



Robert Wood Johnson | **RWJBarnabas**  
 University Hospital HEALTH

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 New Brunswick, NJ 08901  
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# 2020

## Nursing Annual Report

Robert Wood Johnson  
 University Hospital

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**RWJBarnabas**  
 HEALTH



WE ARE STRONG





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NURSING LEADERSHIP



Julie C. Arsenault,  
DNP, RN, NE-BC  
*Interim Senior Vice President  
& Chief Nursing Officer*



Judith Lane, MHA,  
BSN, RN, SCRNP  
*Vice President,  
Clinical Operations*



Arlex Matulac,  
MSN, BSN, RN  
*Vice President,  
Perioperative Services*



Suzanne Spernal,  
DNP, APN-BC,  
RNC-OB, CBC  
*Vice President,  
Women's Services*



Lydia Weber, DNP,  
RN, ANP-BC, HNP  
*Vice President, Center  
of Clinical Effectiveness  
and Patient Safety*



Kathleen Arcidiacono,  
MSN, RN, OCN  
*Assistant Vice President,  
Oncology Services,  
Robert Wood Johnson  
University Hospital &  
Associate Chief Nursing  
Officer, Cancer Institute  
of New Jersey*



Kathy Easter, MSN,  
RN, CCRN-K  
*Assistant Vice President,  
Nursing Excellence*



Georgia Harrison,  
DNP, RN, CCRN  
*Assistant Vice President,  
Critical Care Services*



Patricia James, MS,  
RN, CCRN, NE-BC  
*Assistant Vice President,  
Inpatient Cardiology and  
Medical Surgical Services*



Jennifer Silva, DNP,  
RNC-NICU, NE-BC  
*Assistant Vice President  
The Bristol-Myers Squibb  
Children's Hospital at  
Robert Wood Johnson  
University Hospital*



Frank Soldo, MHA,  
BSN, RN  
*Assistant Vice President,  
Cardiovascular Service Line*



Brooke Zacheis, MBA,  
MSN, RN, NE-BC  
*Assistant Vice President,  
Clinical Operations*



Claudia Pagani MSN, RN,  
MEDSURG-BC, NP-BC  
*Director, Center for  
Professional Development,  
Innovation & Research*





Nursing is truly an art when it comes to human beings, and a science when it comes to a pandemic. When you combine the two, amazing things can happen.

2020 was a year like no other. It was declared the International Year of the Nurse and Midwife by the World Health Organization long before the COVID-19 virus became a deadly, invisible threat. Yet 2020 also proved that every day should be the day of the nurse.

The courage, dedication and resilience of our nurses at Robert Wood Johnson University Hospital (RWJUH) New Brunswick throughout the pandemic was remarkable. They came to work every day, geared up and faced the unknown, despite the risks and the fears. They collaborated with other departments and physicians across the hospital and beyond to tackle tremendous challenges, develop innovative solutions, learn new skills, assist where they were needed, address ever-changing information, care for acutely ill patients, provide vital connections with loved ones and protect each other – all while trying to manage their own personal responsibilities and the needs of their families. In the most challenging of circumstances, they maintained a focus on ongoing priorities that impact patient care, including submitting the application for our sixth Magnet® designation. They served our community, and in turn our community supported them in countless ways. For that, we are incredibly grateful.

Nurses innately care for everyone. The commitment our nurses displayed to each other and to our patients in 2020 was extraordinary. At RWJUH New Brunswick, we believe that nursing is not just a job – it's a calling. Throughout these pages, we have shared how our nurses embodied this belief during the most challenging health care experience of our lifetime.

## TRANSFORMATIONAL LEADERSHIP

From ensuring sufficient PPE and supplies to reassigning staff and managing the daily labor pool, nursing and organizational leadership identified where staff needed support early on in the pandemic and developed multifaceted processes and procedures to ensure that these needs were met – all while navigating a complex level of patient care and constantly changing information.

### Safety is Paramount: PPE and Supply Coordination Protected the Team

When the COVID-19 pandemic was expanding into the northeast geographic area, nurse leaders at RWJUH New Brunswick were working with an interdisciplinary team to formulate a color-coded surge plan that detailed where the hospital would place patients with COVID-19 as units filled up. As patient volume increased, so did the need for personal protective equipment (PPE) and supplies.

The Command Center team quickly realized that PPE and supplies would be depleted without a structured distribution system. After a good deal of brainstorming, the team created a centralized distribution center stocked with items most in demand, including various types of face masks, gowns, gloves, eye shields and bleach wipes. Nursing directors were charged with submitting their PPE needs every evening, and every morning a precise amount of PPE was delivered to each floor for individual use.

“There were moments when we were concerned about having sufficient supplies,” says Julie Arsenaault, DNP, RN, NE-BC, Interim Senior Vice President & Chief Nursing Officer at RWJUH New Brunswick. “But we kept everyone informed and developed processes for conserving PPE. We followed the daily order process for months and because we adhered to these strategies, we never ran out.”

### Reprocessing and Fit-Testing for Masks

In addition to limiting the number of nurses entering patient rooms and innovations like extending IV tubing outside the rooms, the Command Center team partnered with Environmental Services to take advantage of ultraviolet cleaning technology to reprocess N95 masks. Provided their masks were not soiled or wet, nurses and staff were encouraged to write their names on their masks at the end of their shift, place them in a labeled paper bag and send them to the reprocessing room. Masks were cleaned with Tru-D UV technology and returned to their individual owners the following day.

Materials Management worked tirelessly to source additional PPE, and the community donated masks and other items to help support frontline workers and other hospital staff. As different types and styles of masks came in, the Command Center team tracked all supplies and daily needs. In addition, nurse educators set up a mask fit test center in the cafeteria to ensure that each person was properly fitted and protected.

