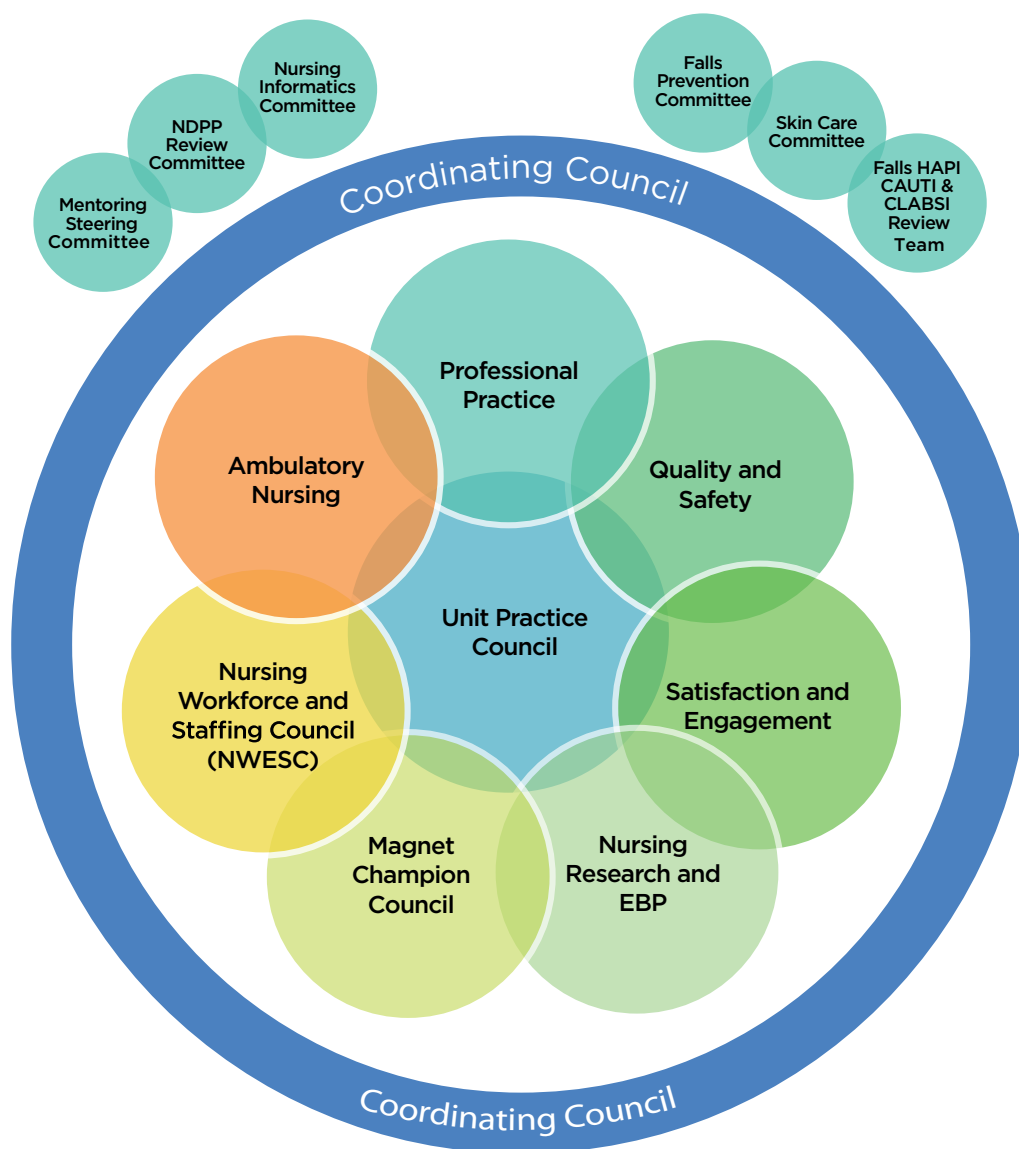


*American Nurses Credentialing Center. (2017).
2019 Magnet application manual. Silver Spring, MD:
American Nurse Credentialing Center*

Shared Governance at Jersey City Medical Center:

Promoting a culture of Nursing Excellence at JCMC

Jersey City Medical Center utilizes a robust shared governance structure, which embodies the commitment to shared decision making for professional practice. This model empowers nurses throughout JCMC to make decision about clinical practice standards, quality improvement, staff and professional development, and research.



Professional Practice Council

Chair: Washington Moitui and Regina O'Donnell

Objectives: to serve as a forum to exchange best practices that have the potential to impact clinical areas across disciplines

Expected Outcomes: To provide high level oversight for achieving excellent outcomes in patient quality and safety, patient satisfaction, staff engagement and fiscal accountability



Members List:

Name	Unit
Regina O'Donnell MSN, RN CCRN	Cardiac Catheterization Lab
Therese Boruta BSN, RN	Nursing Informatics
Yvette Bryant MSN, RN	Medical Surgical Unit II - 7W
Elise Campanella BSN, RN	Operating Room
Sally Kufczynski BSN, RN	Mental Health Unit- Open Unit - 5W
Elisa Martinez	Continuum of Care
Concordia Meglioranza BSN, RN, RN-BC	Surgical Unit I - 6W
Marc Monteith MSN, RN CCRN	Nursing Education
Marlene Paredes BSN, RN, RN-BC	Outpatient Behavioral Health
Lisa Pessolano BSN, RN, CIC	Infection Prevention
Kim Sapanaro BSN, RN	Medical Surgical Unit I - 7E
Amanda Tobias BSN, RN, RN-BC	Mental Health Unit- Open Unit - 5W

2019 Goals and Accomplishments

Nursing Professional Practice Council

2019 Goals:	2019 Accomplishments
Support the Magnet Re-designation process by supporting the new 2019 standards	Recommendations made on several Practice Issues on: <ul style="list-style-type: none"> • The Confusion Assessment Method (CAM) • The Yale swallow screen • Patients belonging list on paper • The Care giver education • The Handoff Communication Tool: Nurse to Sitters • Insulin coverage to be drawn by RN's not Pharmacy. • Standardization of repositioning patients and low air loss resource tool • Revision and Final approval of Code Cart Checklist • Reviewed and Approved Several Nursing Policies and Protocol <ul style="list-style-type: none"> - CIWA protocol revised - Skin Assessment Policy - Conducted an evidence based clinical inquiry and nursing research that addresses medication interruption prevention strategies and mitigation of interruption
Revitalize the current clinical ladder program and promote nursing excellence	Informational fair during the Nurse's week to increase awareness of the clinical ladder program and shared governance councils.

Quality & Safety Council

Chair/ Co-Chair: Shaden Mustafa/Claudia Garzon-Rivera

Council Purpose: To evaluate nursing quality performance metrics and nurse sensitive indicators to maintain standards of clinical nursing practice and safety consistent with evidence-based practice and requirements of regulatory agencies.

Goals:

- Contribute to the nursing strategic plan goal to reduce the number of CAUTIs , CLABSIs, Falls, Falls with Injury, and HAPIs
- Contribute to the organizational strategic plan goal to improve the delivery of care related to nursing quality and safety

Objectives:

- Members will conduct CAUTI and CLABSI monthly unit audits and disseminate trends and reinforce standards of care to UPC
- Members will serve as CAUTI, CLABSI, Falls, Falls with Injury, and HAPI prevention champions
- Members will review outcomes related to Nurse Sensitive Indicators monthly and disseminate results to UPC
- Members will develop, review, and/or revise policies directly related to quality & safety in collaboration with the Policy Committee quarterly

Expected Outcomes:

- Improve 5 target priority areas from audits i.e. CAUTI, CLABSI
- Maintain Nurse Sensitive Indicators below the established benchmark for at least 3 of the 4 quarters
- Review and/or revise at least 4 nursing policies related to medication safety, clinical equipment, and/or patient safety.



Membership List:

Name	Unit
Claudia Garzon-Rivera DNP, RN, CNL, CCRN	Nursing Administration
Shaden Mustafa MSN, RN, CNL, CCRN	Critical Care
Mabel LaForgia DNP, RN, CNL, CHFM	Nursing Administration
Chi-Yuan Chang BSN, RN, RNC-OB	L&D
Brit Destefano BSN, RN	Nursing Float Pool
Theresa LaFlam BSN, RN, NVRN-BC	Nursing Administration - Stroke
Lisa Pessolano BSN, RN, CIC	Infection Prevention
Vicki DeChirico MSN, RN, CIC	Infection Prevention
Aurea Vallo BSN, RN, RN-BC	Post Intensive Care Unit - 6E
Amanda Tobias BSN, RN, RN-BC	Mental Health Unit-Open Unit - 5W
Fozia Ahmed BSN, RN	7 West
Eric Blumenstyk BSN, RN, CEN	Emergency Room
Jennyfer Morel-Carvajal BSN, RN, CCTM	Nursing Administration - Ortho Institute
Yeonette Gaskin BSN, RN	Medical Surgical Unit II - 7W
Santa Jimenez BSN, RN, CNOR	Operating Room
Jessica Velastegui BSN, RN	Observation Unit - 5E
Patrycja Wojewoda BSN, RN, RNC	Neonatal Intensive Care Unit
Amanda Mullane	Nutrition
Kokila Shah AND, RN, RN-BC	Same Day Surgery
Namee Lee BSN, RN, CCRN	Intensive Care Unit
Priscilla Hurtado BSN, RN	Post Intensive Care Unit - 6E
Cristina Simeone MSN, RN, NEA-BC	Financial Services
Jenna Bartholomew ADN, RN, WCC	Nursing Administration - Wound Care
Valentya Tabaka BSN, RN WCC	Nursing Administration - Wound Care
Kim Sapanaro BSN, RN	Medical Surgical Unit I - 7E

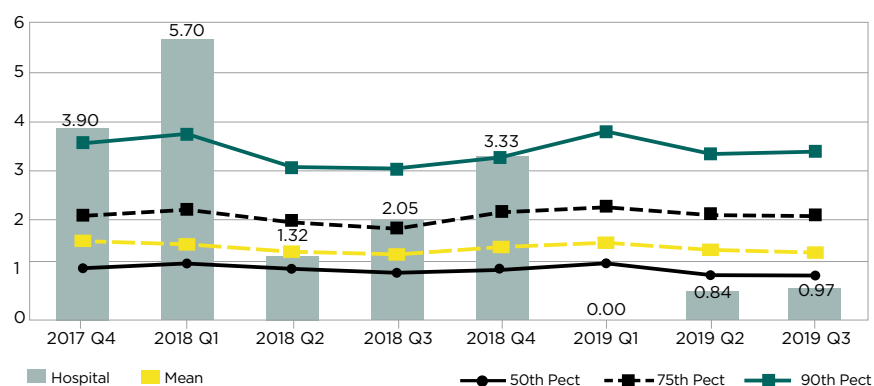


2019 Goals and Accomplishments

2019 Goals:	2019 Accomplishments
<ul style="list-style-type: none"> • Improve target priority areas from CAUTI Prevention audits • Overall Percent Compliance for Urinary Catheter Protocol — Sustaining 97% • Target Priority Audit Areas <ul style="list-style-type: none"> – Nursing Clinical Indication Need Documentation — 95% – Indwelling urinary catheter in place as per Nurse Driven Protocol — 95% – Urine flow unobstructed (i.e. tubing kinking, no dependent loops, bag not overfilled) – Sustaining 98% 	<p>Top CAUTI prevention areas:</p> <ol style="list-style-type: none"> 1. Is there an order and indication 2. Was there a urine specimen obtained from patients admitted with existing indwelling urinary catheter 3. Nursing documentation for clinical indication 4. Is indwelling urinary catheter in place as per nurse driven protocol 5. Is the indwelling urinary catheter secured with stat-lock device 6. Is closed drainage system intact 7. Is urine flow unobstructed 8. Is urine collection bag below level of bladder
<ul style="list-style-type: none"> • Improve target priority areas from CLABSI Prevention audits • Overall Percent Compliance for CLABSI Prevention Protocol — Improving to ↑ 90% • Target Priority Audit Areas <ul style="list-style-type: none"> – Nursing Documentation of Central Line Need — Trending up to ↑ 92% – Nursing Documentation of site condition — 94% – Chlorhexidine Sponge Dressing (Biopatch) & Transparent Dressing Intact-Trending up to ↑ 95% – Dressing with date/time & changed every 7 days — Trending up to ↑ 92% 	<p>Top CLABSI prevention areas:</p> <ol style="list-style-type: none"> 1. Type of Central Line & Insertion Location 2. Date of Insertion 3. Number of days from insertion 4. Femoral or emergent central line removed within 24 hours? 5. Nursing documentation for indication of Central Line 6. Nursing documentation for site condition 7. Nursing documentation for drainage 8. Nursing documentation for patency 9. Daily CHG Bath (newly added in October) 10. Central Line ports with Swab Caps 11. Biopatch & Transparent Dressing Dry & Intact 12. Dressing date/time within 7 days 13. Extension devices (end caps) without visible blood 14. All IV bags dated every 24 hrs 15. Separate port for TPN (including Lipids) 16. All continuous tubing changed every 96-hours 17. All intermittent tubing changed every 24 hours
<p>Maintain Nurse Sensitive Indicators below the established national benchmark (NB) for at least 3 of the 4 quarters</p> <p>Falls</p>	<p>017 Q4 to Q3 2019</p> <p>CCU 2 of 8 qtrs outperforming NB</p> <p>ICU 7 of 8 qtrs outperforming NB</p> <p>NICU 8 of 8 qtrs outperforming NB</p> <p>6E 4 of 8 qtrs outperforming NB</p> <p>6W 7 of 8 qtrs outperforming NB</p> <p>7E 7 of 8 qtrs outperforming NB</p> <p>7W 8 of 8 qtrs outperforming NB</p> <p>Behavioral Health 7 of 8 qtrs below NB</p> <p>Mother Baby 4 of 8 qtrs outperforming NB</p> <p>NICU 8 of 8 qtrs outperforming NB</p>

	<p>Ambulatory</p> <p>PAT 8 of 8 qtrs outperforming NB</p> <p>Renal 8 of 8 qtrs outperforming NB</p> <p>PACU 8 of 8 qtrs outperforming NB</p> <p>PESS 5 of 8 qtrs outperforming NB</p> <p>ED 6 of 8 qtrs outperforming NB</p> <p>Satellite ED 5 of 8 qtrs outperforming NB</p> <p>Observation 7 of 8 qtrs outperforming NB</p> <p>2018 Q1 to 2019 Q4</p> <p>Cath Lab 7 of 8 qtrs zero</p> <p>Infusion 7 of 8 qtrs zero</p> <p>SDS 6 of 8 qtrs zero</p> <p>Endo 8 of 8 qtrs zero</p>
Falls with Injury	<p>2017 Q4 to Q3 2019</p> <p>CCU 8 of 8 qtrs outperforming NB</p> <p>ICU 8 of 8 qtrs outperforming NB</p> <p>NICU 8 of 8 qtrs outperforming NB</p> <p>6E 8 of 8 qtrs outperforming NB</p> <p>6W 8 of 8 qtrs outperforming NB</p> <p>7E 8 of 8 qtrs outperforming NB</p> <p>7W 8 of 8 qtrs outperforming NB</p> <p>Behavioral Health 8 of 8 qtrs outperforming NB</p> <p>Mother Baby 8 of 8 qtrs outperforming NB</p> <p>NICU 8 of 8 qtrs outperforming NB</p> <p>Ambulatory</p> <p>Observation 6 of 8 qtrs outperforming NB</p> <p>PAT 7 of 7 qtrs outperforming NB</p> <p>Renal 7 of 7 qtrs outperforming NB</p> <p>PESS 7 of 8 qtrs outperforming NB</p> <p>ED 6 of 6 qtrs outperforming NB</p> <p>Satellite ED 6 of 6 qtrs outperforming NB</p> <p>2018 Q1 to 2019 Q4</p> <p>ASC 4 or 4 qtrs zero</p> <p>Cath Lab 8 of 8 qtrs zero</p> <p>PACU 8 of 8 qtrs zero</p> <p>Infusion 7 of 8 qtrs zero</p> <p>SDS 8 of 8 qtrs zero</p> <p>Endo 8 of 8 qtrs zero</p>
<p>Maintain Nurse Sensitive Indicators below the established national benchmark (NB) for at least 3 of the 4 quarters</p> <p>Reduce HAPIs</p>	<p>2017 Q4 to Q3 2019</p> <p>Majority of the Units are outperforming the NB</p> <p>CCU 8 of 8 qtrs outperforming NB</p> <p>ICU 4 of 8 qtrs below NB</p> <p>NICU 8 of 8 qtrs outperforming NB</p> <p>6E 4 of 8 qtrs outperforming NB</p> <p>6W 5 of 8 qtrs outperforming NB</p> <p>7E 6 of 8 qtrs outperforming NB</p> <p>7W 5 of 8 qtrs outperforming NB</p>

