



2016 Nursing Annual Report

Patient and Family Centered Care

Saint Barnabas Medical Center



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A MESSAGE FROM THE PRESIDENT AND CHIEF EXECUTIVE OFFICER

2016 was a very energized, productive and transformational year for Saint Barnabas Medical Center. Construction of our expanded operating rooms, CyberKnife suite and parking facility was completed. We added new technology and continued on our relentless pursuit toward becoming a high reliability organization with zero harm events. As our campus grows and we add new programs and services, we remain dedicated to providing compassionate care, healthcare excellence and superior service to our patients and their families.

We continued to be recognized and received a number of awards and distinctions including the Leapfrog Group's prestigious Top Hospital recognition. Saint Barnabas is proud to be one of only 29 teaching hospitals in the U.S. to earn this designation. It was also a record-breaking year for activity as our Kidney Transplant Program performed 304 transplants, of which 147 were from living donors. And, our Emergency Department provided care to 100,214 adult and pediatric patients – another record.

Our transformation continues with the launch of the advanced 256 Slice General Electric Revolution CT Scanner in the Emergency Department that supports our comprehensive stroke designation and provides faster and more efficient scanning. In addition, we eagerly await the unveiling of the new Cooperman Family Pavilion in September 2017. The 270,000-square foot, five-floor building will house a new, beautiful, light-filled lobby, neonatal intensive care Unit, 114 private patient rooms and extensive outpatient testing areas. This expansion reflects our dedication to serve and invest in our community.

Safety remains our #1 priority. Since 2012, our dedication to safety has earned us a Leapfrog Hospital Safety Grade of "a" for 10 consecutive reporting periods. At Saint Barnabas Medical Center, we are committed to providing the safest, highest quality, evidence-based care for our patients and their families.



Sincerely,



Stephen P. Zieniewicz, FACHE
President and Chief Executive Officer

A MESSAGE FROM THE CHIEF NURSING OFFICER

As Chief Nursing Officer for Saint Barnabas Medical Center (SBMC), I am so pleased to present you with our 2016 Nursing Annual Report. I am confident you will enjoy reading about the accomplishments of our outstanding team of professional nurses and patient care staff.

As we continued along our journey towards Magnet Designation, we reached an important step in 2016 by adopting Joanne Duffy's Quality Caring Model as our nursing theory. Based on Duffy's eight caring behaviors, staff and leadership developed our own Nursing Professional Practice Model (PPM) which outlines how we deliver care at SBMC (see page 3). At the center of our PPM is the relationship we develop with our patients and their families.

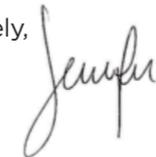
Through our care delivery system, our patients and families have direct input and are included in decisions regarding the patient's care plan. Ultimately, it is our registered nurses who are responsible to provide continuous, consistent and accountable care. It is this accountability for patient care that encourages nurse autonomy and collaborative decision making with the patient, family and interdisciplinary team to create positive patient outcomes.

We look forward to an exciting 2017, as we continue our success with a focus on safety, providing exceptional care for our patients and their families and continued growth of our clinical services seeking always to focus and meet the needs of the communities we serve.

The future of Saint Barnabas Medical Center continues to be strong because of the talents of our nurses and their unending dedication to our patients and our organization. I am extremely appreciative and proud of their talent and professionalism.



Sincerely,



Jennifer O'Neill, DNP, APN, NEA-BC
Chief Nursing Officer



SAINT BARNABAS MEDICAL CENTER NURSING LEADERSHIP

Jennifer O'Neill, DNP, APN, NEA-BC
Vice President and Chief Nursing Officer,
Saint Barnabas Medical Center



Caroline Kornutik, MSN/ED, RN, CNOR
Director of Perioperative Services



Maggie Lundberg-Cook, MPA, RN, CCRN, Director of Cardiac, Critical Care and Wound Care Services



Karen Panka, BSN, MAS, RN,
Director of Nursing Administration



Sheila Collier, BSN, RNC,
Director of Maternal/Child Services



Deanna Paxos, MSN, RN-BC, CNL,
Director of Clinical Excellence and Innovation



Mary Beth Russell, PhD,
Director, Nursing Education



Leanne Sanabria, BSN, RN,
Director of Medical/Surgical Services



Patricia Drabik, MSN, RN,
Administrative Director,
Nursing Finance and Resources



Vince Silvestri, MSN, RN,
Director of Emergency Services



Frank Soldo, BSN, MHA, RN,
Administrative Director, Cardiac
Diagnostics and Intervention



Ginger Weatherston, BS, MAS,
Administrative Director

PATIENT AND FAMILY CENTERED CARE

Mission: To promote the health and well-being in our community through compassionate nursing care and innovation.



Vision: We the nurses, as an integral member of the healthcare team, believe in the empowerment of self and others to maintain optimum health. We strive to achieve healthcare excellence by fostering collaborative relationships centering on the patient and family.

Values:
Compassion
Accountability
Respect
Innovation
Nursing Excellence
Genuine

The Department of Nursing's professional practice model (PPM) was created for SBMC nurses by SBMC nurses. The model illustrates the alignment and integration of nursing practice within the organization. The focus of the PPM includes the structures, processes, and the theoretical background and values that guide how SBMC nurses perform their work. The SBMC PPM was conceptually aligned with the organization's mission as exemplified in the acronym 'CCHES' below the triangle. The PPM truly depicts how SBMC nurses are key partners in delivering the mission of the organization as they are integral to our patients and families in providing: compassionate care, healthcare excellence and superior service to our patients and their families (CCHES).

In May 2016, a group of 13 nurses came together to form the PPM Development team. Members, consisting of clinical nurses, an APN, a clinical coordinator, a nursing educator, a nurse leader, and the CNO, attended two model-defining retreats that will guide our nursing practice. They were tasked with creating the content of the five different components that comprise a PPM with the underlying focus on what it means to be a SBMC nurse.

Our PPM is rooted in theory by Joanne Duffy's Quality Caring Model. It embraces her theory of caring relationships, placing Patient and Family Centered Care within the heart at the center of this model. Surrounding the heart are four different shaded blue puzzle pieces that represent four of the components of a PPM:

- **Shared Decision Making:** This puzzle piece represents SBMC's Management Governance practice. The concept of Shared Governance at SBMC continues to flourish after the official "Shared Governance kick off" during Nurse's Week 2015. Since this time, clinical nurses and nursing leadership have continued to embrace this concept and foster open communication of ideas that promote positive patient and family outcomes amongst each other.

- **Culturally Competent Interprofessional Care:** This term describes SBMC's Care Delivery System. Primary Nursing is the care delivery model SBMC nurses practice on a day-to-day basis. When making decisions and communicating the patient's plan of care, SBMC nurses review and abide by the patient's preferences in order to promote their care plan that best meets their needs.