“While nurses understood that shortages were a national issue, that doesn't make it OK when you're working on the front lines of a pandemic,” adds Arsenaault. “The teamwork to help protect them was amazing. We were very granular in our approach, which was tenuous and exhausting, but it's what got us through.”







## Reassigned Nurses Help Manage Patient Surges

The Command Center at RWJUH New Brunswick – with an interdisciplinary team of nursing leaders, senior leadership and ancillary staff – was a hive of activity in planning for surges, mapping daily protocols and addressing questions and concerns. Tasks included managing the conversion of regular units to COVID-19 units in a strategic, systematic way.

Patients rapidly transitioned to an acute level of need, and RWJUH New Brunswick’s five ICUs quickly became nine. At the same time, elective surgeries were cancelled and ambulatory volume declined. Because the hospital was not staffed for four additional ICUs, nursing leadership created a new system to deploy nurses from other departments to assist in areas of greater need.

At first, nurses from the Cardiac Catheterization Lab were deployed to the Cardiovascular ICU. As volumes in procedure areas dwindled and new ICUs were put in place, nurses from departments including Endoscopy, PACU, Special Procedures and even the Bristol-Myers Squibb Children’s Hospital were deployed to COVID-19 units. Those with prior ICU experience took a critical care refresher course to help care for patients with COVID-19, with some teaming up with Anesthesia to help prone patients. Nurses who didn’t have critical care backgrounds completed training to become buddies for ICU nurses, handling tasks like managing medications and bloodwork, running labs or medications between departments and completing documentation.

“Even though it was a frightening time, it was amazing how everyone worked together like an orchestra,” says Julie Arsenault, DNP, RN, NE-BC, Interim Senior Vice President & Chief Nursing Officer at RWJUH New Brunswick. “Our nurses’ experience and willingness to help where needed made that level of continuity possible.”

Daily leadership safety huddles with nursing directors – and in turn, unit-based safety huddles – helped to keep nurses as informed as possible about evolving recommendations. Nurse leaders donned scrubs and rounded on the units to check on reassigned staff and address concerns.

As the number of patients with COVID-19 became more manageable in late summer, the Command Center team created a de-escalation plan to convert the temporary ICU back to regular units.

“From the ramping up process to de-escalation, nurses were elbow to elbow through it all,” adds Arsenault. “It gave new meaning to the word teamwork.”

## Special Command Center Solves the Labor Pool Puzzle

Anticipating future needs at the start of the pandemic, nurse leaders assembled a labor pool team tasked with creating a separate, centralized Labor Pool Command Center. With skill sets ranging from data analysis to bed management, the team brought various lenses together to provide structure for a complex undertaking.

In collaboration with the Information Technology and Telecommunications departments, the labor pool team identified and equipped a large conference room for their work. With thousands of nurses to assign to appropriate roles, the team worked with nursing leadership and nurse educators to develop a framework organized by skill set, background and which skills refresher session may be needed. Building in flexibility to be able to alternate roles within the Labor Pool Command Center, they focused their attention on two groups:

- A nursing labor group with minute-by-minute tracking of bed management, unit acuity, staffing needs and callouts
- An ancillary labor group focused on staffing needs beyond traditional roles, including temperature stations, masking stations and PPE distribution

While staffing of nurses from some closed departments could be planned out in advance, the placement of many nurses depended on circumstances that were constantly changing. By a specified time each day, nursing directors would submit forms to the Labor Pool Command Center detailing stats and needs, and the team would create, cross-check and fill gaps for the next day’s schedule based on this information and a variety of other factors.

“A great deal of thought went into planning the schedules, even beyond matching skill sets to roles,” says Brooke Zacheis, MBA, MSN, RN, NE-BC, Assistant Vice President of Clinical Operations and a member of the Labor Pool Command Center team. “We wanted to be equitable in giving everyone on closed units the opportunity to work, while trying to keep colleagues who knew each other together when possible. In a situation where nurses were worried about how they were going to make it through the day, it was very important to be sympathetic to their comfort level.”

Zacheis notes that in helping to navigate the pandemic’s challenges, she gained skills and grew as a leader in ways that would not be possible in any other situation.

“Nothing could prepare me or substitute for gaining that knowledge and experience during an extremely challenging time,” she adds. “It’s hard to hear that staff are scared, and we knew we needed to help them feel safer and more comfortable. That’s when we do our best work – when we come together as a group. We knew what we had to achieve, and we made it happen.”





CPDIR Teams Up to Educate Nurses and Validate Practices

In February 2020, knowing that the arrival of a new virus could be imminent, clinical nurse specialists and clinical nurse educators from RWJUH New Brunswick's Center for Professional Development, Innovation and Research began validating whether staff knew how to properly use personal protective equipment (PPE). Learning that education was needed, they provided a skills refresher for every nurse on each unit and created a PPE best practices video to share hospital-wide.

Their next task was to help coordinate mask fit testing of every physician, nurse and staff member who had potential contact with patients as Materials Management worked to source new shipments of masks. With initial training from Employee Health, nurse educators in turn trained nurses and staff displaced from other departments, including Speech and Hearing, to assist in fit testing. This operation ran from 7 a.m. to 11 p.m. every day for about a month during the height of the pandemic.

As nurses were deployed to units they were unfamiliar with, CPDIR nurses created comprehensive education modules in partnership with Respiratory Therapy to provide a critical care refresher to those who would be caring for patients on the ICU floors, and a critical care partner class for those who would serve as helpers. The first was a four-hour class that ran twice a day, and the latter a two-hour class running four times a day – totaling nearly 600 classes from March through mid-April.