Overall HAPI rate 2017 Q4 to Q3 2019 Percent of Surveyed Patient with HAPI Stage 2 or Above



<p>Maintain Nurse Sensitive Indicators below the established benchmark for at least 3 of the 4 quarters</p> <p>2019 Stroke Report</p>	<p>2019</p> <p>Door-To-Needle YTD Goal: 45 minutes or less in 50% of eligible patients</p> <p>48 minutes</p> <p>Stroke Education Goal: Target 98.6%</p> <p>Maximum 99%</p> <p>99%</p> <p>Dysphagia Screening Target: 94.3%</p> <p>Maximum 95%</p> <p>95.9%</p>
<p>Maintain Nurse Sensitive Indicators below the established national benchmark (NB) for at least 3 of the 4 quarters</p> <p>CAUTI</p>	<p>2017 Q4 to Q3 2019</p> <p>CCU 4 of 8 qtrs outperforming NB</p> <p>ICU 4 of 8 qtrs outperforming NB</p> <p>6E 7 of 8 qtrs outperforming NB</p> <p>6W 6 of 8 qtrs outperforming NB</p> <p>7E 7 of 8 qtrs outperforming NB</p> <p>7W 6 of 8 qtrs outperforming NB</p>
<p>Maintain Nurse Sensitive Indicators below the established national benchmark (NB) for at least 3 of the 4 quarters</p> <p>CLABSI</p>	<p>2017 Q4 to Q3 2019</p> <p>CCU 4 of 8 qtrs outperforming NB</p> <p>ICU 4 of 8 qtrs outperforming NB</p> <p>7E 5 of 8 qtrs outperforming NB</p> <p>7W 5 of 8 qtrs outperforming NB</p> <p>6E 4 of 8 qtrs outperforming NB</p> <p>6W 7 of 8 qtrs outperforming NB</p> <p>NICU 8 of 8 qtrs outperforming NB</p>

Review and/or revise at least 4 nursing policies related to medication safety, clinical equipment, and/or patient safety	Policies Updated or Created: <ol style="list-style-type: none"> 1. Delivery of Food Trays of Isolation Patients 2. Behavioral Emergency Support Team (BEST) 3. Peripheral Access Devices 4. Peripherally Inserted Central Catheter (PICC) Care & Maintenance 5. Restraints for Non-Violent or Non-Self Destructive Behavior (Medical Restraint) 6. Restraints for Violent or Self Destructive Behavior (Behavioral Restraint) 7. Using Cathflo Activase (Alteplase) to Restore Patency to Central Venous Access Devices 8. NICU Emergency Evacuation Plan 9. Enteral Feedings and Oral Supplements
Process Updates/Approval	<ol style="list-style-type: none"> 1. Yale Swallow Protocol 2. Restraint Audit Data 3. Restraint Audit Updates 4. Reinforcement of Restraint Requirements 5. De-escalation in healthcare safety alert 6. Fall prevention audits 7. CAUTI/CLABSI prevention plans 8. SimplyThick liquid thickener 9. Juven nutrition supplement 10. Pharmacy recommendations for early/late administration 11. Stroke Teach Back EMR revision 12. May 8th Nurses Week-Q&S Spin Wheel



2019 Shared Governance Annual Report Subcommittee Description, Goals and Accomplishments

Satisfaction & Engagement Council (SEC)

Chair/Co-Chair: Madhuwattie Parsam, MSN, RN-BC, GRN, MS, BSN, BS, PCC, Patient Care Coordinator Post Intensive Care Unit (6E) and Leah Cieslak, BSN, CEN, Emergency Department

Council Purpose: Serves to empower and mentor the multidisciplinary nursing team through engagement and implementation of the nurse driven goals with the drive to increase satisfaction of both patients and staff.

Objectives: The SEC functions to guide and empower independence throughout all parts of nursing through engagement and implementation of nurse driven goals with the purpose to increase satisfaction for both patient and staff.

Expected Outcomes:

- Nominate at least one nurse for the March of Dimes Nurse of the Year Award.
- Maintain the monthly Daisy Award Recognition.
- Actively participate in Nurse's week.
- Host the 2019 Nurse Excellence Awards by December 2019.
- Encourage new members to join and sustain attendance in the SEC meetings.
- Encourage nurses to participate in the NDPP Clinical Ladder.

Objectives and expected outcomes should be taken from 2017 charter

Membership List:

Name	Unit
Madhuwattie Parsam MSN, RN, RN-BC	6 East
Leah Cieslak BSN, RN, CEN	Emergency Room
Mariekarl Vilceus-Talty MA, BSN, NE-BC, RNC-OB, C-EFM, LNC	Nursing Administration
Mabel LaForgia DNP, RN, CNL, CHFM	Nursing Administration
Stanley Owusu BSN, RN	Nursing Supervisors
Michelle Lopez BSN, RN, CEN, NVRN-BC	Emergency Room
Elizabeth (Ferrara) Corbett BSN, RN	Emergency Room
Linda (Gentile) Tichenor MSN, RN, ONC, CPAN, CSPHA	Nursing Education
Jessica Velastegui BSN, RN	Care Coordination
Aurea Vallo BSN, RN, RN-BC	6 East
Sonia Freire BSN, RN, ONC	6 West
Brittany Smith BSN, RN	LDR
Helen Morgan BSN, RN	Same Day Surgery
Priscilla Hurtado RN, BSN	6 East
Elizabeth Trelles BSN, RN	6 East
Amarilis Diez Presilla BSN, RN	Nursing Mother/Baby
Kathleen De Leon BSN, RN	Endoscopy
Vanessa Conyers BSN, RN	Emergency Room
Olivia Matthews BSN, RN, CCRN	ICU
Kayla Louis BSN, RN	7 West
Anne Bernardo BSN, RN	6 West
Sophia Moseley BSN, RN	6 West
Elizabeth Trelles BSN, RN	6 East
April Bacunawa BSN, RN, RN-BC	Nursing Supervisors
Dennyne Fennell MSN, RN	Operating Room
Stephanie Occhiogrosso BSN, RN	Emergency Room
Sara Elsorady BSN, RN	Emergency Room
Ethel Bran BSN, RN, CNOR	Operating Room
Julie Anne Mesa BSN, RN	6 East

2019 Goals and Accomplishments

2019 Goals:	2019 Accomplishments
Achieve increased participation in Employee Engagement Satisfaction	420 RNs and 34 nurse leaders participated in Nursing Excellence Survey.
Support nurses to get involved in the clinical ladder	10 new applicant for the clinical ladder between 6E, 5E and 6W.
SEC will host the 2019 Nurse Excellence Awards	NEA was celebrated on Nov. 6th, 2019 hosted by SEC.
Help to create and execute 2019 Nurse's Week agenda	SEC was active in helping to create the nurse's week calendar and events.
Have at least one JCMC nurse as a nominee for the March of Dimes Nurse of the Year Award	Two JCMC staff (RN and DON) were Nurse of the Year Finalist during the November, 2019 award ceremony.
Improve Engagement/ Nurse Sensitive Indicators to achieve target goals.	Nine nursing units achieved three or more categories above the national benchmark. The categories include: Leadership Access and Responsiveness, Autonomy, Fundamental of Quality Nursing Care, Professional Development

Nursing Research and Evidence Based Practice Council

Chair: Michael Schaier

Council Purpose: To contribute to the body of nursing knowledge through research endeavors and to foster staff member knowledge and skills in nursing research and evidence-based practice.

Objectives:

- Institute the latest evidence based best practices
- Cultivate an environment of clinical inquiry that will encourage increased number of nursing research studies and implementation of best practices at JCMC
- Contribute to the nursing strategic plan goal to improve medication management across the continuum of care transition leading to reduced readmission and improved population health

Expected Outcomes:

- Complete one shared research project or evidence-based practice project



Membership List:

Name	Unit
Mabel LaForgia DNP, RN, CNL.CHFM	Nursing Administration
Michael Schaier MSN, RN	7 West
Sean Lo BSN, RN	Nursing Informatics
Mary Kho BSN, RN, NVRN-BC	Intensive Care Unit
Jennifer Kellow BSN, RN	Neonatal Intensive Care Unit
Lita Aguirre	PACU
Alyssa Lazo BSN, RN, CPAN	OR
Regina O'Donnell MSN, RN, CCRN	Cardiac Catheterization Lab
Amanda Tobias BSN, RN, RN-BC	Mental Health Unit- Open Unit - 5W
Eleanor Silverman	Librarian
Elshaymaa Elfalah BSN, RN	Medical Surgical Unit II - 7W
Priscilla Hurtado BSN, RN	Post Intensive Care Unit - 6E

2019 Goals and Accomplishments

2019 Goals:	2019 Accomplishments	USE of HRO Tools
Develop a structured process to support shared governance council and unit practice councils when clinical inquiries arise by providing evidence-based recommendations for change in practice	Developed the Research Critique Checklist, which is a tool developed by the council to efficiently critique and facilitate the process through which research is performed at JCMC.	Exercising a questioning Attitude
Participate in joint article review, critique, and discussion during council meetings to increase council member's knowledge and skill in evidence based practice and research methodologies	Actively developing a study on Workplace Violence (WPV).	You and Me Together
Plan two main events per year to foster staff member knowledge and skills in evidence-based practice through formal and informal interactive educational offerings	1 major research event during nurse's week.	Thoughtfully interacting
Increase use and awareness of EBSCO Nursing Resource Center	Met with EBSCO rep to arrange a seminar in the future at JCMC on staff education of research through the EBSCO app.	You and Me Together
Research proposal drafted by March 2019	Still ongoing, but the data has been collected, analyzed, and developed for the draft proposal in 2020.	

Magnet Champion Council

The Magnet Champion Council serves as practice leaders, role models, and advocates for nursing excellence. The members of this council represent all nursing units, and the greater nursing body at JCMC. They facilitate staff involvement in Magnet activities, and promote sustained engagement related to nursing practice and excellence

Chair/ Co-Chair: Nicolle Reyes/ Samantha Duke

Council Purpose: To facilitate staff involvement in Magnet activities, and promote sustained engagement related to nursing practice and excellence in both inpatient and ambulatory units

Objectives:

- Recruit consistent membership from all in-patient units and ambulatory areas
- Implement strategies to support an ongoing environment of nursing excellence and professional growth such as updating Magnet RNO presentation, developing a booklet describing JCMC shared governance structure and process
- Promote nursing professional certification
- Update unit Magnet boards at a minimum of quarterly

Expected Outcomes:

- Increase engagement from nurses in ambulatory setting in nursing councils and other shared governance activities
- Maintain up to date unit specific goals
- Achieve 55% nursing professional certification by 2020
- Sustain greater than 80% BSN degrees



Membership List:

Name	Unit
Nicole Reyes BSN, RN, ONC	Surgical Unit I – 6W
Samantha Duke BSN, RN	Emergency Room
Regina O'Donnell MSN, RN, CCRN	Cardiac Catheterization Lab
Amanda Tobias BSN, RN, RN-BC	Mental Health Unit- Open Unit – 5W
Ricky Jewell BSN, RN, CEN	Mental Health Unit- Open Unit – 5W
Charles De Ganga BSN, RN	Medical Surgical Unit II – 7W
Maribel Labutong BSN, RN, RN-BC	Care Coordination
Sean Lo BSN, RN	Nursing Informatics
Brit DeStefano BSN, RN	Nursing Float Pool

2019 Goals and Accomplishments

2019 Goals:	2019 Accomplishments	USE of HRO Tools
Support the Magnet 2021 Re-designation process by supporting the new 2019 standards	Met – ongoing support of Magnet Champions in doing showcases which highlights the goals and accomplishments of each floor which aligns with the new 2019 magnet standards	Focus on the task
Mentor and partner with the ambulatory councils to support and create awareness about the shared governance council and its activities	Senior Advisor Dr. Mabel LaForgia has been meeting with ambulatory units quarterly for support in its goals and share activities of the shared governance councils	You and Me Together
Support ongoing environment and expectation of nursing excellence and ongoing professional development and growth. Implement two strategies that will increase nurses knowledge and engagement in shared governance	One strategy was implemented during nurses' week. The Jeopardy game which included the magnet components and was participated by different floors (6east, Cath lab, 7west, and 7east)	Validate and Verify
Partnership event with professional organizations promoting nursing in the community	Participated with the annual career night with Sigma Theta Tau in promoting nursing in middle schools and was held in MS #7 in Jersey City last May 2019	Thoughtfully Interact



Unit Practice Councils (UPC) Chairs

The Unit Practice Council Chairs Committee is a forum where the chairs of the units/department Unit Practice Councils (UPCs) come together to provide one another with input and feedback on shared decision making topics related to clinical practice standards, quality improvement, staff professional development, and research. This council assists with the standardization of UPC structure and process as well as the integration of best practices amongst all UPCs

Chair: Brit DeStefano Co-chairs: Amanda Tobias & Eric Blumenstyk

Advisor: Mariekarl Viceus-Talty

Council Purpose: to assist with the standardization of UPC structure and support UPC chairs with their monthly UPC meetings by providing resources and guidance.

Objectives: Sustain consistent membership from all in-patient units and standardize UPC agenda items.

2019 Goals and Accomplishments

2019 Goals:	2019 Accomplishments
Increase representation in our council amongst units.	<ul style="list-style-type: none"> January 2019 UPC council meeting was a breakfast meeting with senior management and directors to encourage their support for UPC council and shared governance. Increased attendance in 2019: 7W, OR, Cath lab, endo, 5W, ED, ICU, CCU, 7E, 6E.
Ensure unit UPCs are meeting on a monthly basis, support UPC chairs.	<ul style="list-style-type: none"> Provided resources and guidance for chairs during council meetings. Utilized report to chair tool developed last year, but poor usage by units overall.
Support shared governance throughout the hospital.	<ul style="list-style-type: none"> Participated in Nurses Week. Provided gift basket for raffle and donut delivery for night shift staff.
Work flow issues with transport delays.	<ul style="list-style-type: none"> Invited and met with transport director Bianca Rosa. Relayed transports concerns back to units to improve work flow and utilization of staff appropriately.



Nurse workplace Environment and Staffing Council (NWESC)

Mission: To Promote and sustain a healthy workplace environment for the nurses of Jersey City Medical Center

Chair/Co-Chair: Barbara Pangilinan

Purpose: This Nursing Shared Governance council was formed as part of an innovative pilot program created by the Organization of Nurse Leaders (ONL) of NJ's Advocacy Committee. This Program is designed to empower nurses to create a work environment best suited for patient safety. This state wide initiative includes nine participating hospitals in New Jersey. This council supports staff nurses and nurse leaders ensuring best patient outcomes by openly discussing best practices for a healthy and effective workplace environment.