- **Evidence Based Practice and Innovation:** Recognition, Reward, and Development are of upmost importance to SBMC nurses. Nursing Leadership works with the Department of Education and Research to provide continuing education, orientation, and preceptor programs. In addition, in order to continue SBMC nurses as lifelong learners, a culture of scientific inquiry is promoted by allowing nurses to speak freely of their ideas and questions at council and committee meetings. Celebrating and recognizing nurses for meeting strategic goals both individually and as a group is an important factor in professional growth.

- **Collaborative Partnerships:** At SBMC, collaboration is built on intra- and inter-professional partnerships based on mutual respect, trust, and decision-making. Our effective teamwork across all settings is what advances our patient safety and satisfaction as well as team satisfaction. In addition to nursing, we work with social work, physical therapy, dietary, pharmacy, respiratory and physicians, in ensuring our patient receive quality patient care.

The last component is SBMC nursing values and mission. Encircling the triangle in the outer blue circle is the acronym of CARING which stands for: Compassionate, Accountability, Respect, Integrity, Nursing excellence and Genuine.

When developing the PPM, the team felt strongly to embed the organization's mission (CCHES) in order to denote the alignment between nursing and the organization. Our organizational mission, 'CCHES', is listed at the base of the triangle as it foundation of every interdisciplinary team member at SBMC.

Community and Global Health are at the top outer perimeter of the triangle signifying our awareness of the changing health care environment around us.

The first sketch of the PPM was drawn by PPM team member, Amanda Scelfo, RN, who works on the night shift on the Coronary Care Unit. Once the schematic content, illustration, and colors were finalized by the PPM Development Team, it was reviewed and approved by the Professional Nurse Practice Council (PNPC).



PEOPLE

The SBMC Evolution of Shared Governance

At year-end 2014, with the purpose of creating a shared governance structure for nursing at Saint Barnabas Medical Center, a group of nursing staff and leadership from different areas within the medical center came together. Driven by their desire to create an environment of empowerment for nurses that initial meeting provided the foundation and structure for what was to become our shared governance model. The Professional Nurse Practice Council (PNPC) was the initial Shared Governance Council formed. Today there are six organizational Nursing Shared Governance councils with 32 Unit Practice Councils (UPCs) from inpatient and outpatient areas. All councils are made up of direct-care nurses that work with nursing leadership in participative decision making.

Below is a list of each council and a description of their mission:

- **Professional Nurse Practice Council (PNPC):** Guides clinical practice by ensuring staff involvement in evidence-based practice, patient and family-centered care, and nursing autonomy. Representing nursing in all areas, the PNPC is made up of the co-chairs of the 32 UPCs and serves as the endorsing body in support of recommendations made by their units. On average, 10-15 members participate in each council. All council members are voting members and tasked with representing their unit's peers and voice and communicating information from the PNPC meetings. Chairs of each Council were chosen by their unit's members and generally serve for 1 year.
- **Professional Development Council:** Provides guidance and resources to support nurses working autonomously and within a multi-disciplinary team to promote professional development (3 subcommittees of Clinical Ladder, Reward and Recognition, and Education).
- **Advanced Practice Council:** Strives to improve the health of SBMC patients and their families through interdisciplinary active participation in clinical, educational, and research and activities using evidence-based practices. Members support the professional growth and development of the clinical nursing staff at SBMC as a mentor and resource to individual UPCs.



- **Inquiry Council:** Supports the Department of Education and Nursing Research by providing education, evidence-based practice literature reviews, and mentorship for publication, presentations, and evidence-based nursing projects or nursing research.

- **Nurse Executive Cabinet (NEC):** Provides leadership and guidance to the five organizational Nursing Shared Governance Councils. It serves as a clearinghouse for issues presented and disseminates them to the appropriate council for action. The NEC helps remove any barriers that may exist, approves resources as needed, and reviews and approves councils' suggestions for implementation. Council membership consists of the Co-Chairs of each of the 5 Nursing Shared Governance Councils to support open communication and coordination on monthly activities of each council.

- **Unit Practice Councils:** As the organizational nursing councils were evolving, SBMC nursing units/departments were began to further develop or re-structure existing unit practice councils into a unit based shared governance model led by direct care nurses with facilitation by leadership. These councils were established by nursing staff on each unit and provided a means of decision making at the unit level that directly affected the staff and patients in their area. When these issues had a broader impact, the recommendations were forwarded to the appropriate Shared Governance Council for further collaboration, action, and dissemination as needed. Otherwise, the unit-based councils functioned autonomously to serve their specific patient populations and the needs of their staff. UPCs met regularly as deemed necessary (once/month), on a scheduled, but individualized basis in order to meet their unit-specific goals.

Barnes Family Visit: On June 7, 2016, Mark and Bonnie Barnes, parents of J. Patrick Barnes and Founders of The DAISY Foundation and The DAISY Award For Extraordinary Nurses, visited Saint Barnabas Medical Center to meet with its DAISY Award winners. Pictured at the reception are Mr. and Mrs. Barnes with Jennifer O'Neill, DNP, APN, NEA-BC, Chief Nursing Officer, and Stephen P. Zieniewicz, FACHE, President and CEO.



Pictured at the 2016 Nursing Excellence Awards are, seated from left, Rosalin Thottumari, RN; Sylvia Ylagan-Perlas, RN; Susan Di Rocco, RN; and Evelyn Diestro, RN; in the back row, from left, are Stephen P. Zieniewicz, FACHE, President and CEO; Michael Danila, RN; Guido Appelgren, RN; Jaime Beins, RN; Jennifer O'Neill, DNP, APN, NEA-BC, Vice President and Chief Nursing Officer; and Rob Lobel, grandson of Marica and Morton Samuels who generously make the award possible.

Nurse Residency Program

The American Organization of Nurse Executives (AONE), and the American Association of the Colleges of Nursing (AACN) have encouraged organizations to standardize the transition from academia to practice via programs like Nurse Residency. A Nurse Residency is a post-graduate experience designed to support the development of competency in nursing practice.

SBMC's Nurse Residency Program, begun in 2014, is intended to retain, support, and provide professional development for newly licensed nurses during their first post-licensure year. Building this foundation is critical to being successful in today's challenging environment.

In 2015, SBMC's second group of nurse residents, who began the program in 2015, worked in float positions on the Medical/Surgical, Telemetry, and Maternal Child divisions. At the completion of the program, many were interested in moving into staff positions while others choose to remain in the Float Pool. Additionally, SBMC introduced a Residency Program in both the Emergency Department and critical care units, including the Intensive Care Unit and Post Anesthesia Care Unit.

In an ongoing effort to continually expand the program, a second spring 2016 Professional RN Residency cohort was initiated. Five nurses were hired – four for the Medical/Surgical and Telemetry Float Pools, and one was hired for unit 2200. In September 2016, a record 25 RN Residents were hired to permanent as well as Medical/Surgical and Telemetry float positions. Within this cohort is SBMC's first group of Operating Room RN Residents.