And as COVID-19 information and recommendations changed day to day and hour by hour, these nurses partnered with Infection Prevention to provide on-the-go education on the units. They conducted back-in-the-saddle catch up courses for those returning after a leave of absence, and with the help of Nursing Informatics, held virtual orientations to onboard new critical care nurses and technicians.

"It was almost like putting out a forest fire every day," says CPDIR Director Claudia Pagani, MSN, RN-BC, NPD-BC. "We collaborated with other departments throughout the hospital to figure out the best ways to protect our nurses, staff and patients."



CPDIR also handled other education needs as they came up. For example, after the Oncology Nurses Society recommendation that oncology nurses should not float outside of their unit to avoid potential exposure to their immunocompromised patients, CPDIR created an intermediate care class for oncology nurses so they could continue to care for higher acuity patients on their own unit. In addition, CPDIR and Pastoral Care teamed up to provide virtual Schwartz Rounds with nurses and staff who could call in from home to receive much-needed emotional support.

"What our team did as educators was more than education – we became listening ears and partners," says Pagani. "While they were doing the work, we became the nurse's nurse to serve as a caring presence."

A team of clinical nurse educators presented the curriculum development process at the virtual National Association of Clinical Nurse Specialists (NACNS) conference this year.

"Sharing knowledge helped get us through a challenging year," adds Pagani. "We were honored to share those perspectives with other nurses across the country."



Preventing Falls Among Patients with COVID-19

When the Respiratory Care Unit (RCU) was reconfigured as a COVID-19 unit, staff noticed that patient falls increased. Patients with the virus have a higher risk of falling due to weakness, confusion and low oxygen levels associated with their illness. This risk was made more concerning by environmental restrictions designed to prevent the spread of the virus. For example, closing patient room doors limited lines of sight and decreased the staff's ability to hear in-room bed or chair alarms. These factors created a challenging situation, according to Rosemarie Daley, MBA, RN, NE-BC, Director of the RCU and South Building Medical Unit (SBMU), and Co-Chair of the Fall Prevention Committee.

"Traditional strategies like bed alarms weren't working because by the time you'd hear the alarm and gear up with PPE, the patient could already be on the verge of falling," she explains.

To improve safety, the committee changed protocols so that all patients with COVID-19 were automatically scored as high risk for falls in the electronic medical record, and high-risk safety interventions were added to the patient's plan of care. These patients were asked to sign a fall prevention agreement outlining best practices for safety, such as requesting assistance when using the bathroom. In addition, bed alarms were altered so that if a patient got up, nurses were alerted with beeps and flashing lights.



technology. Unit clerks took responsibility for storing, assigning and cleaning them. The monitors were especially beneficial in the RCU, where doors are solid rather than glass.

With a camera and speaker in each room and corresponding video monitors at the nurses' station, nurses could readily observe what was happening in patient rooms. If the camera detected movement, the monitor beeped to alert staff. This was particularly helpful to ensure that patients with tracheostomies and those at risk for falling didn't inadvertently hurt themselves.

"Instead of gowning up to answer a call light, we could see in the room and ask patients what they needed, or alert a patient not to get up without assistance," explains Daley. "This saved time and PPE."

The monitors also helped contribute to a decrease in patient falls, according to Daley.

"At first, it was more difficult to manage patient safety issues in light of COVID-19 protocols," Daley explains. "The baby monitors were an innovative solution that the staff loved. In fact, they're still being used in some rooms."

Baby Monitors Add to Safety Efforts

Because the closed doors also made communicating with patients difficult, hospice and palliative care physician Samantha Nagengast, MD, suggested using baby monitors to improve communication and enhance safety. The nursing team agreed that the monitors could work.

Dr. Nagengast donated 20 baby monitors to RWJUH's Patient Experience Department, which distributed them among the rooms on the RCU and SBMU. Nurses developed guidelines for using the monitors and educated the staff about the new use of this



DAISY Award Recipients



Linette Ruiz Arias Labor & Delivery



Perlita DeChavez Labor & Delivery



Jennifer Mackown Pediatrics



Kimberley Weinberg 2 Core



Elzbieta Zych Emergency Department



Nurse Excellence Awards Recipients



Transformational Leadership  
Marlene Thompson, BSN, MHA, RN, CNML  
Bariatric Surgery



Structural Empowerment  
Perioperative Quality Committee



Exemplary Professional Practice  
Samantha Knieser, BSN, RN, CCRN, CNIII  
Neurocritical Care Unit



New Knowledge, Innovations, and Improvements  
Lauren Richards, BSN, RN, IBCLC, CNII  
Labor & Delivery



Magnet Nurse of the Year  
Juanita D'Souza, BSN, RN, CCRN, CNII  
Pediatric ICU



Virginia H. Joseph Award (Community Service)  
Stacey Cacchione, BSN, RN, CPEN, CNII  
Pediatric ED



Friend of Nursing  
Daniel Di Giorgio Patient Transport & Mary O'Brien, RRT, AC-E Respiratory Therapy



Nursing Technician/Technologist  
Iris Vasquez 5 Tower



Advanced Practice Provider  
Olivia Nicastro, MSN, RN, APN, ACNP-BC  
Medical ICU Advanced Practice Providers



& Devon Orzano, MSN, ACNP-BC, SCRNP  
Comprehensive Stroke Center



Nursing Scholarship Awards

Bachelor of Science in Nursing

Flavia Tucker  
Jovlyn Joseph  
Jasleen Sevilla

Master of Science

Andrea Gaskin, ASN, RN  
Joanna Gurdak, ASN, RN-BC  
Juby Kizhakkepuram, BSN, RN, CNOR  
Kaitlyn Paonessa, BSN, RN  
Shelini Carillo – AD, RN, AOCN