Objectives:

- Educate all members using the synergy model
- Participate in the SAQ survey, analyze results and implement action plans for improvement
- Develop a tool for accurate and timely communication to UPC's regarding council activities and nursing leadership
- All members will participate in study surveys and focus groups

Expected outcomes:

- Council members will be able to discuss the five domains of workplace environment and begin to assess workplace environment
- Council members will communicate work of council to UPC throughout the institution and serve as a liaison for staff

Goals:

- Gain working understanding of workplace environment and factors influencing healthy work environment
- Develop a culture of safety through effective communication as measured by the safety survey in January, 2018
- Assess burnout and compassion fatigue and compare outcomes to national benchmark
- Actively participate in focus groups and surveys for ONL/Rutgers's study evaluating workplace environment



Jersey City Medical Center Advance Practice Nurses

Advance practice nurses play a pivotal role in health care delivery at JCMC. Their role includes a blend of clinical expertise in managing health conditions with an added emphasis on disease and health management, bringing a holistic and comprehensive perspective to patient care. Advance practice nurses are employed in a variety of setting and specialties that span the continuum including the emergency department, department of medicine, cardiac catheterization lab, psychiatry, anesthesia, cardiology, center for comprehensive care, anesthesia and labor and delivery.



Certified Nurses Day

JCMC recognizes the importance of achieving national certification and embraces those who have taken the journey to distinguish themselves in their nursing specialty. Yearly, JCMC recognizes nurses who have achieved national certification during National Certified Nurses Day™ on March 19th. Certified Nurses Day promotes awareness and invites nurses to advance their career through national certification. On Monday, March 19, 2020, a poster displaying all of JCMC's nationally certified nurses' is placed in the lobby recognizing JCMC's nationally certified nurses. Rita Smith DNP, RN, NEA-BC Chief Nursing Officer and Margaret Ames DNP, RN, NEA-BC, Vice President, Nursing & Patient Engagement visited each unit and personally recognized JCMC's certified nurses. Every certified nurse received a thank you card. JCMC proudly recognizes certified nurses' for their contributions to a maintaining a workforce who is experienced, highly skilled and prepared to take on the today's healthcare challenges.





Certified Nurses Recognized on March 19, 2019

5 East		
Abrams	Hermela	RNC
Bacunawa	April	RNC
Demesa	Abigaile	CMSRN
Fuentes	Zenaida	CMSRN
Mero	Matthew	RN-BC
Torres	Rachelle	ANCC
6 East		
Devera	Vicky L	RNC
Gonzalez	Rosemarie	RNC
Parsam	Madhuwattie	RNC
Platero	Jenina P	RNC
Tangalin	Rolando	RNC
Vallo	Aurea V	RNC
6 West		
Bhattacharya	Moumita	ONC
Desai	Khusbu	ONC
Freire	Sonia	ONC
Humarang	Candance	ONC
Johnson	Bernadette	ONC
Madasz	Janis	ONC
Meglioranza	Concordia	RNC, ONC
Pena	Regina	ONC
Percarpio (Giles)	Lauren	ONC
Reyes	Nicolle	ONC
Ryan-Giglio	Bernadette M	CMSRN, ONC
Teano	David	ONC
Vergara	Leonida	RNC
7 East		
Bobadilla	Frank Bernard	NVRN-BC
Chung	Daphne	NVRN-BC
Geagoni	Maryjane	NVRN-BC
Orrico	Stefanie M	NVRN-BC, RN-BC
Ousserghine	Samir	NVRN-BC
Ramos	Bernadette	NVRN-BC
Villacarlos	Jessette	NVRN-BC, RNC
7 West		
Bazurto	Doris	NVRN-BC
Cabrera	Nicole	RNC
Calero	Coleen	RNC
Chin	Joycint M	CMSRN
Patel	Anitaben	CMSRN
Roberts	Rachele	CMSRN
Samson	Carla	RNC

Nursing Administration		
Ames	Margaret	NEA-BC
Garzon-Rivera	Claudia	CNL, CCRN-K, CPHQ
La Forgia	Mabel	CNL
Palestis	Kimberly	TCRN, CEN, NEA-BC
Vilceus-Talty	MarieKarl	RNC-OB, C-EFM, NE-BC, LNC
Viuya	Janielle	RN-BC
LaFlam	Theresa	NVRN-BC
Panjikunnel	Treesa	SCRN, NVRN-BC, RN-BC
Bartholomew	Jenna	WCC
Tabaka	Valentina	WCC
Infection Control		
De Chirico	Victoria	CIC
Pessolano	Lisa	CIC
Morel-Carvajal	Jennyfer	CCTM
Quality & Risk		
Reich	Joanne	NEA-BC, CPHQ
Caldas	Karen	CPHRM, RN-BC
Mattaliano	Rachele	RNC-OB
Rosenzweig	Bonnie	CRRN
Center for Comprehensive Care		
Beating	Sara R	RNC
Department of Anesthesia		
Blake	Margaret	CRNA
Burrell	Crystal	CRNA
Chua	Andrew	CRNA
Cottle	Suzanne	CRNA
Debelen	Donna	CRNA
Desai	Priti	CRNA
Diombera	Diaba	CRNA
Duncan	Keesha	CRNA
Espinosa	Benedicta	CRNA
Garabed	Ronald	CRNA
Garcia	Girlyn	CRNA
Ghotra	Sukwinder	CRNA
Hahn	Song	CRNA
Konrad	Jaime	CRNA
Logang	Hernan	CRNA
Lucas	Alfredo	CRNA
Malamud	Kristen	CRNA
Mallon	Kelly	CRNA
Nemeth	Monika	CRNA
Prendergass	Fred	CRNA
Quiroga	Karol	CRNA
Samaniego	Danielle	CRNA
Taha	Vanessa	CRNA
Thomas	Kurleigh	CRNA
Torres	Rafael	CRNA
Vasquez	Kimberly	CRNA
Ying	Diana	CRNA

Antenatal Testing Unit		
Orrico	Aurora	CBC, RNC-OB
Cardiac Cath		
Kulvicas	Jolanta	CCRN
O Donnell	Regina Lumibao	CCRN
Pilgrim	Terrence	CCRN
Cardiac Institute		
Braswell	Deborah	CCP
Case Management		
Keyes	Bridget	RNC
Kinhofer	Kaylynn	RNC
Moitui	Washington Oseko	RNC
Oncology /Infusion		
Autar	Bashkarand	OCN
Williams	Anita	RN-BC, OCN
Fromm	Katherine	OCN; Cert Tobacco Treatment Specialist
Raphael	Francine	OCN
Continuum of Care		
Brown	Ingrid	RN-BC
Labutong	Maribel B	RN- BC
Cardiovascular ICU		
Agrawal	Sneha	CCRN
Amladi	Devyani	PCCN
Bautista	Ben	CCRN
Carter	Katelyn	CCRN
Darius	David	CCRN, CNL
Hreczny	Rochelle	CCRN
Jacinto	Joanna M	CCRN
Makhamadaliyeva	Barno	CNOR
Melendez	Julia	CCRN
Rajaram	Calowtie	CCRN
Sarkis	Lavia	NVRN-BC
Education Center for Professional Development		
Ansay	Kathleen	ONC
Bran	Ethel	CNOR
Dela Victoria	Christopher	CMSRN, CSRN, CDP, CADDCT, P-PCA, CEN
Dickerson	Michelle L	RNC-NIC, RNC-MNN, RN-BC, CBC
Kolomoitseyev	Mikhail	CMSRN, CNL
Lewis	Paula	CCRN, CNL
Lopez	Michele	CEN, NE-BC
Monteith	Marc	CCRN, APN-C
Tichenor (Gentile)	Linda	ONC, CPAN
Endoscopy		
Miles	Kathleen M	CGRN
Emergency Department		
Blumenstyk	Eric	CEN-Certified Emergency Nurse
Campaner	Cristina	NVRN-BC, CEN
Dionio	Pearl	CEN
Eastman	Arlene	CEN, NEA
Frick	Jill	CEN
Gonzalez	Sajara S	NVRN-BC
Huamani	Stacy	CEN
Kaczka	Darlene	NVRN-BC, CEN
Lopez	Michelle	CEN
Notarfrancesco	Dianne	CEN
Nystrand	Bethany L	CEN
Palomino	Karen	CEN
Rin	Jorge	CEN, CCRN, CPN
Rivera	Stephanie	CEN, CCRN, CPN
Rodriguez	Juan	CMS- RN-BC; CEN

Rodriguez	Juan	CMS- RN-BC; CEN
Westbrook	Eric	CEN, CCRN
Psych ED		
Cardoso	Jennive	RN-BC
Clinical Resource		
Simeone	Isabel Cristina	NEA-BC
Intensive Care Unit		
Benito	Joy	CCRN
David	Lisa	CCRN
Fernandez	Kristy	CCRN
Kho	May-Antonette R	NVRN-BC
Lee	Namee	CCRN
Marcin Neola	Viorica	CCRN
Matthews	Olivia	CCRN
Mustafa	Shaden	CNL, CCRN, NVRN
Nieves	Thalia	CCRN
Noronha	Prema	CCRN
Novielli	Alyssa	CCRN
Oseagulu	Justina O	NVRN-BC
Philiossaint	Jean	CCRN, BCEN
Redondo	Mary	CCRN
Terry	Geraldine	CCRN
5 West Behavioral Health		
Bray	Selina	RN-BC
Jewell	Ricky J	CEN
Johnson	Blythe	RN-BC
Mutatya	Zuhura	RN-BC
Pamintuan	Cynthia L.	RN-BC
Russell	Candice	RN-BC
Tobias	Amanda	RN-BC
Vales	Rosana A	RN-BC
Currie	Tami	CNOR
Labor and Delivery		
Chang	Chi-Yuan	RNC-OB
Dungee	Leah	RNC-NIC
Ferdinand	Helen	RNC-OB
Kaminski	Christine	RNC-OB, CBC
Taraski	Barbara A	RNC-OB
Department of Obstetrics		
Bane	Batsheza	CNM
Florez-Ryan	Dora	CNM
Gray	Suzette	CNM, RNC-OB
Greene	Tianna K	CNM, CBC
Wroclawski	Sarah	CNM
NICU		
Aborde	Cielo	RNC-MNN, CBC
Almuete	Cyriilda A	RNC-NIC
Anthony-Garnett	Gwendolyn	RNC-LRN
Ayala	Tara A	RNC-NIC
Beebe	Kathleen M	RNC-NIC
Bridson	Odalys C	RNC-NIC
Cerdan	Josephine Z	RNC-NIC
Chen	Mitchell	RNC-NIC
Del Rosario	Lisa R	RNC-NIC
Dela Cruz-Torres	Jocelyn	RNC-NIC
Dicken	Samantha	CBC
Hernandez	Melissa	RNC-MNN , CBC
Laranjo	Gina	RNC-NIC
Morales	Jennifer	CLC
Pacheco	Meredith	RNC-NIC
Samson	Lucila G	RNC-NIC
Singh	Amanda	RNC-NIC

Slugocka	Elzbieta	RNC-NIC
Stankovicova	Erika	CLC
Tikhonov	Olga	RNC-NIC, CLC
Tinimbang	Nilda	RNC-NIC
Wojewoda	Patrycja	RNC-NIC
Babu	Babitha	PSY
Department of Medicine		
Austin	Susan	APN, ACNP
Carew (Lawrence)	Natasha R.	APN, ACNP
De Leon -Wurm	Tiffany	APN, AGNP
DelaCruz	Lea	APN, ACNP
DiBrito	Franca	APN, FNPC
Dijoseph	Theresa	APN, CEN
Dunkley	Sherene T.	APN, ACNP
Farley	Pamela	APN, ACNP
Gripenburg	Tara	APN, FNPC
Guevara	Silvia	APN, ACNP
Jerome	Prosper	APN, AGNP
Kielar	Julia	APN, AGNP
Kim	Hae Ok	APN, AGNP
Magakyan Martinez	Lyudmila	APN, FNPC
Manchery	Jessymol	APN, FNPC
Maniar	Reshma P.	APN, AGACNP
Marino	Jessica	APN, ACNP
Marquet	Judith	APN, PMHNP
Massa	Melissa	APN, AGNP
Monpere	Marina	APN, AGNP
Oliver	Michelle	APN, FNPC
Orphelia(Petropoulos)	Lisa	APN
Oyem	Kingsley	APN, PMHNP
Pennel	Lori	APN
Small	Tracy	APN, FNPC
Snyder	Rachel	APN, ACNP
Varghese	Minothy	APN, AGNP
Villar-Trinidad	Eva	APN, AGNP
Wade	Tiffany	APN, FNPC
Willphine	Mini	APN, AGNP
Woodkotch	Erin	APN, FNPC
Young	Devon	APN, AGNP
Zadel	Janis	APN
Zaorski	Michele	APN
Arauz	Jessica	APN
Bernardo	Maria	APN, FNPC
Freire	Laura	APN, FNPC
Frimpong	Josephine	APN, FNPC
Grana	Kathryn	APN, AGNP
Layugan	Annabelle	APN
Lucas	Shkeirra	APN, FNPC
McCarthy	Jayne	APN, FNPC
Morales	Annette	APN, FNPC
Nass	Anna	APN, PNCB
Patel	Nileswari	APN, PNCB
Sethi	Ruchika	APN, AGNP
Boreale	Kathleen	APN, FNPC
Brophy	Shannon	APN
Fox	Adrian F.	APN, PMHNP
Meller	Heather	APN
Park	Myoung	APN, AGNP
Strus	Mariusz	APN
Vera	Abraham	APN
Outpatient Behavioral Health		
Paredes	Marlene	RN-BC

Operating Room		
Cabalfin	Senen	CNOR
DiBello	Patricia	CNOR
Glodek-Sollecito	Maria	CNOR
Jimenez	Santa	CNOR
Loo	Kelly	CGRN, CNOR
Reyes	Romana	CNOR
Ulysse	Guemlyse	CNOR
PACU		
De Nieve	Madonna	CPAN
Gagarin	Flordeliza M	CCRN
Garcia	Susan	CCRN
Larobis	Carmencita	CPAN
Lladas	Marian Angela	ONC
Mangubat	Maluz	CPAN
Sequoio-Manaois	Maria Gina	CPAN, CEN
Uy-Villa	Maryann	CPAN
Palliative Care - Department of Medicine		
Woodkotch	Erin	FNP-C
Maternal Child Health		
Alarcon	Abita	RNC-OB
Alcantara	Maria Victoria	CBC
Castro	Yamila	CBC, RNC
Cerrato	Nicole	CLC, RNC-MNN
Co	Maria	RNC
Fuller	Karen A	CBC
Gao	Maggie	CBC
Glover	Marie M	RNC-MNN
Gongora	Kerole	CBC
Horn	Michelle	RNC-C-ERM
Mercado-Cintron	Jessica	IBLCL
Monia	Laura	RNC-MNN
Muneshwar	Shellinie D	CBC
Vindas	Monique	RNC-MNN
Garcia-Taylor	Yines	IBLCL
Major	April	IBLCL, RNC-MNN
McCain	Safiyah	IBLCL
Rios	Eufemia	CBC
Radiology		
Idrobo-Campos	Nelly	CCRN
Renal		
Bondoc	Nerissa	RN-CNN
Corpuz	Rolando D.	RN-CNN
Gelicame	Venerando Z	RN-CNN
Pitao	Isabelita	RN-CNN
Rada	Margarita	RN-CNN
Same Day Surgery		
Shah	Kokila	RNC
Department of Trauma		
Algoo-Maier	Sherry	CSTR

Increasing the number of nurses with baccalaureate or higher degrees in nursing:

Jersey City Medical Center recognizes the contributions of nurses with a baccalaureate or higher degree in nursing. In accordance with the IOM report, The Future of Nursing (2010), nurses with a BSN or higher degree are better able to provide care in the current complex healthcare environment. Jersey City Medical Center continues to surpass its goal of having greater than 90% of nurses with a baccalaureate or higher degree in nursing. We proudly acknowledge the increasing number of nurses prepared at the master's degree and doctorate levels.