Daisy Awards 2016

For the second year, SBMC presented the Daisy Award to those nurses whose clinical skills and compassionate care exemplify the kind of nurses that SBMC's patients, their families, and staff recognize as outstanding role models. Thanks to the continued support of Janice M. Gamper, SBMC was able to present the award to the following 24 deserving members of its nursing team.

- Guido Appelgren, RN**, Burn Intensive Care Unit
- Arlene Arnold, RN**, Pediatric Emergency Department
- Martina Cuenca, RN**, Cardiac Care Unit
- Colleen Cunningham, RN**, Same Day Surgery
- Grethel Davis, RN**, Intensive Care Unit
- Andrew Destefano, RN**, 2700/Orthopedics
- Mary Lucy Detizio, RN**, Cardiac Care Unit
- Maggie DiStaulo, RN**, Family Centered Care
- Mary Ellen Garrity, RN**, Family Centered Care
- Veronica Gerlach, RN**, Neonatal Intensive Care Unit
- Debbie Kelleher, RN**, Pediatrics
- Jolly Kuruvilla, RN**, Cardiac Cath Lab
- Ginny McShane, RN**, 5300/Oncology
- Barbara Mosca, RN**, Same Day Surgery
- Janet Mutinda-Kiteta, RN**, 5300/Oncology
- Romeo "Ogie" Ogoy, RN**, Intensive Care Unit
- 1Alexis Pigna, RN**, 2200/Medical and Surgical
- Jica Powow, RN**, Neonatal Intensive Care Unit
- Miriam Ramirez, RN**, Critical Care Float Pool
- Samira Razzaq, RN**, 2400/Cardio-Thoracic Step-Down
- Mutiati Sanni, RN**, 4700/Medical and Surgical
- Laura Slack, RN**, 2700/Orthopedics
- Albert Tam, RN**, Emergency Department
- Joshua Yun, RN**, 2300/Cardiac Telemetry

All SBMC DAISY Award winners receive an "Extraordinary Nurse" certificate, a DAISY Award pin to wear on their ID badge, a unique, hand-carved serpentine stone sculpture from Zimbabwe, entitled "A Healer's Touch", a spotlight page on The DAISY Foundation's website, and a congratulatory banner hung on his/her unit for a month. In addition, all the nurses and staff on the winner's unit will be treated to Cinnabon® cinnamon rolls!

Nursing Excellence Awards 2016

On Friday, May 6, 2016, to launch SBMC's Nurse's Week celebration, the Annual Excellence in Nursing Awards was held. The afternoon was a tribute to SBMC's tradition of providing the community with compassion, expertise and dedication.

"Our staff of over 1,300 nurses have all made the decision to dedicate themselves to the care of others and with this decision it is our nurses who take the lead in ensuring the delivery of our mission to each and every patient by providing compassionate care in a setting of healthcare excellence and superior service," shared Jennifer O'Neill, DNP, APN, NEA-BC, Vice President and Chief Nursing Officer for Saint Barnabas Medical Center.

The following awards were presented:

32nd Annual Marcia Reinfeld Samuels and Morton Abraham Samuels Nursing Excellence Award in honor of N. Peter Zauber, MD

- Guido Appelgren, RN**, Burn Intensive Care Unit
- Jaime Beins, RN**, Neonatal Intensive Care Unit
- Michael Danila, RN**, 4700/Surgical Telemetry
- Susan Di Rocco, RN**, Family Centered Care
- Evelyn Diestro, RN**, Intensive Care Unit
- Rosalin Thottumari, RN**, Emergency Department
- Sylvia Ylagan-Perlas, RN**, Same Day Surgery

Joi Mann Mentorship Award

- Alison Feil, RN**, Intensive Care Unit

The Kathleen "Katy" Hanf Making a Difference Award

- Patricia Lipari, MSN, RN, APN-C**, Cancer Center
- Sally Dagostino, RN**, 2300/Cardiac Telemetry

Jane Benjamin Memorial Scholarship/Award

- Michele Dolisca, RN**, 5300/Oncology
- Noelle DeLouisa, RN**, Hospice

The Lizbeth and David Straus Caring Hands Award

- Rahim Hazel**, Operating Room
- Richard Woo**, Emergency Department

Famata Holmes, Family Centered Care

Audrey Golding, Same Day Surgery

Susan Governale Emergency Department Nurses of the Year

Jane Cueller, RN, Emergency Department

Shane Jimenez, RN, Emergency Department

George H. Steisel Pulmonary Fund Award

Heather Garich, RN, 5200/Pulmonary

The Girard J. Spiegel Memorial Scholarship

Bridget Jones, RN, 5200/Pulmonary

The Janice M. Gamper, R.N. Nursing Scholarship

Deborah Rosenblatt, RN, Burn Intensive Care Unit, Chamberlain College of Nursing

Wanda Chatman, RN, 2700/Orthopedics, Felician University

Richard Woo, Emergency Department, Trinitas School of Nursing/Union County College

Rose Pagan, RN, Same Day Surgery, Kean University

CNO Honored for Contributions

In 2016, Jennifer O'Neill, DNP, APN, NEA-BC, Chief Nursing Officer for SBMC, was honored by several organizations for being well-known and respected as a visionary, innovative leader and change agent. The awards listed below recognize her determination to move the nursing profession forward through work in patient care administration, education, and research and for strengthening the profession through her professional activities, endeavors or contributions.

- Excellence in Executive Leadership Award, Northeast Region, Nurse.Com Gem Awards
- Nurse Executive Award, New Jersey Organization of Nurse Leaders
- Nurse of the Year, Nursing Administration, The March of Dimes of North Central New Jersey