Doctor of Nursing Practice

Joanne Mercurio, MSN, RN, APN, CRNFA  
Kareen Grant, MSN, RN, CCRN  
Sharifa Doyle, MSN, RN, FN-CSA, RN-BC  
Stephanie Ferguson, MSN, RN-BC

Nurse Residency Graduates

Amy Voss, BSN, RN  
Inga Schwartz, MSN, RN, CNL, NREMT  
Alaine San Rafael, BSN, RN  
Fiordaliza Gomez, BSN, RN  
Evelyn Esteban Carias, BSN, RN  
Melody Wang, BSN, RN  
Jeannie Avon, BSN, RN  
Sara Mahanirananda, BSN, RN, CMSRN  
Thalia Patino Andrade, BSN, RN  
Sydney Tang, BSN, RN  
Xhoana Fiku, BSN, RN  
Lauren Pericone, BSN, RN  
Roma Patel, BSN, RN

Advanced Practice Provider Fellowship Graduates

Ifeoluwa Adedeggi, MSN, APN, AGACNP-BC  
Daniela Guimaraes, DNP, APN, PCCN, CCRN, AGACNP-BC  
Jeff Paragas, DNP, RN, APN, CCRN, AGACNP-BC

Recognition and Honors

Lorna Barton, BSN, RN, CCM

2020 Nurse of the Year Finalist –  
Managed Care, Case Management and Industry Nursing  
March of Dimes

Rosemarie Daley, MBA, RN, NE-BC

2020 Nurse of the Year Finalist – Nurse Manager  
March of Dimes

Dawnmarie Devito, MSN, RN, CPAN

2020 Nurse of the Year Finalist – Nursing Research,  
Evidence-Based Practice & Informatics  
March of Dimes

Stephanie Ferguson, MSN, RN-BC

2020 Nurse of the Year Award – Adult Health  
March of Dimes

Barbara Kakalecik, AD, RN, CPN

Award Winner  
Lois Pollack Award

Traci Marcus, MSN, RN, OCN

2020 Nurse of the Year Finalist – Performance  
Improvement, Quality/Safety & Risk Management  
March of Dimes

Selena McClinton, MSN, RN-BC

2020 Nurse of the Year Finalist – Nursing Research,  
Evidence-Based Practice & Informatics  
March of Dimes

RoseMarie Natividad, BSN, RNC-NIC

2020 Neonatal Nurse of the Year  
Robert Wood Johnson Medical School  
Neonatal Residents

Olivia Nicastro, MSN, RN, ACNP

2020 Nurse of the Year Award – Advanced Practice  
March of Dimes

Sandia Royal, MSN, MPA, RN, CCRN, CNRN

2020 Nurse of the Year Finalist –  
Educator-Health Care Delivery  
March of Dimes

Marc Stetson, MSN, RN, CPN

Runner-Up  
Lois Pollack Award

Jostin Suarez, ASN, RN

2020 Nurse of the Year Finalist – Rising Star  
March of Dimes

Susan Sutphen, BSN, RN-BC

2020 Nurse of the Year Award –  
Ambulatory Care Settings  
March of Dimes

Myrna Young, MSN, RN, CNOR

Recognition for career accomplishments  
Philippine Regulatory Commission

Myrna Young, MSN, RN, CNOR

Myrna Young: Making a Difference – A special report  
on nurses; their calling in service to humanity  
Philippine Daily Mirror Newspaper

Educational Achievements

The following nurses obtained a Bachelor of Science in Nursing (BSN) degree in 2020

Name	College
Jim Cavanaugh, BSN, RN	Western Governors University
Angela Cheung, BSN, RN	The College of New Jersey
Linda Cruz, BSN, RN	Rutgers, The State University of New Jersey
Jaime Friedland, BSN, RN, OCN	University of Texas
Katrina Gomez, BSN, RN	Rutgers, The State University of New Jersey
Andrew Nazareno, BSN, RN	William Paterson University
Marissa Petrone, BSN, RN	Grand Canyon University
Soo Ryoo, BSN, RN	Rutgers, The State University of New Jersey
Samuel Sandberg, BSN, RN	New Jersey City University
Laura Sarris, BSN, RNC-NIC	Western Governors University
Erin Thomas, BSN, RN	Chamberlain University
Lelia Turpin, BSN, RN	Chamberlain University
Carlos Velez, BSN, RN	Rutgers, The State University of New Jersey

The following nurses obtained a Master of Science in Nursing (MSN) degree in 2020

Name	College
Amanda Adiyia, MSN, RN	Felician University
Ronnette Auguste, MSN, RN-BC	Thomas Edison University
Lauren Casey, MSN, RNC-NIC	Western Governors University
David Katz, MSN, RN-BC	Western Governors University
Sharon Lewis, MSN, RN-BC	American Sentinel University
Stella Sangiuliano, MSN, RN, FN-CSA, CEN	Monmouth University
Janeth Stuart, MSN, RN, OCN	Ramapo College of New Jersey

The following nurses obtained a Doctor in Nursing Practice (DNP) degree in 2020

Name	College
Vaibhavee Pathak, DNP, RN, CEN	Rutgers, The State University of New Jersey



Professional Nursing Certification

Congratulations to the following nurses for achieving certification in their specialty in 2020