List of Nurses who received MSN or DNP in 2019

Master's Degree in Nursing

Unit/Department	Name	Degree
ER	Karen Palomino	MSN
7W	Coleen Calero	MSN
EDUC	Linda (Gentile) Tichenor	MSN
CVU	Allison McCabe	MSN
6E	Madhuwattie Parsam	MSN
6W	Bernadette Johnson	MSN
ER	Alexis Sweeney	MSN
ASC	Yuliya Markiv	MSN
EDUC	Catherine Manza	MSN

Doctorate Degree in Nursing

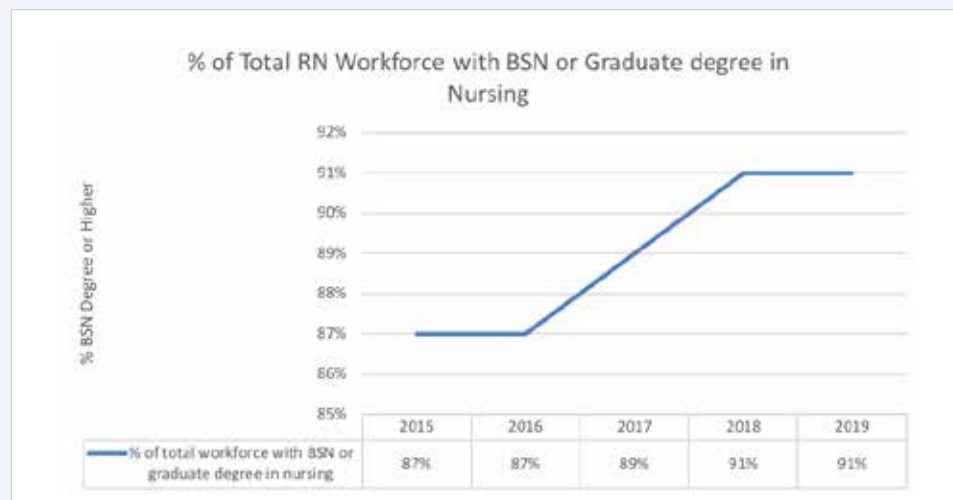
CathLab	Rodolfo Sangalang	DNP
ICU	Joy Benito	DNP
ICU	Prema Noronha	DNP
ER	Abadinas Ria Charisma	DNP



JCMC Nursing Degree Statistics

JCMC Nursing Workforce Degrees (All Nurses at all Levels)

	2015	2016	2017	2018	2019
Diploma	20	20	10	10	10
ADN	72	72	74	59	59
BSN	514	561	534	564	545
MSN	78	85	100	133	127
DNP	4	5	8	10	10





RN DAISY WINNERS FOR 2019:

January

Erin Duby BSN, RN – 6 East

February

Pamela Navas, RN, Cardiac – Cath Lab

March

Emmanuel Ortiz BSN, RN – 6 West

April

Brittney Smith, BSN, RN – 7 West

May

Kristy Fernandez, BSN, RN, NVRN – ICU

June

Carmen Larobis, BSN, RN, CPAN – PACU

July

Cathy Miles RN, – Same Day Surgery

August

Madhuwattie Parsam, MSN, RN-C

September

Sheila Karbasi BSN, RN – 6 East

October

Sharon Omnivala – 6 East

November

Yeonette Gaskin BSN, RN – 7 West

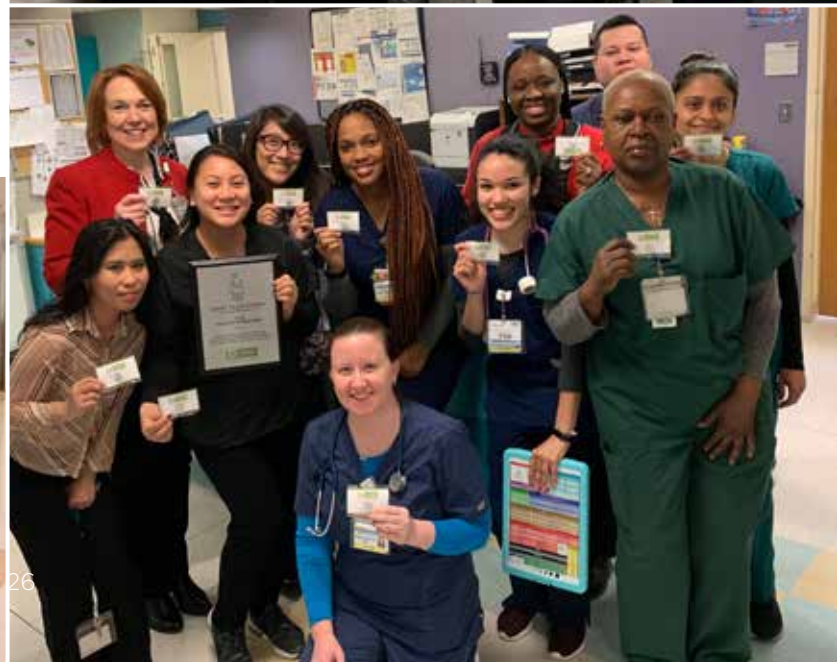
December

6 East Team Award

Recognition and Rewards

Daisy Awards

The Daisy Award is a nationwide program celebrating extraordinary clinical skills and compassionate care provided by nurses every day. The Daisy Foundation was established in 2000 by the family of Patrick Barnes who died at the age of 33 of complications from the autoimmune disease idiopathic thrombocytopenia purpura (ITP). Daisy is an acronym for diseases attacking the immune system. Patrick's family started the Foundation in their son's memory. A goal of the Foundation is to recognize extraordinary nurses who make a difference in the lives of people. Patients, families, visitors, nurses, physicians and fellow employees can nominate a deserving nurse by completing a nomination form. The Nursing Quality and Safety Council review the nominations. The nominations must reflect and demonstrate the importance of compassionate communication and delivery of quality and safe nursing care. The winners are selected on a monthly basis. The Daisy award recipients receive a Daisy pin and a Daisy certificate. The winner also receives the "Healer's Touch" sculpture. To honor the award recipient, the Daisy Banner is displayed on the recipient's unit for one month.



Nurse Excellence Awards

Jersey City Medical Center is committed to recognizing the exceptional practice and commitment of its nursing staff. Nursing staff are supported in their professional development and opportunities for recognition by peers is provided. Each year our nursing staff nominates their peers who's performance exemplify the characteristics of Transformational Leadership, Exemplary Professional Practice, Structural Empowerment, New Knowledge Innovations and Improvement, and Empirical Outcomes. Our patient care technicians nominate peers who exemplify the highest standards of patient care for the Excellence and Care award. There were a total 118 technician for the 2018 awards.

18th Annual RWJBH JCMC Nurse Excellence Awards

The Nominees Are.....

TRANSFORMATIONAL LEADERSHIP Odalys Bridson RN, 4E Nicole Cabrera RN, 7W Samantha Duke RN, ED Alyssa Favara RN, ED Sonia Freire RN, 6W Jessica Guarente RN, 6E Albina Ketoeva RN, 6E Mabel LaForgia DNP, Nursing Leadership Michelle Lopez RN, ED Helen Morgan RN, SDS Shaden Mustafa RN, ICU Karen Palomino RN, ED Sevani Robinson RN, 6E	NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENT Ethel Bran RN, OR Nursing Education Khushbu Desai RN, 6W Charles De-Ganga RN, 7W Samantha Duke RN, ED Regina O'Donnell RN, Cath Lab Madhuwattie Parsam RN, 6E	STRUCTURAL EMPOWERMENT Ryan Galvez RN, ED Anna Giron RN, ED Olivia Matthews RN, ICU Stanley Owusu RN, ED Madhuwattie Parsam RN, 6E Maria Rufin RN, PACU Bernadette Ryan-Giglio RN, 6W Jesette Villacarlos RN, 7E Cristina Villaflor RN, 6E	EXCELLENCE IN CARE CARE TECHNICIAN/MENTAL HEALTH WORKER Roberta Alda PCT, 6W Esolyn Atkinson,PCT, 6E Madonna Barrameda PCT, ED Reather Branch PCT, 6E Shawnika Bullock PCT, ICU Andres Cortes PCT, ED Anamie Cristantiello PCT, 7E Aaron Darby PCT, ED Ana Gago PCT, ED Walter Hernandez PCT, 6E Deborah Jeter PCT, ICU Aruna Kalia PCT, 5E Maria Malhabour PCT, 6E Dianne Mangalindan PCT, 7W Jose Matias PCT, 7E James Solano PCT, 7W Eugene Sotomayor PCT, 5E Samantha Sutherland PCT, 6W Leo Torres PCT, ED Edward Williams PCT, 7E
EMPIRICAL OUTCOMES Kelly Elson RN, 7W Alyssa Favara RN, ED Priscilla Hurtado RN, 6E Kelly Keegan RN, 6E Concordia Meglioranza RN, 6W Cynthia Pamintuan RN, 5W Bijal Patel RN, ICU Sevani Robinson RN, 6E Kim Sapanaro RN, 7E	EXEMPLARY PROFESSIONAL PRACTICE Eric Blumenstyk RN, ED Leah Cieslak RN, ED Christine Corrales RN, 7W Arlene Eastman RN RN, ED Elizabeth Ferrara RN, ED Melissa Hernandez RN, NICU Sheila Karbasi RN, 6E Namee Lee RN, ICU Stephanie Logrono RN, 7W Julie Mesa RN, 6E Bernadette Ramos RN, 7E Mariekriss Silva RN, 5E Fatma Soliman RN, 7W Julie Tran RN, 6E Alexandria Washkau RN, ED	PARTNERS IN EXCELLENCE Fazela Absolam, Unit Secretary, ED Regina Conover ,Unit Secretary, 6E Lea Dela Cruz, APN Dr. Anne De Rosairo, Medical Resident Humberto Lizardo, Security Dr. Stephen Ong, Medical Resident Deval Patel, Pharmacy Josefina Vega, Environmental Cheryl Ybanez, Secretary	Award Ceremony will be held on Nov. 6th, 2019 4:00-6:00pm Location: Cafeteria 

2019 Nurse Excellence Award Recipients are:

Transformational Leader:

Samantha Duke, BSN, RN – ED

New Knowledge and Innovations and Improvement

Regina O'Donnell, MSN, RN – Cath Lab

Exemplary Professional Practice

Eric Blumenstyk, BSN, RN, – ED

Structural Empowerment

Maria Rufin, BSN, RN – PACU

Empiracle Outcomes

Kim Sapanaro, BSN, RN – 7 East

Partners in Excellence Award

Deval Pate, PharmD, BCPS – Pharmacist

Partners in Care

Aruna Kalia, PCT,

Interprofessional Collaboration Award

Janielle Viuya, BSN, RN, RN-BC, GRN

Michael Diduch, PharmD, BCPP

Achieving Strategic Priorities Award – 2019 Care Coordination

Valentyna Tabaka, MBA, BSN, RN, WCC

Theresa Laflam, BSN, RN, NVRN-BC

Ingrid C. Brown, MSN, RN-BC

Jenna Bartholomew, BSN, RN

Elisa Martinez, RN,BSN

Maribel Labutong, BSN, RNC

Treesa Kaitharath, MS, MPH, RN-BC, NVRN-BC

Jennyfer Morel-Carvajal, BSN, RN, RNC

Rita Smith “Get Back to School Award”

Laura Alves-Monia, BSN, RNC-MNN



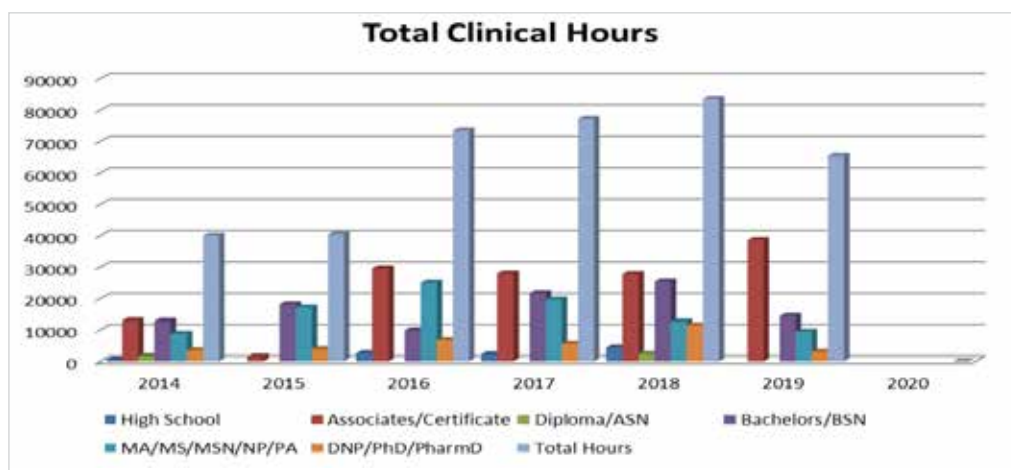
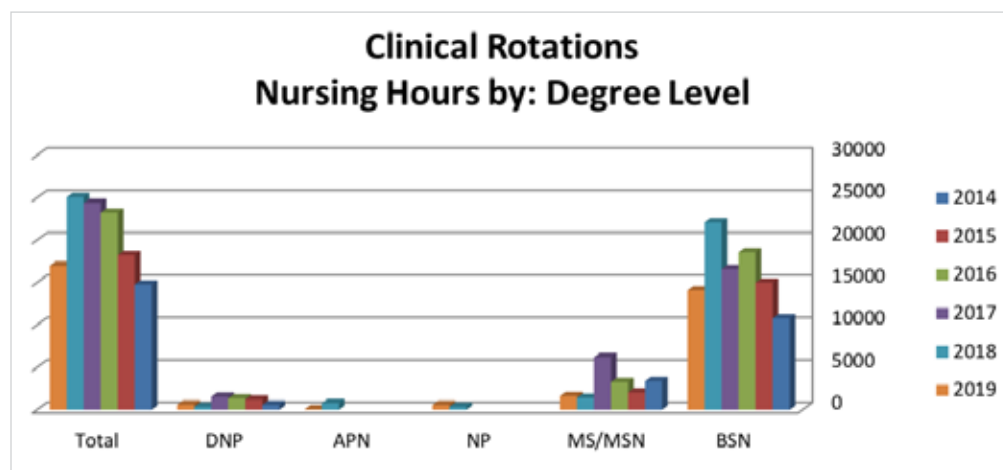
EXEMPLARY PROFESSIONAL PRACTICE

Educational Center for Professional Development

The Educational Center for Professional Development (ECPD) continues to support the education needs of the members of our organization, community partners and academic affiliates through a variety of learning opportunities. Learning opportunities include formal classes, unit based inservices, orientation programs, competency programs, participation in education fairs, and one on one instruction. The nurse educators continue to support our shared governance nursing councils by serving as a resource to the council members. The nurse educators are committed to improving the outcomes of our patients by supporting and developing the clinical practice of our clinicians. Annually, the ECPD team surveys the nursing and allied staff about their individual learning needs and conducts programs based on the trends in the responses. The ECPD looks forward to engaging our learners in high quality education experiences and programs.