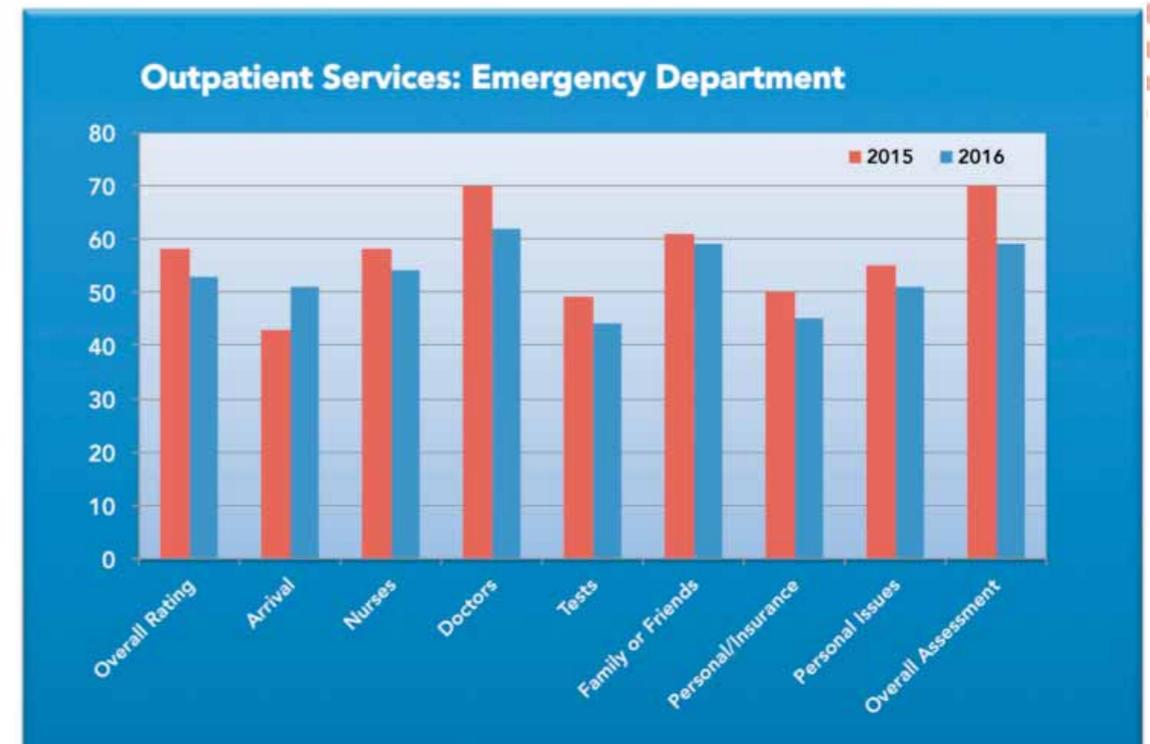
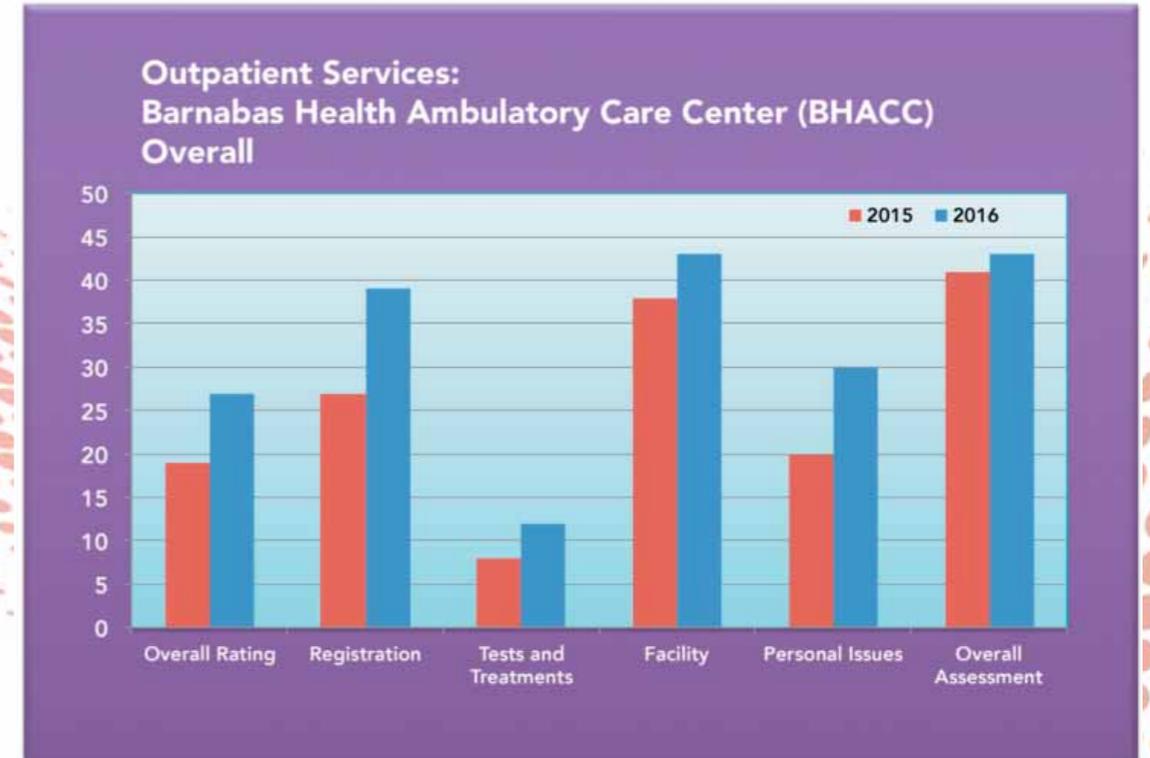
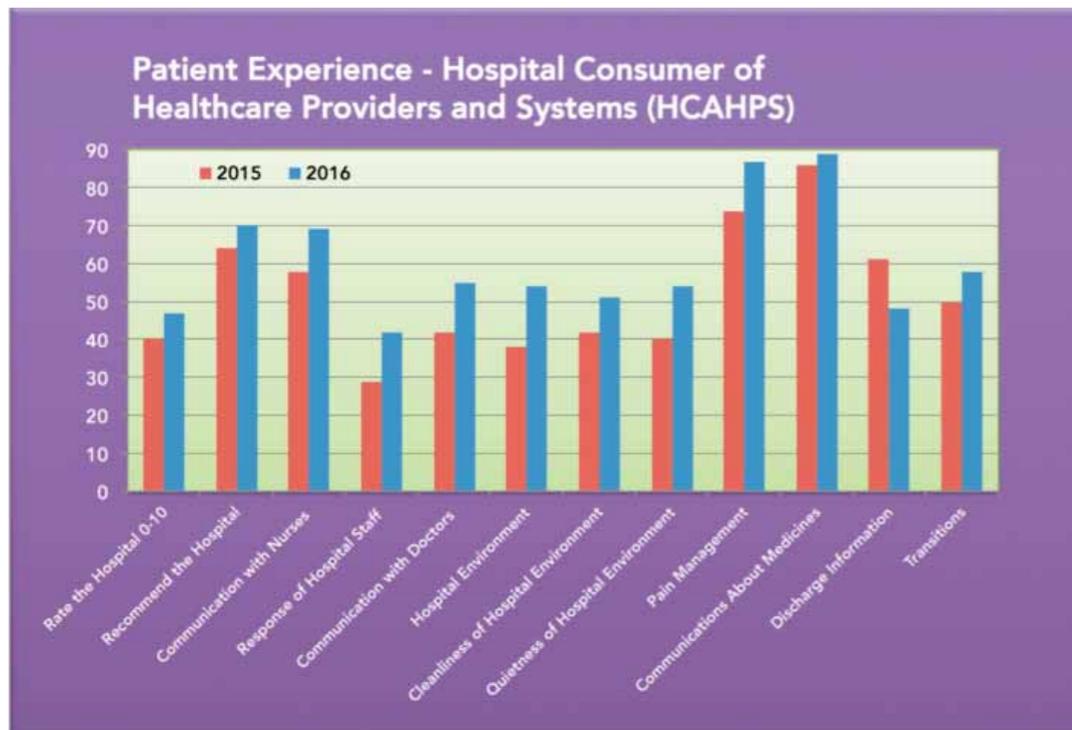
SERVICE