Name	Certification
Ronnette Auguste, MSN, RN-BC	Medical Surgical Board Certified
Christopher Clergy, ASN, RN-BC	Medical Surgical Board Certified
Jonathan Dacpano, BSN, RN, CCRN	Critical Care Registered Nurse
Nina Didok, BSN, RN-BC	Medical Surgical Board Certified
Steven Faust, BSN, RN, CCRN	Critical Care Registered Nurse
Michelle Fiori, BSN, RN	Critical Care Registered Nurse
Christina Gulatta, BSN, RN, CCRN	Critical Care Registered Nurse
Katrina Jacobson, BSN, RN-BC	Medical Surgical Board Certified
Mugdha Kandalgaonkar, BSN, RN, CCRN	Critical Care Registered Nurse
Stefany Morales Rodriguez, DNP, APN.C	Pediatric Nurse Practitioner
Stephanie Morgado, BSN, RN-BC	Medical Surgical Board Certified
Sheenamol Nair, BSN, RN, CCRN	Critical Care Registered Nurse
Karen Nunez, ASN, RN-BC	Medical Surgical Board Certified
Nicole Ostraszewski, BSN, RN-BC	Medical Surgical Board Certified
Stephanie Rodriguez, BSN, RN, CCRN	Critical Care Registered Nurse
Stella Sangiuliano, MSN, RN, FN-CSA, CEN	Sexual Assault Nurse Examiner
Lanlen Soriano, BSN, RN-BC	Medical Surgical Board Certified
Sarah Stankowicz, BSN, RN, CCRN	Critical Care Registered Nurse
Janeth Stuart, MSN, RN, OCN	Oncology Certified Nurse
Tristan Tariao-Lee, BSN, RN-MSRN	Certified Medical-Surgical Registered Nurse

EXEMPLARY PROFESSIONAL PRACTICE

Nurse Perspectives on the Pandemic

Below, nurses in a variety of roles share their experiences and perspectives on the realities of the COVID-19 pandemic and how it affected their own lives as well as their families, colleagues and patients.

*“We were all afraid, but these patients were so sick and needed someone to care for them. When the virus came to our unit, I stopped breastfeeding my 15-month-old daughter because I was worried about being so close to her. I prayed to my Heavenly Father that if my family was protected, I would be fearless and give my best as a nurse. Despite safety measures, my husband and I both got COVID-19, but we both recovered and our daughter was spared. To feel that chest pain – I can’t even put it into words. It gave me more drive to make sure every patient received the best care I could provide. We cared for the bodies of those we lost with dignity, and we celebrated those who went home. There are patients I’ll never forget. Despite the hard times, I would do it again in a heartbeat, for my faith is greater than a mustard seed.”*

- Carla Williams, MSN, RN, CMSRN, SBMU nurse



*“I vividly remember my first morning in the ICU after being reassigned. I was scared to death. I assisted the nurses with three patients who went downhill, and one passed. I took a break to go to the bathroom, and I cried my eyes out. On the car ride home that day, I cried for the entire 50 minutes. We went in every day not knowing what to expect. I helped with whatever was needed. It was a learning curve for all of us, but somehow we managed. I moved into my mom’s vacant apartment in Union City for two and a half months. It was tough, but it was what I had to do to protect my family, since my son has asthma and allergies. In doing what I love, it was my duty to be there for patients. It was also my duty to keep my family safe.”*

- Sadia Llanos, RN, Endoscopy nurse

*“I’ve seen a lot in my 45 years of nursing. When I knew the virus was coming I revamped my will, because I realized how bad it could get. After the first few cases, it hit like a tsunami, and we were the epicenter. It was almost dizzying how quickly things changed. Patients were so acutely ill, and we didn’t have the treatments to cure them all. We tried everything we had. When you’re an ICU nurse, you try to predict outcomes as much as possible, but this was completely unpredictable. We didn’t have the answers and had no control. We saw a lot of death. I was most scared about the thought of seeing someone I worked with on one of those beds. Looking back, you realize what really matters is connections with other people and staying close to those you care about.”*

- Victoria Choudhury, BScN, RN, CCRN, MICU nurse





*"There was a lot of uncertainty in our unit because we didn't know what would happen to babies born to COVID-positive mothers. We did the best we could with the little information we had while trying to hide our own fears and anxieties. It was very emotional to tell the moms that their support person couldn't be present, and it was heartbreaking to take a baby out of the room because the mom tested positive. As a mother, I can't imagine not being able to hold your baby after birth. We tried to be in the rooms more to really support them. We pushed our fears aside and held our patients' hands. We got through it with the support of our colleagues – by talking, praying, listening to and supporting each other."*

- Jessica Sanchez, RNC-OB, Labor & Delivery nurse



*"I started camping four years ago as a form of self-care, because being outside really grounds me. When I got sick with COVID-19 in late April, I went from staying in a hotel to sleeping in our tent in the backyard. That's where I needed to be. I grew up working in a family-owned pizza shop, so I thrive in chaos. I'm in love with my job. But I constantly push myself. For me, the pandemic was bittersweet. It taught me to let go of what was not bringing me joy and focus more on time with my family. I'm so grateful for that shift – it was a beautiful blessing. As nurses, we were able to bear witness to that love between families, even when they couldn't be together. That's what really teaches you about life. I'm holding on to the small moments of joy and peace, and carrying them forward."*

- Olivia Nicastro, MSN, APN, ACNP-BC, MICU nurse practitioner



*"2020 was like having a foot on your chest in a lot of ways, both literally and figuratively. We used every kind of oxygen support we could think of to support our patients, including combinations we've never seen before. I've been a nurse for 16 years and have seen my share of people die. But this was different – it was hard to process. It was happening so fast; we just felt helpless. It got to the point that no matter what their age or condition, you never wanted to let yourself think someone was out of the woods. And patients were so concerned about how we were doing, even those who were severely suffering themselves. So many of them asked us if we were taking care of ourselves. It's not something you would have expected. And any day it could have been one of us in that bed."*