Academic Affiliations:

In 2019, the Education Center for Professional Development maintained partnerships with 63 academic colleges and universities, inclusive of nursing programs, allied health programs and a broad range of professional and clinical programs. Collectively, our organization sponsored over 17,000 student hours under the guidance of our employees. From 2018 to 2019, the largest increase in advanced degree student rotations was in DNP studies, evidenced by an additional 265 hours of student precepting in 2019 as compared to 2018. The second largest increase in student clinical hours was nurses enrolled in a Masters level program with an increase of 209 clinical hours in 2019 as compared to 2018. The continued increase in our partnerships year to year exemplifies our commitment to academic advancement!





Practice Transition Accreditation Program (PTAP):

The Nurse Residency Program prepares nurses for the successful transition from the role of student to the role of competent, confident, professional nurse. Our nine month Nurse Residency Program is based on the requirements of the American Nurses Credentialing Center (ANCC) "Practice Transition Accreditation Program (PTAP)" and is designed for nurses with less than one year of nursing experience. Our comprehensive program incorporates various learning activities such as simulation, role play, journaling, debriefing and lecture series to engage learners and build a safe knowledge base. Specialties participating in the 2019 Nurse Residency Program included the Emergency Department, Behavioral Health, Post Intensive Care Unit, Medical Surgical Division, Surgical Unit, Critical Care, Neonatal Intensive Care, Mother Baby, Pediatrics and the Observation Unit. After the successful completion of the Nurse Residency Program, nurses continue their professional growth and development by enrolling in the JCMC- RWJBH Mentorship Institute Program, a yearlong program to further support a nurses' transition. In May, 2019 JCMC-RWJBH graduated nine nurse residents and four NJCU residents in the accelerated RN-BSN Program. Later in 2019 we proudly welcomed two more cohorts of Nurse Residents into our workforce. The Nurse Educators and our Nursing Leadership Team is proud of the accomplishments of our Nurse Residents and looks forward to the continued success of our Nurse Residents as they continue their professional career at JCMC!

Reducing Medicare 30 day All Cause Readmissions

Reducing 30 day readmissions continues to be an organization priority in 2019. The STAR Readmission Team, led by Mabel LaForgia DNP, Dr. Matta and Dr. Abed focuses on reducing overall 30-day readmission rate below the national mean and RWJBH Target of 14.4

Goal: Reduce Medicare 65+ 30-day readmission rate below national mean for each diagnosis with a priority focus on Pneumonia (PN), Chronic Obstructive Pulmonary Disease (COPD), Acute Myocardial Infarction (AMI), Heart Failure (HF), Total Hip and knee replacement surgery, and Stroke

Key interventions Implemented: The DMAIC methodology was used to guide the interdisciplinary team to improve transitions throughout the continuum of care by implementing strategies to:

- Enhance Inpatient Care Coordination Rounding
- Improve collaboration between case management and transition of care nurses
- Focus on improve discharge planning/ Care Management Redesign
- Implement huddles /case review for complex cases
- Acute and post-acute provider alignment
- Improved communication between Hospitalists and primary practices
- 30 Day Telephonic Post Discharge Follow up and Patient Stratification using LACE tool

Results:

In 2019 a significant the Medicare, 65 years and older, 30 day all cause readmissions was 13.12. This rate is below the national benchmark of 15.3 and below the RWHBH target of 14.4%.



	2019 VBP Target	National Benchmark (Hospital Compare CMS) - Benchmark Measure Dates: 07/01/2015 - 06/30/2018	2017 YTD	2018 YTD	2019 YTD
AMI	14.70	15.7	18.84	11.29	15.52
CHF	19.70	21.6	23.18	21.58	20.00
Pneumonia	15.20	16.6	16.87	12.96	8.6
COPD	18.30	19.5	17.30	17.95	15.38
THA/TKA	3.6	4.0	7.41	3.77	5.71%
Stroke	10.9	11.9	12.28	10.77	12.5
Overall Readmission Rate	14.4	15.3	17.47	14.95	13.12

Continuum of Care Center

A team of 3 Transition of Care (TOC) registered nurses who facilitate care across settings, providers and level of care with the goal of reducing 30 day all cause readmissions. Interventions are comprehensive, patient/family centered and focused on patients with a primary diagnosis of Congestive Heart Failure, Acute Myocardial Infarction, Chronic Obstructive Pulmonary Disease, Pneumonia and Stroke.

Goal: Provide support during the care continuum for patients and families through care coordination, improve patient outcomes and reduce readmissions.

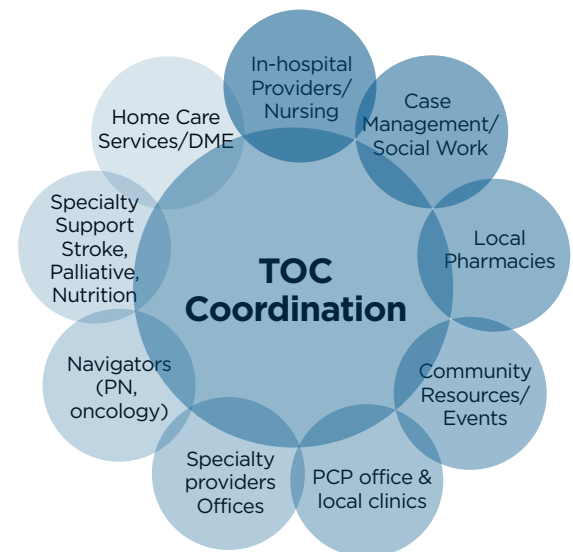
Vision: To empower patients and their families to become our partners in managing their health along the continuum of care while promoting lifestyle changes.



CONTINUUM OF CARE
CENTER

Program Components & Cross-Continuum Collaboration

<p>BEDSIDE ASSESSMENT</p>	<ul style="list-style-type: none"> • Conducted within 24-72 hours of admission • Identify gaps and collaborate with Interdisciplinary team to address them • Patient education utilizing Teach back
<p>POST-DISCHARGE COORDINATION</p>	<ul style="list-style-type: none"> • Post discharge Assessment occurs 2-3, 7, 21 days post discharge and up to 30 days as needed • Assess for care gaps and apply appropriate intervention • Medication Reconciliation • Utilize Teach back and Motivational Interviewing techniques • Support & reinforce follow-up Care Plan

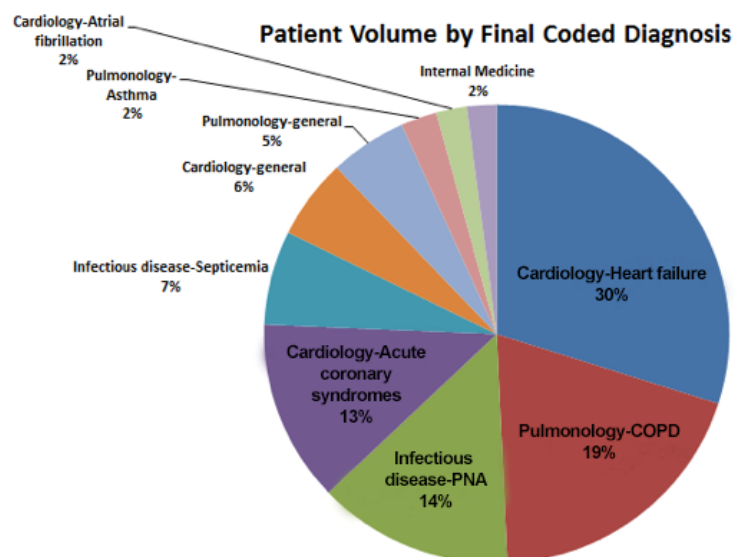


Outcomes/Metrics:

Continuum of Care Center Post Discharge Assessment Metrics, Jan–Dec 2019

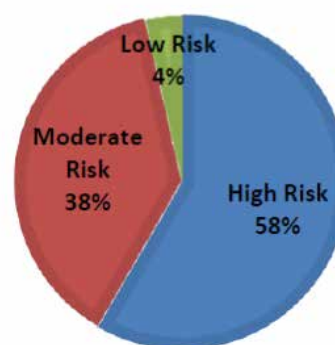
Total Number of Patients seen during Bedside Assessment	1743	Contact Rate 2-3 days post discharge	75.17%
Total Patients Eligible for Post-Discharge follow up	1430	Contact Rate 7 days post dc	66.39%
Total Referrals to Patient Navigation*	61	Contact Rate 21 days post discharge	61.15%
Total calls made to patients	4474		

*started in June



AT-RISK BY TOC DIAGNOSIS (HOME, ALL LACE SCORES)

■ High Risk ■ Moderate Risk ■ Low Risk



Reason for admission	Total Home DC All Risk Patients and Reason	Overall Percent of Home DC All Risk Patients and Reasons (%)
ACS	320	29%
COPD	226	21%
HF	263	24%
Pneumonia	293	27%
Stroke	0	0%

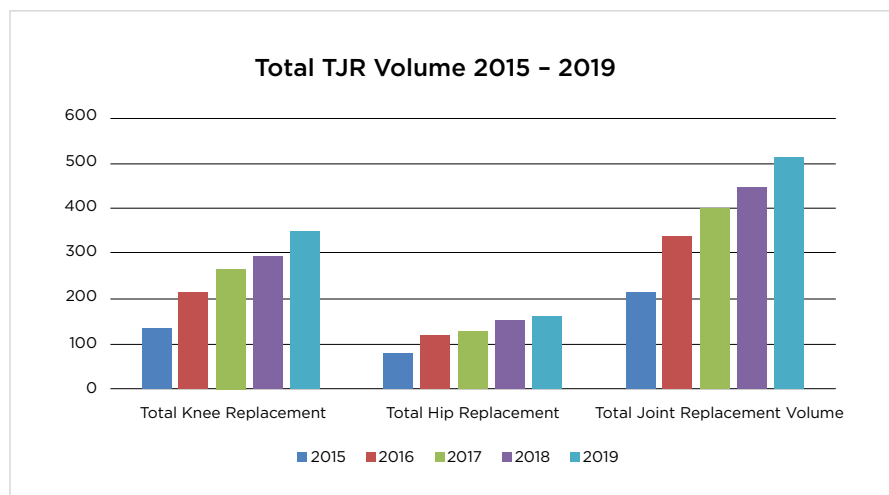
The Orthopedic Institute

The Orthopedic Institute (TOI) continues to make strides on its mission to deliver high quality services to the patients. On March 2019, the Orthopedic Institute became certified as a centers of excellence for the hip and knee replacement program through DNV GL Health Care Accreditation services. This outstanding achievement is possible by the impeccable work the interdisciplinary team is doing to ensure the services delivered are of high quality through the use of evidence based practice and state of the art technology. The institute continues to provide services to spans the continuum from pre- hospitalization to post-acute care. Focused on coordination of pre-admission testing, weekly pre-hospitalization patient education classes, patient navigation pre-op, throughout hospital stay, and post discharge follow up aimed at optimal outcomes and reduced readmissions, the data continues to show an increase in the number of patients discharged home. Despite the changes in the admission status for the total knee arthroplasties from being an inpatient procedure to becoming a same date service on a bed, close to 90% of the patients are being discharge home within 23 hours of surgery.



The following 2019 strategies/initiatives described below have become instrumental in improving the safe transition of patients from the hospital to home.

Welcome Packet - the Nurse Manager Navigator mails a welcome packet to the patients who are having surgery. The packet contains a welcome letter, invitation to the pre-operative patient education course, and a Home Assessment Checklist.



Orthopedic Comprehensive preoperative Patient Education Course - The pre-operative interdisciplinary joint replacement patient education course is provided to patients receiving TJR. The goal of this two hour course is to provide background education to patients that are preparing to undergo orthopedic knee or hip surgery. Objectives of the class include:

- Peri-operative expectations
- Provide an overview of the procedure and how to prepare for it
- Pain management and safe opioids handling education
- Discussion of safe discharge home
- Infection prevention
- Rehabilitation modalities
- Home Assessment

Wound Care Kit – As part of the safe discharge process, the TOI Nurse Manager Navigator provides all TJR patients a wound care kit that contains essential supplies for the proper care of the surgical site. Along with this, the kit provides a written instruction sheet created with the collaboration of the Wound Care Coordinator to ensure proper wound management.

The Orthopedic Institute Patient Education Booklet – the Orthopedic Institute Patient Education Booklet is provided to the patients during their Pre-Admission Testing (PAT) and/or during the Patient Education Course. The booklet continues to be an important tool for the patients as they prepare for surgery as it contains information that is consistent with our most updated practice guidelines including wound care management, infection control, and physical therapy strategies. The booklet have been translated in Spanish.

Program Brochures – Program informational brochures created both in English and Spanish for the surgical offices to provide an overview of the services provided by the Institute mainly geared to those patients and their families who are candidates for an elective joint replacement.

Weekly Orthopedic Interdisciplinary Discharge Rounds – The orthopedic interdisciplinary team continues to meet weekly for discharge rounds every Thursday morning at 7:45 a.m. on 6 West. The interdisciplinary rounds are led by Dr. Liporace and attended by various staff members including the TOI nurse manager, the charge nurse, physical therapy, 6 West case manager and social worker, the orthopedic residents and 6 West Unit Director. The rounds continue to play a vital role in ensuring that all potential barriers to discharge are eliminated prior to discharge. The rounds have also assisted in reducing length of stay.

Standardized Education for All Staff Caring for the Hip and Knee Replacement Program Patients – As a certified center of excellence, the institute created an educational protocol for all team members caring directly or indirectly for the patients. The protocol determines the appropriate number of educational hours to be provided initially and annual for the staff. This allows for all members of the interdisciplinary team to have the basic knowledge on the care of these patients in order to minimize delay in care and maximize the effectiveness of the clinical pathways already in place.

Discharge Phone Calls and Health Grid Follow ups – Post discharge phone calls are made to patients following Total Joint Replacement surgery (TJR) 48 to 72 hours post discharge.

Partnership with VNA Health Group of Central New Jersey – Continued to Partner with the VNA Home Health as the preferred home health agency for patients following TJR surgery. The Pre-operative patient education course includes an overview of the services provided by the VNA.