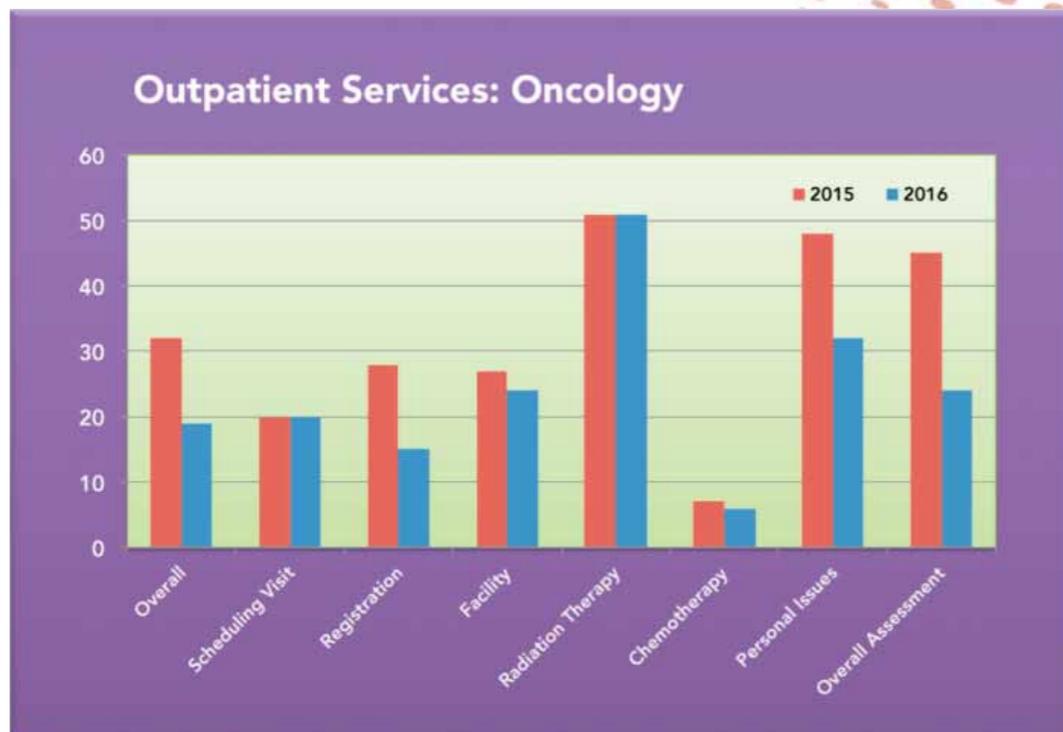
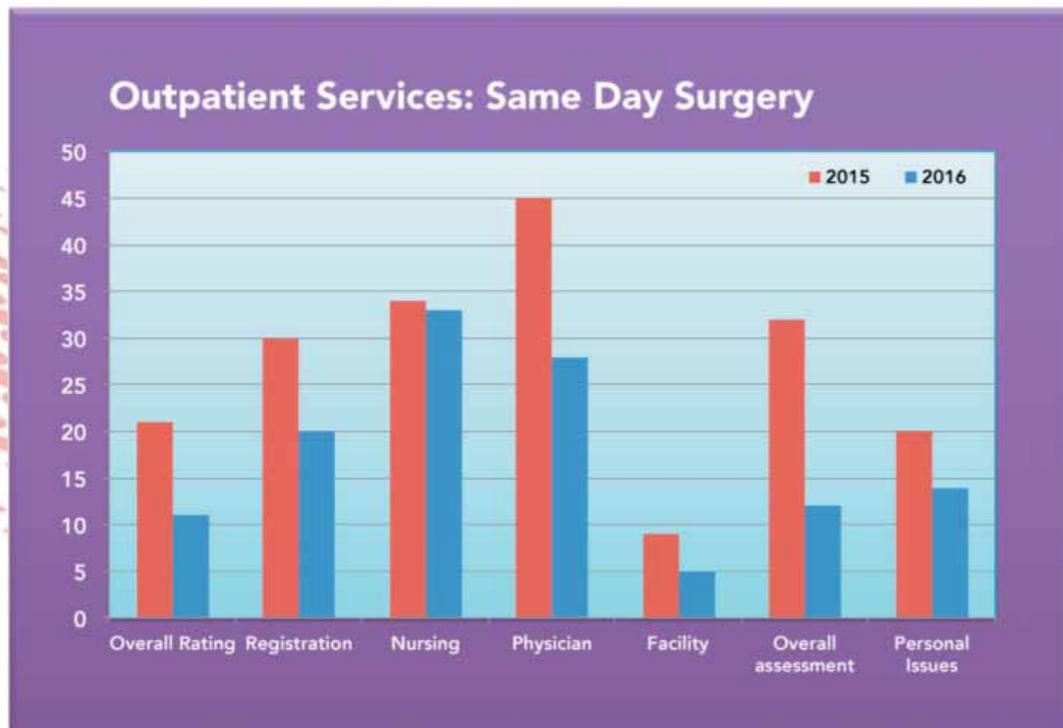
Dyad Rounds

Dyad Rounds, implemented on 5200/Pulmonary in November of 2016 with physicians from one of the hospitalist groups, involves a team of caregivers rounding together on a patient. Prior to implementation, the unit's nurse manager met with the physicians to discuss the process. It was also reviewed with nursing staff during daily huddles. The process involves physicians calling the unit about 10 minutes prior to their arrival to let the nursing team know that they are coming. Then, together, the nurse, physician, case manager, social worker, and patient care coordinator conduct rounds with patients to discuss the events from the last 24 hours and the plan for the current day as well as discharge.

Nurse Leader Rounding

Nurse Leader Rounding is a consistent proactive practice which involves leaders touching base with their staff members each month to ask specific questions to obtain actionable information. It supports employee engagement and retention by ensuring nurses' needs are being met. In addition, it allows leaders to identify process improvement areas and encourage staff to develop ideas and solutions. Nurse Leader Rounding also provides an excellent opportunity for staff to recognize colleagues who are living the CCHES mission. Nurse Leader Rounding is a practice that helps employees feel they have purpose, are doing worthwhile work, and are making a difference.





Emergency Department: First Nurse

In 2016, the Emergency Department instituted the process of First Nurse at the greeter's desk. The purpose of this initiative was to have all patients met immediately upon arrival by a registered nurse for evaluation and appropriate placement for care in the department (Main ED, Pediatric ED, Fast-Track). After determining the reason for visit, the patient is immediately escorted by an emergency technician to the designated area. Registration is then completed in that area so care is not delayed. Each month, the leadership and First Nurse participants meet to assess the process and brainstorm further improvements to throughput and patient care. In the fourth quarter of 2016, the patient satisfaction scores reflect a high of the 75th percentile in the "Arrival" section of the survey.