- David Katz, JD, MSN, RN-BC, Respiratory Care Unit nurse



*"After earning my BSN degree, I was excited to join the ED team in April 2020 – it was everything I had been working toward. My start date was delayed as several family members and I got COVID-19, but that also gave me a comfort level knowing I wouldn't bring the disease home. Starting my role during a pandemic was a strange experience, especially seeing everyone so worried. Normally the team knows exactly what to do when treating emergencies, so it was frightening when extremely sick patients came in and we didn't have the answers. But when things got tough, the support of our surrounding community and the empathy of the greater health care community helped get us through. My greatest lesson was that you just need to give the best of yourself each day in caring for your patients – and on days off, give yourself that, too."*

- Nick Wance, BSN, RN, Emergency Department nurse

*"I kept a journal for my daughter, because it was uncharted territory and I didn't know if I was writing my last words to her. I started taking photos of the pediatric and adolescent teams to help us stay positive and convey that hopefully in the end, it would be OK. It turned into a photobook that grew to 80 pages. We were all in it together, and we captured the moments of joy and support. One day, people will want to know what happened here. Our nurses took turns going to the adult units, because they knew they were needed. It was the true meaning of 'no man left behind.' They tried to comfort patients in unexpected ways, like by brushing their hair. We all helped each other; we battled together and we came out stronger."*

- Jen Olas, RN-BC, Pediatrics manager





Pandemic Doesn't Halt Submission for a Sixth Magnet Designation

For about 18 to 24 months before each Magnet redesignation document is due, the RWJUH Magnet writing team – comprised of clinical nurse educators, nursing directors, leadership and representation from Nursing Informatics and Performance Improvement – begins meeting regularly to prepare. This was the case for the document that was due on June 1, 2020, and then COVID-19 hit.

“All eyes were then focused on the pandemic, but we knew we still needed to prepare for our sixth designation – something only six other hospitals worldwide have achieved,” says Kathy Easter, MSN, RN, CCRN-K, Assistant Vice President, Nursing Excellence. “Magnet designation means improved safety, satisfaction and quality outcomes for patients, nurses, interprofessional colleagues and the community we serve. All of the Magnet structures and processes support the outcomes we have.”

Understanding the need for hospitals to ensure that nurses were safe and could focus on patient care, the American Nurses Credentialing Center (ANCC) offered an extended deadline of August 1, which was a tremendous help to the team. With many competing priorities, they continued to work behind the scenes in more creative ways, such as making individual calls and office visits to obtain the information they needed.

Easter and Linda Tamburri, MS, RN, APN, CCRN-K, Clinical Nurse Specialist, Magnet/Quality served as conduits to organize and compile drafts of the document. When it was submitted electronically – and on time – the document totaled 2,700 pages with 600 pages of graphs and outcomes data.

Hitting the submit button was an exhilarating and humbling moment, according to Easter. This document celebrates the exemplary and innovative work of Magnet nurses, interprofessional colleagues, departments and the organization as a whole. She also notes that taking on a task this daunting during a pandemic says a great deal about RWJUH New Brunswick nurses.

“Nursing excellence is important to all of us, no matter what is happening in our environment,” she says. “Our patients, their families and the entire team are at the forefront of everything we do. Our nurses are empowered to do great things, and through this process we were honored to highlight the work they do every day.”

The team was excited to hear from the ANCC in October 2020 that the Magnet document met the scoring threshold to proceed directly to a site visit. Originally scheduled for December 2020 but delayed due to the pandemic, this successful visit took place in April 2021.



Magnet Journey Sparks Creativity Through Poster Contest

Amid the COVID-19 pandemic, RWJUH New Brunswick submitted the document for its sixth Magnet designation. An interprofessional team then began preparations for the Magnet site visit when the hospital would host appraisers from the American Nurses Credentialing Center for four days, which was ultimately scheduled for April 2021. During the process, nurses were encouraged to let their creativity shine and create posters to welcome the Magnet appraisers.

Each unit developed poster presentations that highlighted their culture and commitment to the Magnet standards. For example, to reflect the personalities of nurses on 2 Core, Junerose Gambito, RN and Rachel Woodall Thomas, RN developed a poster with the theme, “Lighting Up Your Day with Magnetic Smiles.” The display included a frame around plexiglass. Visitors to the unit could stand behind the clear section of the poster, align their masked faces with cartoon cutout smiles and take a photo. The poster presentation also included photos of the staff and elaborate balloon decorations.

“The smile theme was a little ironic, since everyone was wearing masks,” Gambito says. “We couldn’t greet our patients with a smile, so we tried to show our personalities on the poster. It showed our bright side during a challenging time.”

Nurses on the NICU, led by Jessa Torres-Manalastas, MSN, RN, CCRN, brainstormed a concept for their poster, then ran it by Magnet Ambassador Mylene Enriquez, MSN, RN, CCRN, NICU, Shared Governance Chair Marianelda Santos, BSN, RN, CCRN, and nursing

leadership. Once approved, Torres-Manalastas brought the idea to life with the help of Enriquez, Santos, NICU Director Cindy Ferraro, Manager Luz Buyog, Grace Maandal, Veronica Barcelona, Bella Celario, Emy Rabe, Venus Tuvera, Eden Villanobos and Estelle Parras.

The NICU poster centered around the theme of family and highlighted the unit’s culture of commitment, understanding, learning, trust, unity, respect and empathy while also depicting the Magnet standards. Colorful brick walls signified the group’s diversity and highlighted their accomplishments, certifications and unique roles. Bricks were arranged to demonstrate the steps needed to climb the clinical ladder.

“Our poster showed how our NICU has evolved and improved through the pursuit of Magnet and is a reliable, safe place for our tiny patients,” explains Torres-Manalastas.

After reviewing all of the posters, staff nurse members of the Magnet Ambassador Council and nursing executive leadership voted on the posters and named the staff of 2 Core winners of the contest. Both day and night shifts on 2 Core were treated to sub sandwiches for their efforts.