Year	Total Knee Replacement	Total Hip Replacement	Total Joint Replacement Volume
2015	134	82	215
2016	218	121	339
2017	268	131	399
2018	296	153	449
2019	350	164	514

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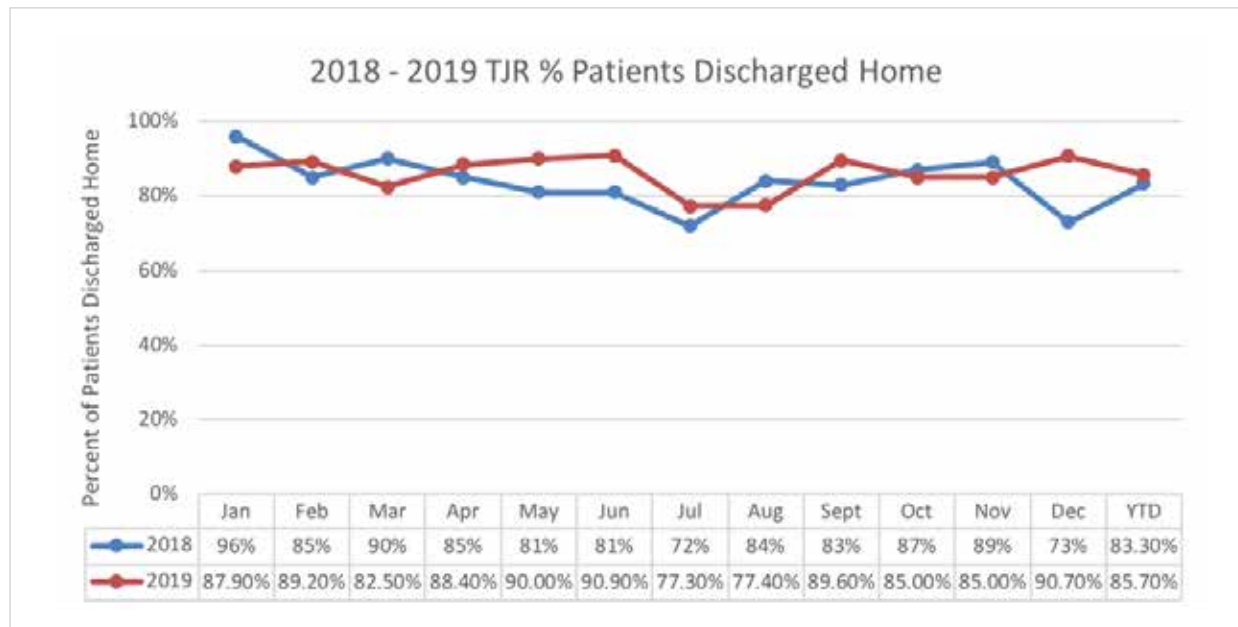
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Oncology Services

2019 has been an exciting year of growth and development for oncology services at Jersey City Medical Center. The early establishment of nurse navigation at JCMC continues to be a model for improving access and quality oncology care across the system. In 2019, the navigation program continued to expand, with the system wide implementation of NurseNav, electronic navigation software, connecting JCMC navigators to 11 other RWJBH cancer programs. JCMC navigators Katherine Fromm, MSW, BSN, RN, OCN, CTTS and Michelle Ashley, MSN/MPH, RN, OCN, CBCN, CN-BN, CTTS contributed to the development and implementation of the system wide software. In July 2019, Francine Raphael, RN, BSN, OCN, joined JCMC as an oncology nurse navigator. In her focus on the lung cancer-screening program and in collaboration with JCMC radiology department, she was able to increase lung cancer screening return rates to more than 60%, from 24% in 2018, exceeding the national benchmark. After her transition to the breast cancer oncology nurse navigator, Katherine Fromm teamed up with Christie Kerr staff in a quality improvement initiative to improve follow up for patient's presenting to the ED with breast abnormalities. Through their collaborative efforts, they were able to initially reach 54 out of 87 patients who presented to the ED for breast abnormalities, helped coordinate 13 for additional imaging and 2 needle biopsies. 35 patients required follow up care and 26 received it, while 27 were found to have resolved symptoms. The initiative highlighted the benefit of close patient follow up and navigation to ensure patients receive appropriate treatment and intervention.

Under the guidance of infusion center coordinator, Anita Williams, MSN, RN-BC, OCN, outpatient infusion services at JCMC continued to see growth with an 11% increase in chemo infusion procedures in 2019. Alongside infusion RN Bashkarand Autar, RN, OCN, our chemo nurses continued to provide quality, patient focused, family centered oncology care and assisted in the training of newly chemo certified in-patient RN's. In collaborative efforts with 7W

nursing leadership, and nurse educator, Catherine Manza, MSN, B.Ed, RN, GRN, Anita Williams helped create and lead annual chemo competency review course for JCMC chemo nurses. In 2019, 8 nurses were newly certified as chemo competent, for a total of 30 nurses chemo trained.

Alongside the continued physician leadership of cancer committee chair Dr. Amit Patel, oncology at JCMC maintained focus on expanding services to the surrounding community through outreach, patient, family, and provider education, as well as comprehensive treatment planning. The oncology team was also joined in December 2019 by oncology social worker, Kristy Case LCSW, OSW-C, who started efforts with the nursing oncology team on developing psychosocial services for our oncology patients. Our oncology team continued to play a pivotal role in the development of oncology services as part of the cancer committee and standards for Commission on Cancer accreditation. As part of those efforts, the team held a total of 35 events in 2019, servicing 1,216 people in the community.

Highlights include 22 total cancer support groups, JCMC's 4th annual survivorship symposium for cancer survivors, 11 community education events, and participation at both RWJBH sponsored breast cancer walks- the Komen Walk in May 2019, and Making Strides in October 2019. In focusing on promoting cancer screening in the community, our navigators Katherine Fromm, and Francine Raphael, and oncology nurse Anita Williams, participated in the September 2019 All about Downtown Street Fair, promoting education on colon cancer screenings in Jersey City. They specifically highlighted the new JCMC Easy Access Program at the Ambulatory Surgery Center, aimed at increasing access to recommended colon cancer screenings for qualifying patients. They were able to reach 169 people at this event. Overall evaluations by oncology community events found that 98% of participants agreed that the sessions were informative, and 86% rated excellent.

The oncology team at Jersey City Medical Center continues to seek ways to develop quality oncology services for the community, and decreasing barriers to care in its continued growth and expansion.



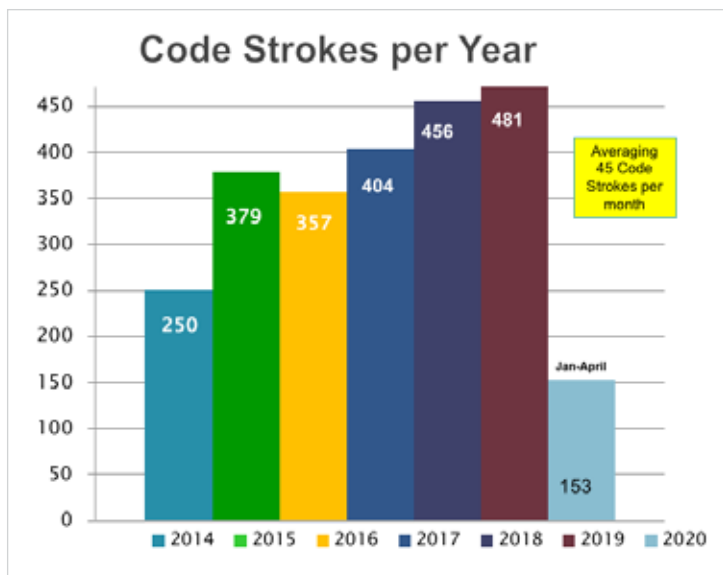
Stroke Program

The Stroke Program

Jersey City Medical Center (JCMC) is designated by the New Jersey Department of Health and Human Services (NJDHSS) as a Primary Stroke Center. The Stroke Program continued to provide evidenced-based care to patients, including our Teleneurology services. In June 2019, JCMC was nationally certified as a Primary Stroke Center Program which is the only nationally recognized program in Hudson County.

The multidisciplinary program, led by our Medical Director, Dr. Musaid Khan, MD, and three nurse leaders; Claudia Garzon-Rivera DNP, RN, CNL, CCRN-K, CPHQ, Theresa LaFlam BSN, RN, NVRN-BC, Stroke Program Manager, and Treesa Panjikunnel, MS, MPH, RN-BC, NVRN-BC, Stroke Program Coordinator, along with nursing and medical staff, provided care to over 450 patients with stroke or stroke symptoms.

Stroke care is a coordinated response across the continuum of care which includes Pre-hospitalization care by our Emergency Medical Services (EMS), our Emergency Department and both inpatient and outpatient services. Jersey City Medical Center strives to provide excellent award-winning care while maintain their commitment to continuous improvement and innovation.



JCMC is on target to receive the American Heart Association/American Stroke Association (AHA/ASA) Gold Plus Award for quality stroke care for nine consecutive years, from 2011 through 2019!

The Stroke Interdisciplinary Committee which is led by Theresa LaFlam Stroke Program Manager and Dr. Musaid Khan Stroke Program Medical Director and encompasses membership from nursing, medical providers in the Emergency Room, 7E the designated Stroke Unit, Radiology, Rehab Services, and EMS reviewed the 2019 door to needle data and identified areas for improvement. Changes in the door-to-needle process along with ongoing review, monitoring, and

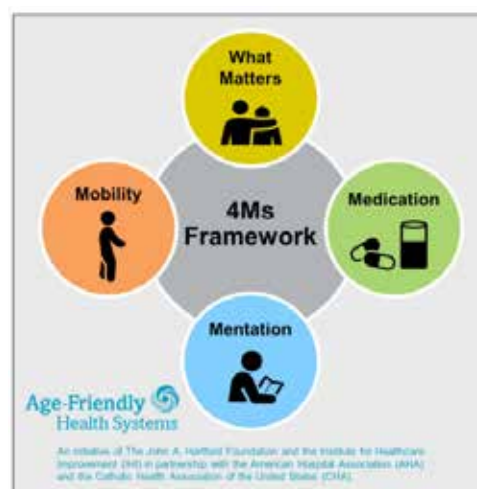
communication of the data assisted in a 54% decrease in the door to needle times. The average door-to-needle time from January to June 2019 was 100 minutes and decreased to 54 minutes through the 4th quarter. This decrease in door to needle times includes record door-to-needles times of 29, 33, and 41 minutes. Excellence Awards were presented to ED Physicians and ED staff for team work and patient safety.

The Stroke Program provides education to the community on stroke prevention, risk factors, and recognition of stroke symptoms. In order to increase recognition of stroke symptoms in local skilled nursing facilities, Theresa educated several facilities on the BEFAST stroke tool which emphasizes the importance of calling 911 because stroke is an emergency. The BEFAST tool spotlights stroke symptom recognition for loss of balance, vision loss, facial droop, weakness in one arm or leg, and slurred speech. Theresa collaborated with other NJ stroke coordinators as the principal investigator on a research project showing increased knowledge of stroke recognition after education was provided on the use of the BEFAST tool. The poster presentation was exhibited at the North East Stroke Symposium in Boston in October.

Nurses Improving Care for Health System Elders (NICHE) & Age-Friendly Health Systems: 4Ms

Jersey City Medical Center (JCMC) became NICHE members April 2019. The multidisciplinary program, led by the Geriatric Nurse Coordinator, Janielle Viuya, BSN, RN, RN-BC, GRN, nurse leaders, Claudia Garzon-Rivera DNP, RN, CNL, CCRN-K, CPHQ, Director of Clinical Excellence, Coleen Calero, MSN, RN, RN-BC, GRN, Nurse Manager of 7W, and Frank Bernard Bobadilla, BSN, RN, NVRN-BC, GRN, Nurse Manager of 7E, implemented an action plan for improving the health and wellness of the older adult through patient-centered and family focused care and communication on 7W and 7E - two NICHE pilot units. The Age-Friendly Health Systems: 4Ms – what Matters, Medication, Mentation, and Mobility, is the framework guiding geriatric care excellence at JCMC partnered with evidence-based care guided by NICHE and recommendations from the American Geriatrics Society.

The action plan on the pilot units included interventions to target communication with the older adult patient and their families – an area needing improvement identified by nurse leaders on the units. The interventions included increasing awareness for the unique needs of the older adult patient and tailoring care to accommodate for normal-age related changes such as vision and hearing impairment. For example, the “purple M-in-the-box” is a laminated hand-held tool used to educate the older adult on one new medication and one side effect along with providing re-orientation on the day, the location, and the nurse caring for the patient. On the reverse side, the tool had an “About me” board, providing an opportunity to provide individualized care for patients with cognitive impairment.



You are in: **Jersey City Medical Center** | **RWJ Barnabas HEALTH**

M Patient name: _____

Today is: _____

My new medication is:

This medication is for:

One side effect of this medication is:

My nurse's name is: _____

All About Me

I need hearing or vision aids ☐

I need help with meals ☐

I like to be called _____

My family members are _____

I enjoy _____



Member

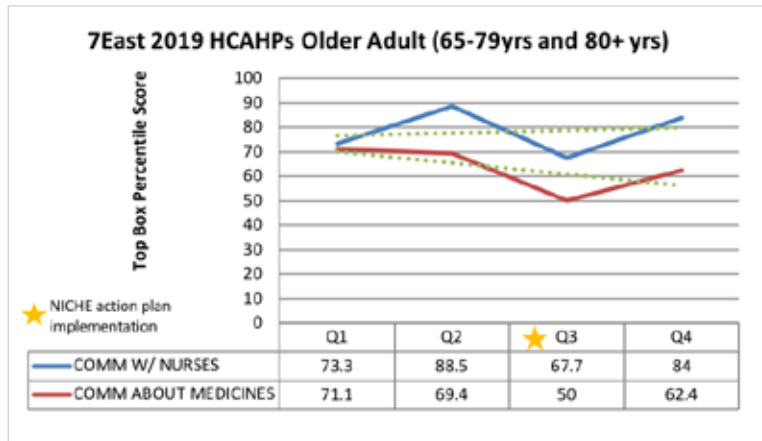
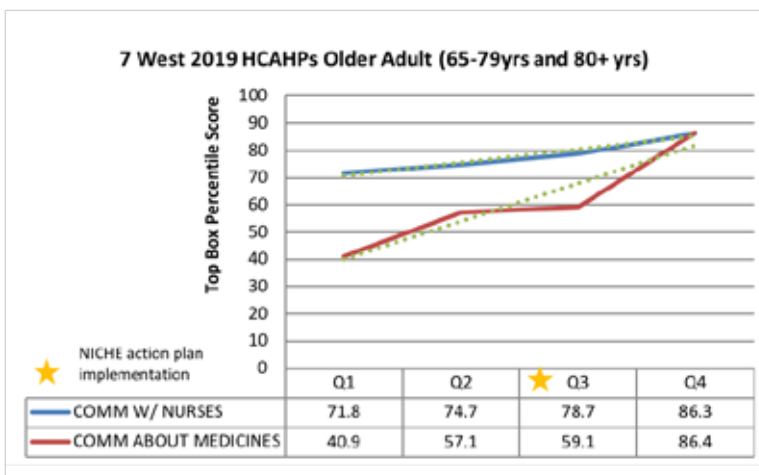
Our site is dedicated to improving the quality of care in older adults.

Nurses Improving Care for Healthsystem Elders is a nursing education and consultation program designed to improve geriatric care in healthcare organizations. The NICHE program of NYU Rory Meyers College of Nursing provides resources for nursing and interdisciplinary teams to achieve organizational goals for the care of older adult clients.

2020

Measurable outcomes included Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results focused on two domains: Communication with Nurses and Communication about Medicine. The results on the two pilot units showed an improvement from pre and post NICHE program implementation.

The foundation of this hospital-wide initiative was multidisciplinary team education; in 2019 48 nurses were trained to become Geriatric Resource Nurses (GRNs), 18 patient-care technicians were trained to become Geriatric Patient Care Associates (GPCAs), and 22 patient-sitters and transporters were given an in-service for geriatric-friendly care.