Emergency Department: Rounding in Waiting Room

In the fall of 2016, the Emergency Department started to conduct rounds on the patients in the waiting room. Every 30 minutes, a team member updates patients on the status of their wait time. Patients are informed of the current wait time, the status of the department and reminded to notify the triage nurse if there is a change in their condition. A script was developed so that there is consistency in the message. The ED maintains a daily log of the rounding and the status of the waiting room. The response to date has been very positive and has helped to decrease the rate of Emergency Department patients that leave without being seen. Despite having to wait, the patients appreciate the update and the opportunity to check on their status.

Pictured are the co-chairs of the Professional Nurse Practice Council at Saint Barnabas Medical Center, from left, Melissa Del Mauro, RN, BSN; Susan DiRocco, RN, BSN, IBCLC; and Michelle Addie, RN, MSN.



QUALITY

Rounding With Intention

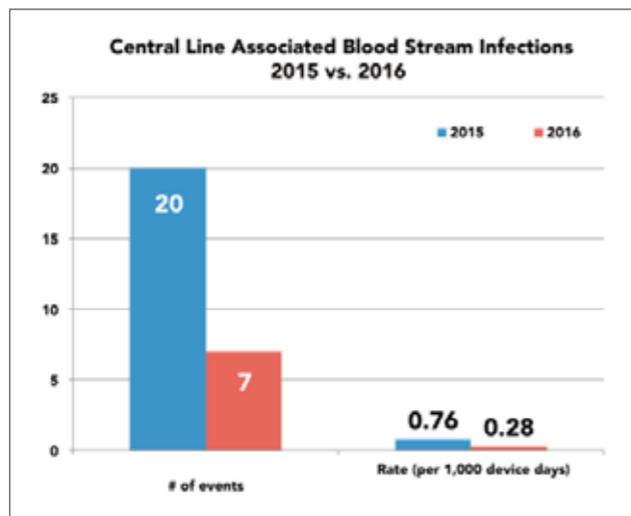
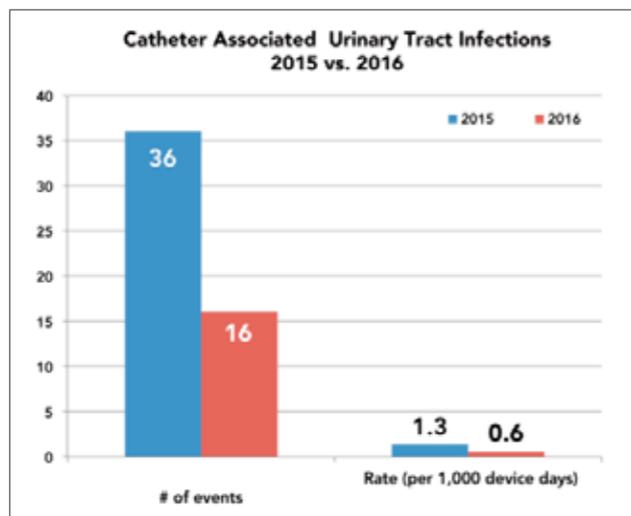
In 2016, with an increased focus in the fourth quarter, SBMC continued implementation of Rounding with Intention, also known as hourly rounding, to help improve the quality of care SBMC provides to its patients. Current evidence demonstrates a clear decrease in patient falls, hospital-acquired infections, call bell use and the development of hospital acquired pressure ulcers when Rounding with

Intention is in place. Rounding with Intention provides an opportunity for the nursing team to proactively interact with patients at every encounter using key words to assess needs.

Nurse Sensitive Quality Indicators

Nursing sensitive quality indicators are reported nationally by hospitals and allow consumers the ability to compare patient's clinical outcomes with similar hospitals. For SBMC that would include teaching facilities of the same size.

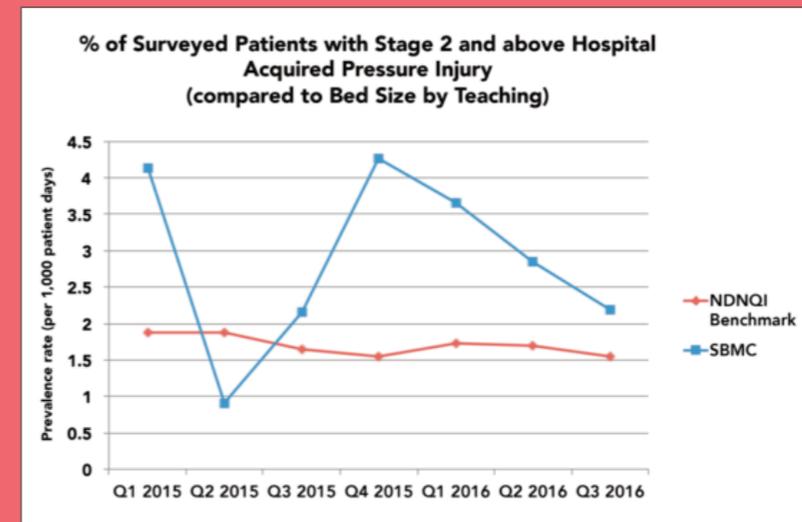
As part of SBMC's Journey to Excellence for Magnet Designation, specific clinical outcomes regarding safety are tracked and reported. They include the following.



Cather-Associated Urinary Tract Infections and Central Line Associated Blood Stream Infections

An increased incidence of Catheter-Associated Urinary Tract Infections (CAUTI) and Central Line Associated Blood Stream Infections (CLABSI) during 2015 triggered a prompt response from Nursing Leadership. In 2016, CAUTI and CLABSI Steering Committees were formed with representation from nursing, medical staff, infection prevention, physical therapy, lab, and transport. These interdisciplinary teams worked together to implement best practices to

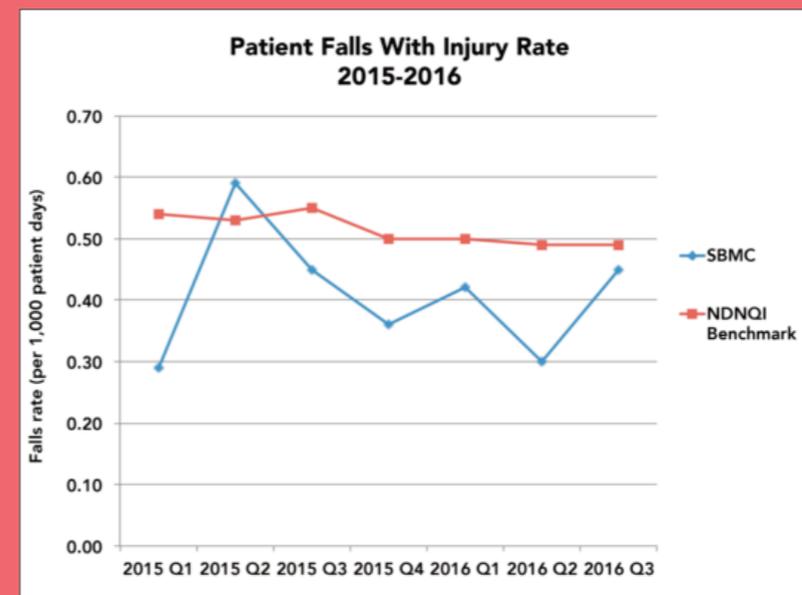
successfully achieve their goal of reducing both infections by 50 percent. Combining model professional practice with ownership and accountability for the process facilitated nursing engagement. In 2017, the goal will be raised to zero hospital acquired infections.