“I was happily surprised that we came in first,” says Gambito. “Every unit had very creative posters. Everyone deserves a round of applause.”



### Qualitative Study Examines Nurse Experiences During the Pandemic

With nurses courageously stepping up to the front lines of the pandemic despite safety concerns and physical and emotional hardships, a team of nurse leaders and educators at RWJUH New Brunswick thought it was important to gain knowledge about their experience and coping abilities. They designed a qualitative study and gained IRB approval to obtain feedback from nurses at various experience levels across the hospital.

The study's goal was to compare and contrast what impacted perceptions of nursing practice during the pandemic, whether these perceptions were different across levels of experience and how the information may be used to improve nursing practice and enhance support moving forward. In accordance with Patricia Benner's framework for stages of proficiency, the team categorized focus groups by novice (less than one year of experience), competent (one to two years), proficient (two to three years) and expert (greater than three years). All nurses who cared for patients with COVID-19 were invited to join the study on a first come, first served basis, and four focus groups with 40 total participants were formed.

Focus group questions centered on how nurses felt when caring for patients, how the pandemic impacted nursing practice, personal and nursing care challenges, lessons learned and more. With a great deal of raw emotion shared during these sessions, it was often heart-wrenching for the team to process and analyze the results. At the same time, they were enormously proud of nurses for not only stepping up during the pandemic, but also for representing RWJUH New Brunswick in sharing their experiences to help others.

*The results elicited the following themes:*

**Novice group:** Nurses with the least experience reported a great deal of anxiety, fear and concern for the loss of the human touch. With other nurses taking them under their wing, they also gained a greater understanding of the importance of teamwork in action.

**Competent group:** Anxiety and fear were common themes in this group, as were concerns about inconsistent information and enough PPE. Some felt that the hardest part was being there emotionally for patients, and some mentioned becoming stronger patient advocates.

**Proficient group:** While this group felt empowered to do what needed to be done, they were also disappointed in the inequity in role functioning beyond nursing and felt mistrust due to constantly changing information and guidelines.

**Expert group:** Nurses with the most experience were angry at the lack of communication, transparency and consistent information from guiding organizations. As one nurse said, "You just sent me to the war without a backpack." Yet they also acknowledged the teamwork among nurses that got everyone through it.

The study found that overall, as the level of experience increased, so did the level of mistrust and anger. Insights gained are helping the nursing team develop various initiatives to ensure timely access to accurate information and provide resources for support, including implementing unit-based Schwartz rounds, developing a peer support team in collaboration with Rutgers University and creating a respite room.

Study results were presented in November 2020 at a New York University nursing research conference. In the future, further research may focus on longer-term effects of the pandemic on nursing care perceptions.

### IV Pump Solution Saves PPE and Reduces Nurses' Exposure to COVID-19

Nurses need to enter patients' rooms to tend to IV or infusion pumps several times a day, sometimes even hourly. This practice became challenging during the pandemic, since it meant nurses would need to frequently don and doff PPE, which was in short supply.

"We were in crisis mode," explains Sandia Royal, MSN, MPA, RN, CCRN, CNRN, Clinical Nurse Educator, Neuro Critical Care and SICU-East. "The hospital made sure that we had enough PPE, but we weren't sure how long the supply would last."

Royal and Jennifer Cruz, BSN, RN, CCRN, Clinical Nurse Educator, MICU and CCU, met with other nurse educators to devise a plan. Someone in a nursing Facebook group shared that they moved IV pumps outside patient rooms at her facility to reduce exposure and save PPE. Based on this idea, nurses at RWJUH New Brunswick developed guidelines for moving pumps out of patient rooms safely. This included using extension tubing and barcode labels on IV bags and employing a two-nurse verification system to ensure patients received the proper medication.

Once Nursing Administration approved the guidelines, the team worked with Infection Prevention and Maintenance to find the best way to keep tubing off the floor. Each unit is constructed differently, so in some cases tubing needed to be threaded under doors, while in other units, it was fed through existing wall openings. Maintenance supplied the power strips needed to run the pumps. Pharmacy was consulted to make sure that extension tubing didn't affect how medications were delivered to patients.

The change was first rolled out in CCU, then MICU and other ICUs. The nurse educators detailed the new approach to directors via email. A COVID-19 binder on each unit was used to organize communications and resources. Patient huddles were also used to explain the policy change.

"Placing pumps outside patient rooms made life a little easier for our nurses," says Cruz. "They appreciated that the hospital was trying to limit their exposure to the virus."

The process is still being used for some patients who are isolated for COVID-19.







### Teamwork, Innovation and Technology Help Solve Communication Challenges

When the pandemic forced RWJUH New Brunswick to alter its visitor policy, families still needed to be updated about their loved ones’ care. Ensuring the lines of communication remained open took teamwork, innovation and technology.

“Communication is the foundation of all relationships,” explains David Fresse, CPXP, Director of Patient Experience. “As we learned more information about outbreaks and had to limit visitors, we needed to find innovative ways to connect with our patients and their families.”

To accommodate growing numbers of COVID-positive patients, hospital administration repurposed numerous units. They turned to nurses from the ICUs, the critical care float pool, and temporary traveling nurses to handle this undertaking. Nurses on the unit, many of whom hadn’t worked together before, quickly gelled as a team to maintain the high level of care these patients needed.

#### Keeping Families Informed

In non-ICU COVID-19-specific units, a nurse liaison position was created to help the Patient Experience Department coordinate updates to patients’ families. Each day, float pool nurse liaisons gathered clinical information about each patient, then called each designated family representative to relay information, provide support and set expectations for next steps. A supply of iPads outfitted with videoconferencing applications by the IT Department enabled liaisons to facilitate video calls between patients and their families. The hospital’s remote video interpreting service was used to interact with families whose native language wasn’t English. Communication between liaisons and families was documented in the chart.