GRN	GPCA
<p> Coleen Calero, MSN, RN-BC Nicole Cabrera, BSN, RN-BC Charles De-Ganga Kelly Elson, BSN, RN Elshaymaa Elfalah Trixia Aguinaldo Fatma Soliman Brittany Smith, BSN, RN Adrian Salandanan Yeonette Odetta Gaskin, BSN, RN Heidy Cicekci, BSN, RN Frank Bobadilla, BSN, RN Rani Lau, PCC, BSN, RN Kim Sapanaro, BSN, RN Jan Dinopol, BSN, RN Laura Weintraub Eleanor Fine Eunice Dwallo Cristina Thieu, BSN, RN Parsam Madhuwattie, MSN, RN Kelly Keegan, BSN, RN Sheila Karbasi, BSN, RN Jinnie Lee, BSN, RN Priscilla Hurtado, BSN, RN Sevani Robinson, BSN, RN Albina Anatolievna Ketoeva, BSN, RN Cinthia Duran Rivera, BSN, RN Cristina Villaflor, BSN, RN Alana Lai, BSN, RN Molly Glass, BSN, RN Jamie Obrero, BSN, RN Emmanuel Ortiz, BSN, RN Justin Martinez, BSN, RN Anne Bernardo, BSN, RN Kathryn Pfeiffer, BSN, RN Mariekris Silva, BSN, RN Jessica Velastegui, BSN, RN Matthew Mero, BSN, RN Mollie O'Connor, BSN, RN Alyssa Balacuit, BSN, RN Amanda Zielinski, BSN, RN Macy Buhl, BSN, RN Bibi Mangar, BSN, RN Lisa Ryan Janielle Viuya, BSN, RN, RN-BC Washington Moitui, MSN, RN, RN-BC Catherine Manza, MSN, RN Jessica Heo, BSN, RN </p>	<p> Anamie Cristantiello Jakeline Santamaria Caren Manoti Marie Mervil Edward Williams Daena Delille Otaniyen Odigie Pauline Wanjala Gyriciah Douglas Jacqueline Beauzile Palmy Jovial James Solano Verlaine Gressau Eva Logro Dianne Mangalindan Paul Dacula Reather Branch Walter Hernandez </p>

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Safe Patient Handling

The Safe Patient Handling (SPH) Committee is co-chaired by Linda Gentile RN-BSN, ONC, CPAN, Nurse Educator and Allison (Gazda) Lurie PT, DPT, CCI, CSPHA. The Committee is comprised of Nurses, Patient Care Technicians, Transporters, Environmental Services, Human Resources, Physical Therapy, Biomedical Engineering, EMS, and Purchasing.

The goals of the committee are:

- Promote the safety and comfort of our patients
- Improve quality of life for our patients by promoting patient mobility and independence
- Help to prevent musculoskeletal injuries in our healthcare providers
- Support the culture of safety and patient dignity during lifts and transfers
- Enhance patient outcomes

The committee had many accomplishments in 2019. One of the major accomplishments was validation of staff competence in the use of equipment as follows: RNs 98% (628/644); PCTs and Transporters 92% (261/281).



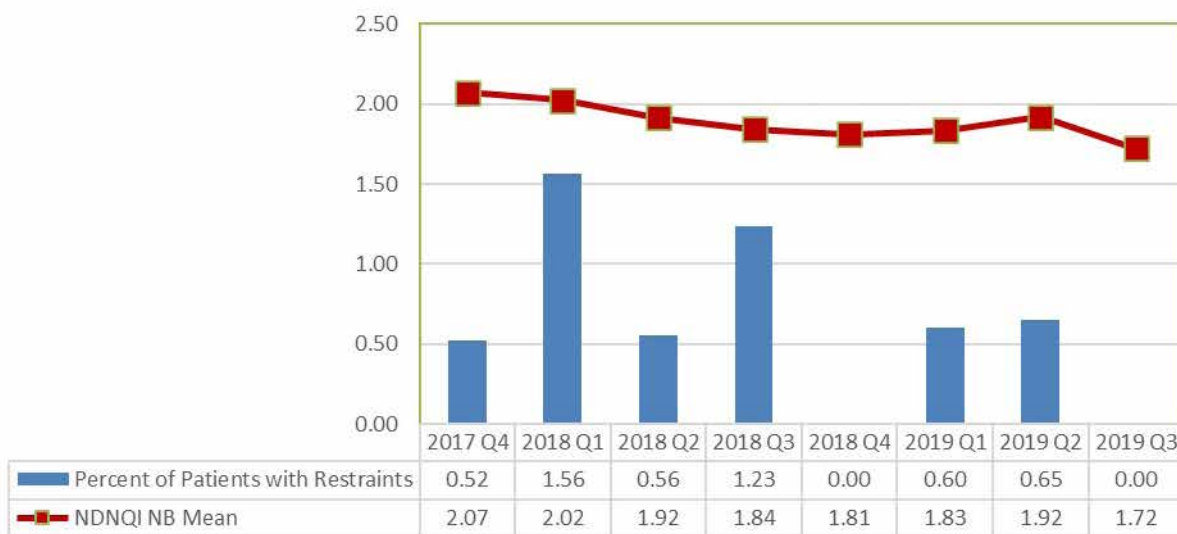
RN and PCT Education Completion Rates



Decreasing Patient Restraint Utilization:

There is sustained success in maintaining the utilization of patient restraints under the national NDNQI mean. Restraint usage in JCMC's adult Medical-Surgical, Telemetry-Pulmonary, Behavioral Health, and the Critical Care Units have remained below the NDNQI national mean for 8 consecutive quarters starting with the 4th quarter in 2017 through the 3rd quarter in 2019. Nurses reduce restraint usage by providing delirium prevention interventions for those who are at high risk to develop delirium and need based care for patients with dementia. In addition, plans of care are tailored for patients who are at risk for delirium and alcohol or opioid withdrawals. Available tools which support nurses in the assessment and treatment of delirium and alcohol or opioid withdrawal, are the CAM (Confusion Assessment Method), the CIWA-Ar (Clinical Institute Withdrawal Assessment for Alcohol) and the COWS (Clinical Opiate Withdrawal Scale); these tools aide in the provision of tailored patient care. The use of these proactive assessment tools can potentially reduce the use of restraint for behavioral challenges which may arise from delirium, alcohol or opioid withdrawal. Restraint prevalence continues to be monitored by Barbara Pangilinan, Behavioral Health RN who conducts the NDNQI Restraints Prevalence Study on a designated day, each quarter.

Hospital-Wide Patients with Physical Restraints (Limb)

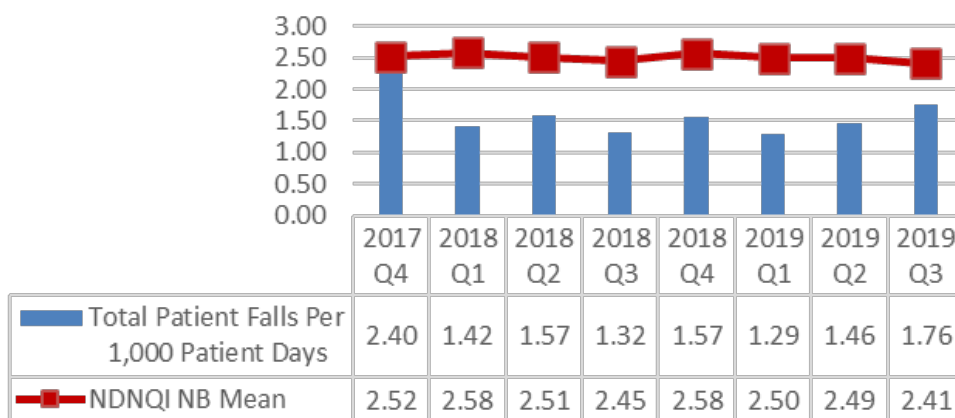


Reducing Patient Falls:

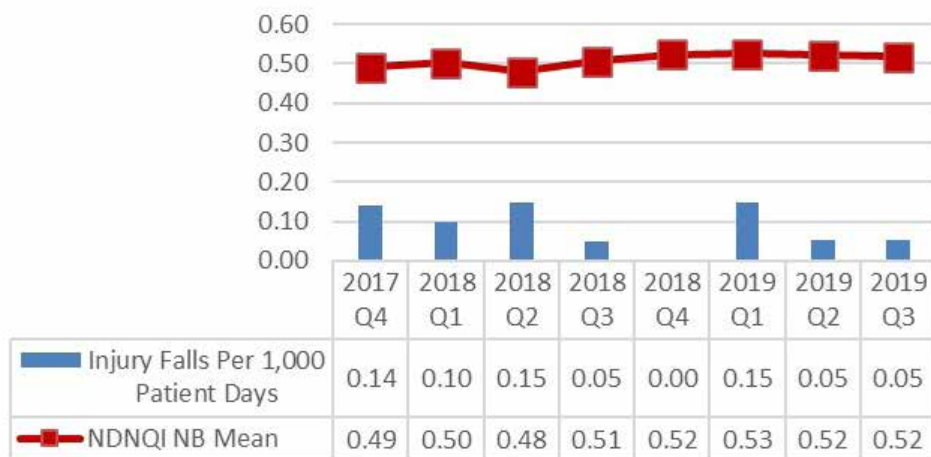
Nursing interventions aimed at reducing patient falls and falls with injury encompasses assessing patients' risks for falls upon ED triage, admission, and throughout the hospital stay, as well as implementing patient specific fall prevention measures. These measures include keeping high fall risk patients safe while toileting by having staff stay with the patient. Specific fall prevention interventions also include medication review of high fall risk medications, visual fall prevention cues such as high fall risk sign outside the room and on the patient's communication board. These visual cues reinforces the partnership between staff and patients in fall prevention. The Interdisciplinary Falls Committee consisting of membership from all patient care areas including clinical registered nurses, nursing leadership, patient care technicians (PCTs), physical therapists, pharmacists and which is led by Claudia Garzon-Rivera, DNP, RN, CCRN-K, CNL, CPHQ, continue to review and reinforce the use of evidence-based practices to decrease the number of patient falls and patient falls with injury. In addition, the fall case reviews are conducted on a weekly basis. Nurses along with the unit Nursing Director and Nursing Educator present the patient fall case reviews and are joined by the PCTs and ancillary staff as needed. Lessons learned from the case reviews are shared with staff

during unit's safety huddles. Hospital-Wide In-Patient Falls remained lower than the NDNQI national benchmark for eight consecutive quarters. The majority of the units have been outperforming the national NDNQI benchmark for the majority of the quarters. In 2019, the Adult Critical Care, Neonatal Intensive Care, 7west, 7east, 6east, 6west, Maternal Child, Behavioral Health, Observation, Infusion, Same Day Surgery, PACU, Endoscopy, CathLab, ED, ED Satellite, PESS, Renal, and Pre-Admission Testing outperformed the NDNQI national benchmark in Falls with injury for 6 out of 8 quarters from Q4 2017 to Q3 2019.

Hospital-Wide In Patient Falls



Hospital-Wide In-Patient Falls with Injury



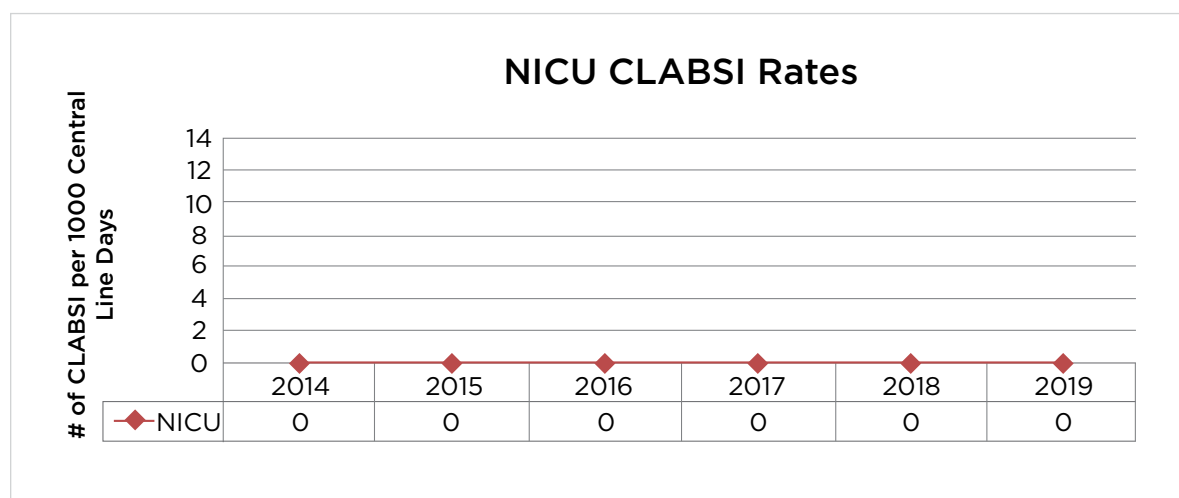


NICU CLABSI Six Years Free!

The neonatal intensive care unit (NICU) is a specialty unit providing highly specialized care to premature and compromised term newborns. The NICU infant is susceptible to infections such as central line associated blood stream infections (CLABSI) because of their fragile immature immune system. According to the National Association of Neonatal Nurses (NANN), a CLABSI occurs when an infection develops from a bacteria or other microorganism which has entered the bloodstream through a central line. CLABSIs are preventable hospital acquired infections that are significant contributors to infant morbidity and mortality. There are many published guidelines such as central line bundles for

interventions, supporting the implementation of evidence based strategies effectively reducing CLABSI rates. An evaluation of organizational standards of practice for the neonatal population and incorporating them into the NICU professional practice model and care delivery system continues to significantly impact clinical outcomes.

Leah Dungee-Maignan, MSN, RNC-NIC, CBC, Director of Maternal Child Services, Mariekarl Vilceus-Talty MA, BSN, NE-BC, RNC-OB, C-EFM, LNC, Senior Director of Nursing and Patient Experience, Michelle Dickerson, MSN, RN, NICU Educator, Vicki DeChirico, MSN, RN, CIC, along with the NICU nurses and neonatologists work together to implement evidence based practices: Use of central line bundle as recommended by IHI which includes five key components: hand hygiene, maximal barrier precautions upon insertion, Povidone iodine for skin antisepsis, optimal catheter site selection, and daily review of line necessity with prompt removal of unnecessary lines. These evidence based strategies have led to no occurrences of CLABSI's since October 13, 2013.



Reducing Hospital Acquired Pressure Injuries

Eliminating patient pressure injuries is a goal which nurses and Patient Care Technicians (PCTs) continue to focus on in all clinical areas. Injuries to patients' skin can contribute to increased morbidity and increased length of stay. In effort to eliminate Hospital Acquired Pressure Injuries (HAPs), the RNs, along with the assistance of the PCTs, perform careful integumentary assessments, provide timely pressure injury interventions, and communicate findings with the interdisciplinary team, which includes the Wound Care Clinicians, Registered Dietitians, Physical Therapists, Surgical and Medical providers. Prevention interventions such as a 2 RN head to toe skin integrity assessment upon admission and transfer to unit, silicone border prevention dressing for patients at risk, new bed surfaces, and pressure injury prevention validation rounding by Nursing Leadership and Wound Clinicians have assisted in decreasing HAPs. Pressure injury prevention interventions are also validated on a monthly basis through the Pressure Injury Prevalence Studies which are conducted by a team of RNs and led by Valentyna Tabaka MBA, BSN, RN, WCC and Claudia Garzon-Rivera, DNP, RN, CCRN-K, CNL, Director of Clinical Excellence. The outcomes of the prevalence studies demonstrates that pressure injury preventative measures have been successful. Overall, all units

are outperforming the national benchmark for 3 consecutive 2019 quarters.

Support is provided to our clinical staff for the reduction of pressure injuries by conducting weekly hospital acquired pressure injury (HAPI) case reviews. The case reviews are presented by clinical nurses along with Registered Dietitians and led by Valentyna Tabaka MBA, BSN, RN, WCC. In attendance at the meetings are Nursing Educators, Senior Nursing Directors, Director of Clinical Excellence and ancillary staff as required. The focus of the case reviews is to learn what could have been done differently in terms of potential systemic barriers. The lessons learned from the case reviews are shared during unit safety huddles.