Hospital Acquired Pressure Injury Stage 2 and Above (HAPI)

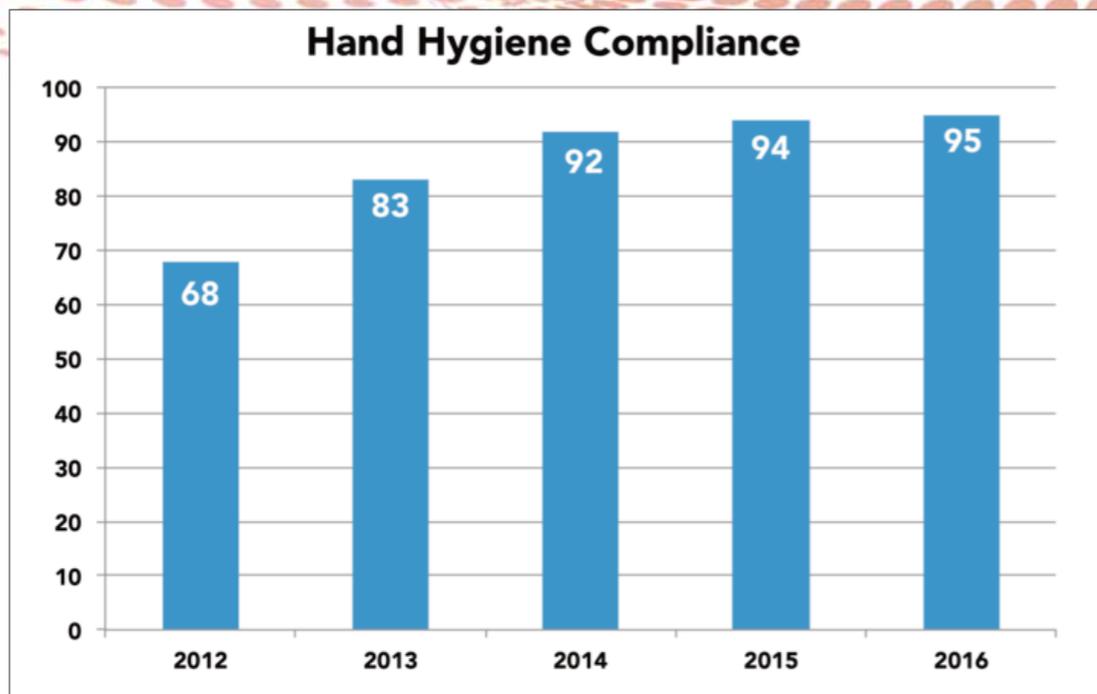
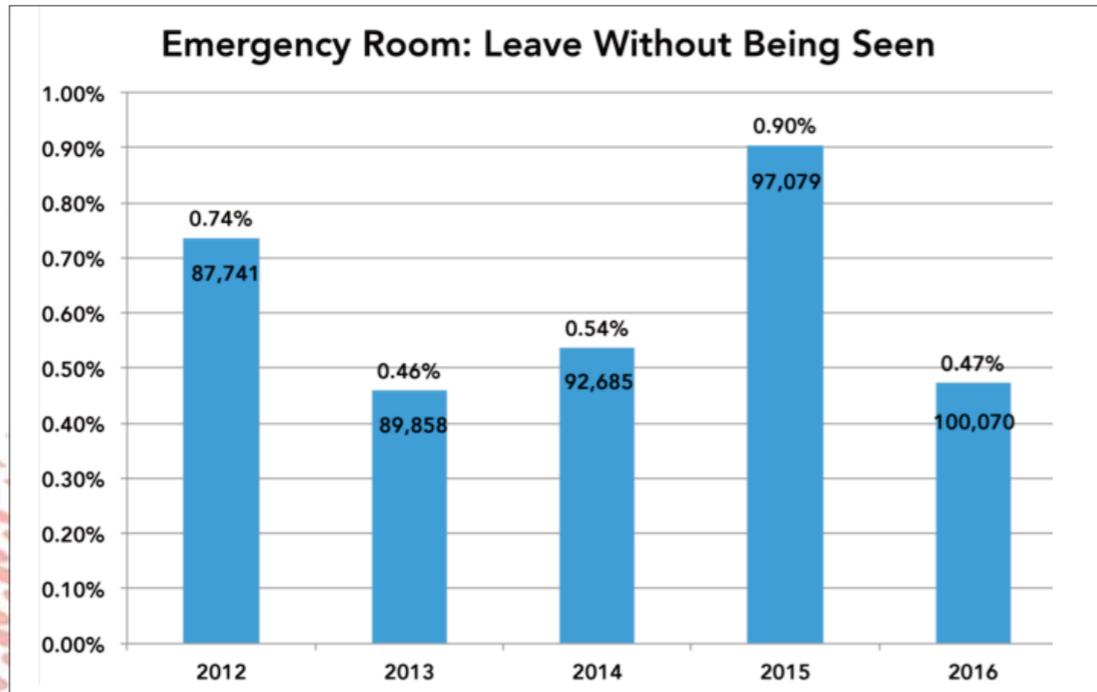
In 2016, the National Pressure Ulcer Advisory Panel (NPUAP) replaced the term "pressure ulcer" with "pressure injury." This is to alleviate confusion between injury to intact skin and ulcers. The SBMC wound care team, identified the area of Admission Assessment as the best opportunity for increased effective prevention and management. SBMC now performs monthly

prevalence skin assessments to help ongoing evaluation and documentation of the skincare program. This has led to the practice of all inpatient units performing a two-person skin assessment check of every admission with accurate documentation. In addition, the majority of adult units now complete an annual peer review on skin assessment, in order to promote best practices amongst nursing staff.



Falls With Injury

During 2016, SBMC continued to perform below the benchmark for patient falls with injuries. SBMC nurses perform hourly rounds, focused on the four "Ps": pain, potty, position and personal items. Patients at risk are identified daily and reviewed at morning and evening huddles to ensure a safe patient care environment is provided by the nursing team.



FINANCE

Cost Saving Initiative: Enhanced Recovery Programs

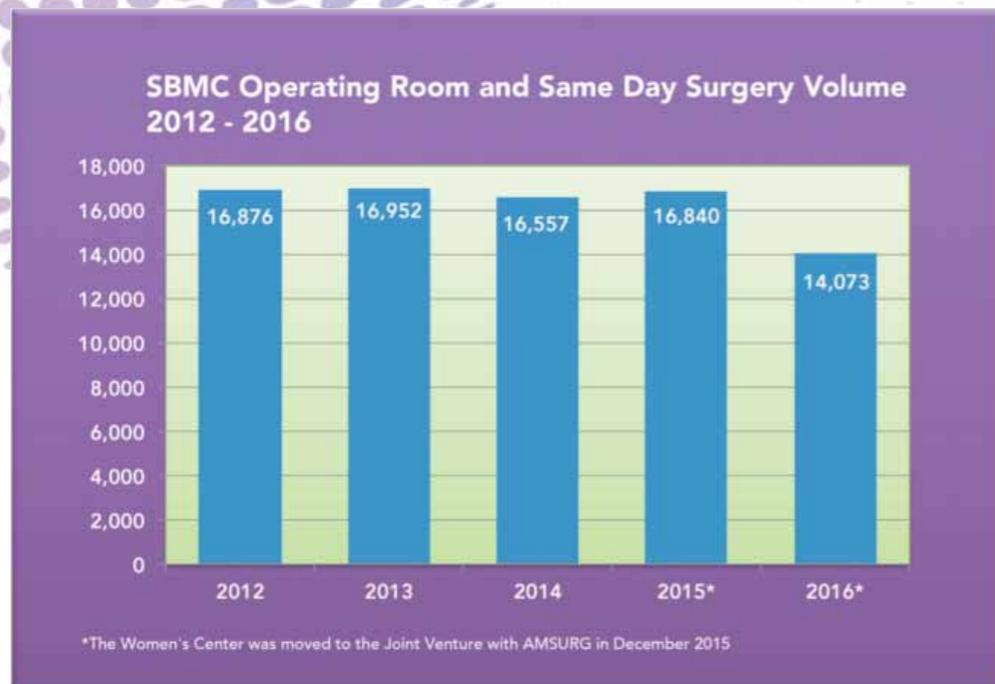
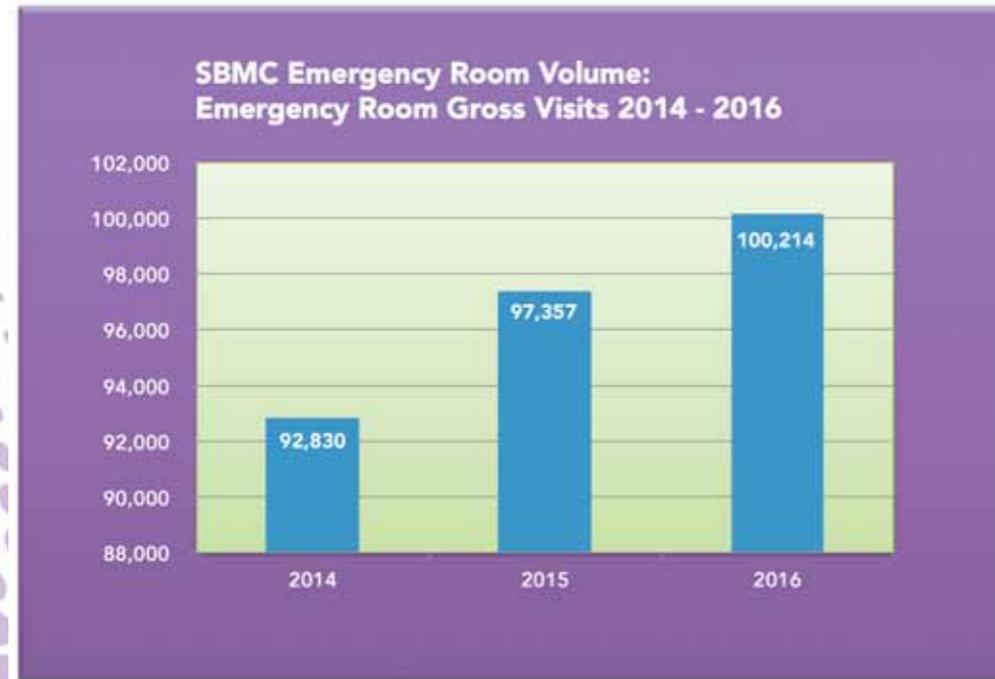
Enhanced Recovery Programs have become an important focus of perioperative management following colorectal surgery, orthopedic surgery, gynecological oncology surgery, and thoracic surgery. These programs attempt to modify the physiological and psychological responses to major surgery, and have been shown to lead to a reduction in complications and hospital stay, improvements in cardiopulmonary function, earlier return of bowel function and earlier resumption of normal activities.

Enhanced recovery after surgery (ERAS) protocols are multimodal perioperative care pathways designed to achieve early recovery after surgical procedures by maintaining pre-operative organ function and reducing the profound stress response following surgery. The key elements of ERAS protocols include preoperative counselling, optimization of nutrition, standardized analgesic and anesthetic regimens and early mobilization. Nurses assist patients after surgery to help ensure they are adhering to the pathway order set by providing pain management education and by encouraging mobilization and Nutrition/GI recovery.

The ERAS protocol for the Colorectal Program at Saint Barnabas Medical Center was developed by a multidisciplinary team and instituted in April 2015. As a result, during 2016, Saint Barnabas Medical Center reported a reduction of 1.56 days compared to 2015 for the average length of stay, a 6.32% reduction in the 30-day readmission rate compared to 2014 and a cost savings of \$216,913 as compared to 2015.

In 2017, Saint Barnabas plans to review its top grouping of discharges for additional pathway implementation opportunities.

GROWTH



COMMUNITY

Community Health and Outreach

During 2016, SBMC nurses presented at various educational lectures based on community needs assessment in addition to the following community events.

- American Cancer Society Relay for Life
- Chinese Wellness Day
- Crane's Mill Health Fair
- Essex County Heart Walk
- Essex County Senior Wellness Day
- Healthy Kids Day
- Kessler Stroll N' Roll
- Livingston Fall Health Fair
- Lowenstein Sandler Health Fair
- Livingston Spring Health Fair
- Mayor's 5K Ovarian Cancer Walk
- Millburn Chinese New Year
- Millburn "Girls Night Out"
- Maplewood Bible Chapel Health Fair
- Maplewood/South Orange
- Middle School Health Fair
- MetroWest Jewish Community Center
- Monthly BP Screenings
- North Jersey Women's Expo
- President's Cup 5K
- Running For Answers
- SBMC Baby Fair
- SBMC Miracle Walk
- SBMC Strides for H.O.P.E. 5K
- South Orange Health Fair
- South Orange Play Day
- Susan G Komen "Race for the Cure"
- West Essex High School Health Fair
- Valerie Fund 5K Walk
- Westfield 5K and Pizza Run
- 4 Square Gospel Church Health Fair