Preventative interventions have been developed from the case reviews. For example, on 7 East a Medical-Surgical, Stroke Designated Unit, the nurses have taken the 2 RN head to toe skin assessment one step further. The 2 RN, head to toe, skin assessment are conducted upon admission and transfer to the unit. In addition to this practice, 7 East nurses also conduct the 2 RN head to toe skin assessment during shift handoff when the patient's risk score for skin integrity breakdown reaches an 18 or less. In addition, the patient's risk score for skin integrity breakdown is written on the patient's communication board. This is an additional reminder to the nursing team that pressure injury prevention interventions are to be in place. The 7 East PCTs have been empowered to place preventative measures such as the preventive dressing, heel boots, and repositioning every 2 hours when the patient's score, which is written on the patient's communication board is 18 or less. 7 East has increased the number of quarters which outperform the NDNQI national benchmark mean. 7 East increased from 4 of 8 to 6 of 8 consecutive quarters which outperform the national benchmark.

Additionally, clinical staff have the opportunity to join the Interdisciplinary Skin Wound Care Committee which is another forum to support staff in providing evidence-based pressure injury prevention interventions and wound care. The Committee Chair is Valentyna Tabaka MBA, BSN, RN, WCC and is co-chaired by Jenna Bartholomew BSN, RN, WCC. These Wound Clinicians provide members with knowledge on the latest products, interventions to treat wounds and prevent pressure injuries as well as monthly data and updates from the System Wound Collaborative. The Skin Wound Care Committee members are responsible for trialing and recommending the new repositioning wedges which are available on the units, as well as promoting the use of the supplemental nutrition which can heal stage 3 and stage 4 pressure injuries. Members include Clinical Nurses, PCTs, Registered Dietitians, and Physical Therapists. Members represent the Medical-Surgical, Critical Care, and specialty areas.

2019 Interdisciplinary Skin Wound Care Committee Members

Kathleen Ansay, RN Educator
Oliva Cruz Antido, 6 West PCT
Esolyn Atkinson, 6 East PCT
Jenna Bartholomew, Wound Care Clinician
Jacqueline Beauzile, 7 West PCT
Nicole Cabrera, 7 West PCC
Mario Castillo, CCU PCT
Mariana Escate, Nutritionist, RD
Katrina Garcia, 7 West RN
Claudia Garzon-Rivera, RN Director
David Gendy, 7 West RN
Sarah Hines, PT Manager
Sheila Karbasi, 6 East RN
Albina Anatolievna Ketoeva, 6 East RN
Alelei Konev, RN Endo
Angela Larobis, 6 West RN
Caren Manoti, 7 East PCT
Catherine Manza, RN Educator
Kanny Milton, 7 West PCT
Natali Moyal, 7 East RN
Amanda Mullane, Clinical Nutrition Manager
Takima Murrell, 6 West PCT
Diana Ojera, 7 East RN
Sevani Robinson, 6 East RN
Valentyna Tabaka, Wound Care Clinician
Deborah Jeter, ICU PCT
Palmy Jovial PCT, 7 West
Catherine Sapang, Administrative Assistant

2017 Q4 to Q3 2019 YTD Pressure Injury Hospital Acquired Pressure Injury Reductions Majority of the Units Outperform the National Benchmark Mean

CCU	8 of 8 quarters
NICU	8 of 8 quarters
7 East	6 of 8 quarters
7 West	5 of 8 quarters
6 West	5 of 8 quarters

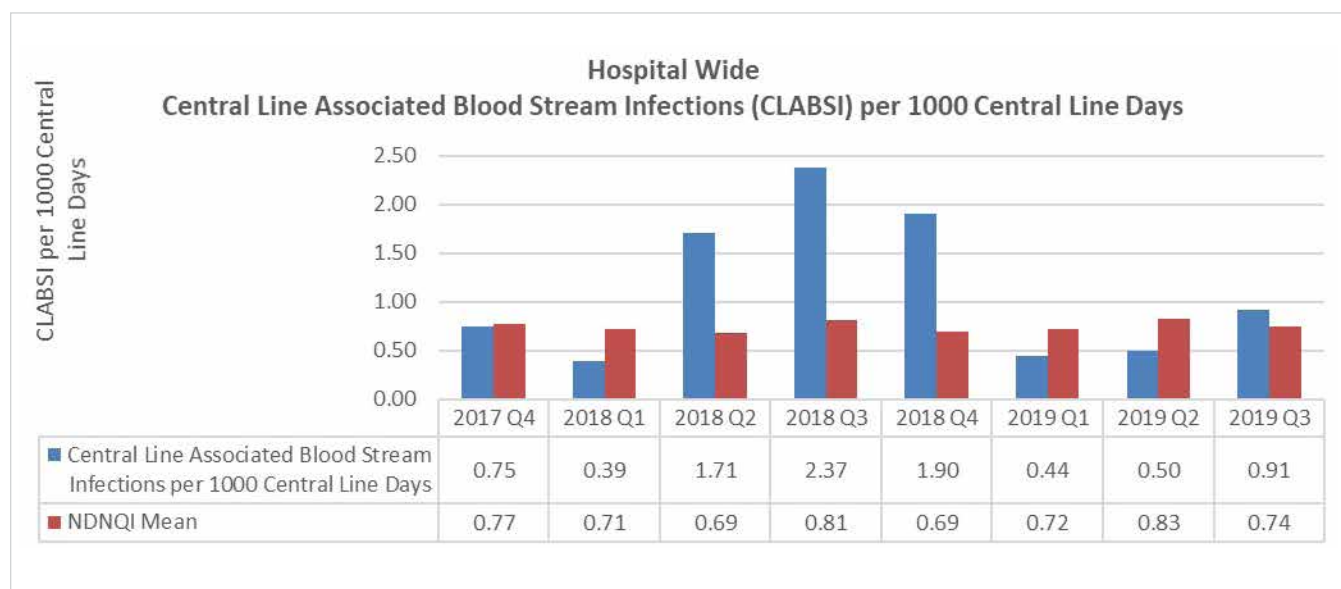


Reducing Central line Associated Blood Stream Infections (CLABSI)

Decreasing Central Line Associated blood Stream, Infections continued to be strategic priority in 2019. Primary strategies for CLABSI prevention focused on daily assessment of need for central line and minimizing the duration by prompt removal when no longer needed. A CAUTI Steering Committee led by Claudia Garzon- Rivera, DNP, RN Director of Clinical Excellence and Vickie DeChirico, MSN, RN, CIC, Director of Infection Prevention Director of Infection Control was form which included Physician and nursing representation to review best practices, identify opportunities, track and trend data and drive key tactics to achieve a reduction in CLABSI. Successful strategies implemented include:

- Daily Rounding by the Patient Care Coordinators (PCCs) in collaboration with providers for necessity using the CLABSI rounding log
- Use of a standardized methodology for surveillance and data management
- Audits completed on Thursdays by PCC in collaboration with Claudia Garzon-Rivera to reinforce best practices for line maintenance
- Monthly discussion and analysis of audit data during nursing Quality and Safety council led by Shaden Mustafa MSN, RN

The increased partnership and vigilance led to a decrease in the incidents of CLABSI from 15 in 2018 to 4 in 2019 achieving below the national average for 1st and 2nd quarter 2019.



New Knowledge and Innovations

Nursing Differentiated Practice Program (NDPP)

As a thrice Magnet designated hospital, the commitment to quality patient care, nursing excellence, and framework to achieve exceptional outcomes is evident. Following the principles of the Magnet model, the foundation for nursing excellence begins with Transformational Leadership. Through never-ending support from nursing leadership, all levels of nursing practice voices are heard. Empirical Outcomes, Exemplary Professional Practice, and New Knowledge, Innovations, and Improvements become a reality through nursing councils, policy development, and research projects under the support of nursing research and clinical expertise leadership. Finally, Structural Empowerment is achieved many ways, one of which is through membership in the Nursing Differentiated Practice Program. Structural Empowerment allows a nurse access to and support from resources to make changes affecting practice and the profession.

The NDPP program provides an opportunity for any nurse in the organization to practice by Magnet model principles. The Nursing Differentiated Practice Program is a voluntary program designed to foster professional development of nurses. The goals of the NDPP program support the success of the Nursing Strategic Plan, the Magnet Program, and the Organizational Strategic Plan. The Mission, Vision, and Shared Values of RWJBarnabas Health JCMC System, along with the Philosophy of Nursing and the American Nurses Credentialing Center Magnet Standards are supported by the program criteria.

Beginning with Level I, an introductory level for nurses new to the institution-the staff RN is introduced to the nursing governance models by attending nursing council meetings. Currently there is one Level I members.

Level II membership is currently thirteen members strong. These members have begun the journey to professional growth and implementing practice change. An evidence-based quality improvement project is required at this level. Some examples of projects include a mother baby nurse's project to implement AIM Bundles for postpartum hemorrhage reduction and a PACU staff RN implementing a new sedation scale for assessing post anesthesia care.

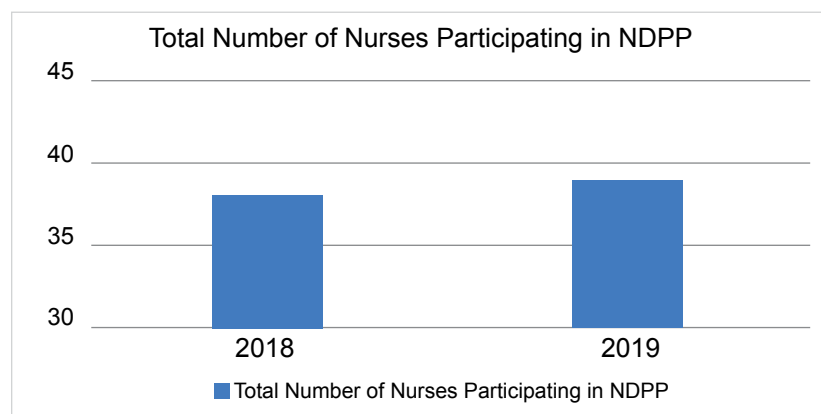
Level III membership includes five nurses. Not only are the governance involvement and expectations greater, but projects are outcomes focused with metrics providing measurement of success of project-projects from a Level III member should meet rigor for publication. An example of one such project is using the Alexander Technique in the NICU to reduce developmental delays post discharge.

Finally, Level IV, a recently added level to the program- with the purpose of providing long term members an opportunity to be challenged for professional and academic growth. A master's in nursing is a minimum education requirement and presently two nurses are active Level IV members. Projects at a level IV must have an impact on the profession, on the patient, and provide evidence of scientific rigor. Examples of projects at this level are implementing leadership and staff level mentorship programs, and transitioning sedation assessment in same day care services to a more appropriate tool.

At the leader level of membership, currently there is one level two member. The focus of the patient care coordinator is implementing the AIM bundle for decreasing venous thromboembolism in maternal child health patients.

One level three leader level of membership is focusing on bridging the gaps in orientation with leadership and education in the emergency department.

One Level four leader level member is working to implement a mentorship program across the building.



2019 NDPP Members and Evidence Based Projects

NDPP RN	Dept	Project Title	Estimated Date Of Completion
Level One			
Madhuwattie, Parsam	6E	No project required	November 2019
Level Two			
Blumenstyk, Eric	ED	Ultrasound guided IV by RN in ED	November 2020
Campanella Elise			
	OR	Surgical Smoke Elimination	June 2020
Cardenas, Jasbeidy	MB	AIM Bundles Hemorrhage Prevention	June 2020
Cieslak, Leah	ED	Restraint use reduction in BH patients in ED	June 2021
De Stefano, Brit	6E	Medication Management Audit on M/S floors	November 2020
Diez-Presilla, Amaryllis	MB	AIM Bundles Hemorrhage Prevention	June 2020
Ferrara, Elizabeth	ED	Falls Prevention in ED	June 2020
Kyung-Suk, Kim	7E	Medication Education Audit	June 2020
Kufczynski, Sally	5E	Assault data and education	June 2020
Tobias, Amanda	5W	Overcoming barriers to certification	June 2021
Rosario Sujeiry	NICU	NICU Eat Sleep Console NAS management	June 2021
Level Three			
DiBello Patricia	OR	Clipping in the OR	June 2020
Kellow Jennifer	NICU	Proposal for the Use of Alexander Technique in NICU	June 2020
Paredes, Marlene	BH	Child and Adult Health Literacy	June 2020
Slugocka, Elzbieta	NICU	Breast Feeding Support Group	J2020
Tikhonov, Olga	NICU	Breast Feeding Support in the NICU	J2020
Wojewoda Patrycja	NICU	NICU Evacuation	November 2020
Leader Level Two			
Alves, Laura	MCH	VTE AIM Bundle Implementation	June 2020
Lopez, Michele	ED	Bridging Leadership/Education gap in ED	June 2021
Leader Level Three			
Dickerson, Michelle	ECPD	Mentorship Program	June 2020
O'Donnell, Regina	Cath Lab	Recruitment and Retention in NDPP	June 2020

Nursing Research

IRB Approved Research Studies Involving Nurses as Principle Investigator or Co-Investigator

Principle Investigator/Co-Investigator	Title
Marcia Nettingham RN, MSN and Mabel LaForgia DNP, RN, CNL	The Effect of a Tailored Education Program on Perceived Behavioral Healthcare Competency in Medical-Surgical Nurses
Jennifer Samaan BSN, RN and Nancy Awad BSN, RN	Advanced Care Planning
Theresa LaFlam BSN, RN	BEFAST
Olga Tikhonov BSN, MPH, RN	A qualitative exploration of African American mothers' experiences in provision of breast milk for their infants in level III neonatal intensive care unit.
Ria Charisma Samson Abadinas BSN, RN	Implementation of Accelerated Troponin Testing in the Emergency Department for Chest Pain

2019 Poster Presentations

IRB Approved Research Studies Involving Nurses as Principle Investigator or Co-Investigator

Project Type	Title	Name
DNP/Capstone Projects	Validation and Documentation of Hourly Rounds Reduces Falls on Medical Surgical Units	Irene Ondieki, DNP, RN, BC
	Institution of an evidence based protocol to reduce time for antibiotic administration for open fractures in the emergency department: A Pilot Study	Jessica Ray, BSN, RN
	Face to Face Handoff Communication Using Technology	Bernadette Johnson, DNP, RN
	Implementation of Accelerated Troponin Testing in the Emergency Department for Chest Pain	Ria Charisma S. Abadinas, DNP
	PACU Throughput: Improving Postoperative Orthopedic Patient Flow and Decreasing Length of Stay	Rodolfo Sangalang, DNP
Pillar Ladder Projects	NDPP Membership	Regina O'Donnell, MSN, RN, CCRN
	Improving Timeliness of Genomic Testing Results through Nurse Navigation	Michelle Ashley, MSN/MPH, RN, OCN, CBCN, CN-BN, CTTS
	Implementing Pasero Opioid Sedation Scale in 2 West PACU	Lita Aguirre, BSN, RN, CPAN and Maria Rufin, BSN, RN
	JCMC Mentorship Institute	Michele Dickerson, MSN, PhD-C, RN

2019 Poster Presentations (cont'd)

Project Type	Title	Name
PTAP Nurse Resident Projects	Adequate Staffing: Improving Patient Outcomes	Jan Dinopol, BSN,RN , Stephanie Logrono BSN,RN , Kayla Louis, BSN,RN
	Commit to Sit	Marcela Alvarado, BSN, RN, Anne Bernardo, BSN RN, Sophia Mosley, BSN, RN, and Zenaida Perez, BSN, RN
	Using Telemonitoring to Reduce Hospital Readmissions in Patients with Congestive Heart Failure	Angelique Jackson, RN, Darleen Charles, RN, Keyla Menendez, RN, Stephanie Caro, RN
	Decreasing Occurrence of Hospital Acquired Pressure Injuries by Utilizing Repositioning Reminders	Elizabeth Trelles, BSN, RN Priscilla Hurtado, BSN, RN
	Telepsychiatry in the ED	Stephanie Occhiogrosso, BSN, RN and Sara Elsorady, BSN, RN







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