In the ICU, the charge nurse or primary nurse kept families informed and coordinated times for video calls. Doctors and advanced practice nurses updated families once a day as well. If necessary, liaisons brought iPads in to patients while primary nurses coordinated care, relayed information and explained next steps.

“Because families couldn’t be at the bedside, establishing trust between family caregivers and our team was important,” explains Kathleen Garbarino, BSN, RN, a nurse in the critical care float pool. “Technology helped loved ones see that we were doing everything we could to help their family members.”

“These nurses took on their liaison roles with pride,” says Fresse. “They developed relationships with family members and provided a sense of consistency and security during an emotional time.”

#### Task Force Further Improves Communication

In June 2020, the hospital’s Chief Nursing Officer and Chief Medical Officer formed the Improving Communication Task Force to further enhance communications with families of patients with particularly complex cases. The group meets weekly and is researching other technology solutions, including a HIPAA-compliant application for securely sharing photos and videos.

### 2020 Research Studies

Principal Investigator/Co-Investigators	Study Title
Kathy Easter, MSN, RN, CCRN-K Kathleen Zavotsky, PhD, RN, CCRN, CEN, ACNS-BC, FAEN	U.S. Clinician Wellbeing Study
Eric Finkel, DNP, MSN, FNP-C Kathleen Zavotsky, PhD, RN, CCRN, CEN, ACNS-BC, FAEN	Improving the Accuracy of Counting Respirations
Emma Meyer, BSN, RN Kaitlyn Paonessa, BSN, RN Theresa Huynh, BSN, RN-BC, ONC Lanlen Soriano, BSN, RN-BC Mary Anne Hermann, RN Karin Graulich, MSN, RN Annie Daniel, DNP, APN Kathleen Zavotsky, PhD, RN, CCRN, CEN, ACNS-BC, FAEN	Aromatherapy in the Hip and Knee Replacement Population
Shelby Pitts, DNP, RN, WHNP-BC Jessica Rowley, MSN, RN, CEN Kathleen Zavotsky, PhD, RN, CCRN, CEN, ACNS-BC, FAEN	Education Intervention for Obstetric Triage in Emergency Care Setting
Marlene Thompson, BSN, MHA, RN, CNML Kathleen Zavotsky, PhD, RN, CCRN, CEN, ACNS-BC, FAEN	Diabetes Self-Management
Jennifer Wolfe, MSN, RN, OCN Jacqueline Norrell	CINJ #002030 NCI COVID-19 in Cancer Patients Study (N-CCaPS): A Longitudinal Natural History Study
Kathleen Evanovich Zavotsky PhD, RN, CCRN, CEN, ACNS-BC, FAEN Claudia Pagani, MSN, RN-BC, NPD-BC Stephanie Ferguson, MSN, RN-BC Sharifa Doyle, MSN, RN, FN-CSA, RN-BC Alberto Rodriguez, MSN, RN, NE-BC Nicole Rolston, MSN, RN, NPD-BC Erin Kelleher, MSN, RN, CCNS Lanlen Soriano, BSN, RN-BC Georgia Harrison, DNP, RN, CCRN Jennifer Pirozzi, BSN, RN, CNOR Kathy Soriano, MS, RN, NE-BC	Courage in the Time of COVID-19
Kathleen Evanovich Zavotsky PhD, RN, CCRN, CEN, ACNS-BC, FAEN Claudia Pagani, MSN, RN-BC, NPD-BC Jessica Rowley, MSN, RN, CEN Donna Prete, MSN, RN-BC, NPD-BC Adriana Senatore, MSN, RN, CPNP-PC Jennifer Pirozzi, MSN, RN, CNOR Nicole Rolston, MSN, RN, NPD-BC Teresa Savino, MSPSLA, BSN, RN Kyala Pascual, BSN, RN, ONC, CJC Kathy Soriano, MS, RN, NE-BC	Exploring the Scope and Influence that the COVID-19 Pandemic has had on Nursing Practice at an Academic Medical Center
Kathleen Zavotsky, PhD, RN, CCRN, CEN, ACNS-BC, FAEN Lauren Keane	Engaging Patients to Decrease Falls
Kathleen Zavotsky, PhD, RN, CCRN, CEN, ACNS-BC, FAEN Swapnil Shah	Evaluation of the Discharge Suite Process and Impact on Patient Throughput
Kathleen Zavotsky, PhD, RN, CCRN, CEN, ACNS-BC, FAEN Stephanie Idiaquez	Evaluation of the “Ask Me About Your Medication and the Side Effects” Educational Campaign
Kathleen Zavotsky, PhD, RN, CCRN, CEN, ACNS-BC, FAEN Dhara Patel	Evaluation of an Educational Campaign to Improve Adherence to Pneumatic Compression Devices: Impact of a Quality Improvement Initiative



Podium Presentations

Staff	Name of Presentation	Conference Name or Sponsor
Al Aguilar, DNP, ACNP-BC, CCRN	Critical Care Ultrasound	Robert Wood Johnson University Hospital
Kathy Easter, MSN, RN, CCRN-K	Leading Your Magnet4Europe Team - International Virtual Presentation: Belgium, Germany, United Kingdom, Ireland, & United States	University of Pennsylvania
Dawnmarie Devito, MSN, RN, CPAN	Buzzy Bee Study: Results of a Randomized Controlled Study – Virtual Presentation	RWJBH and Rutgers: 15th Annual Research Symposium
Stephanie Ferguson, MSN, RN-BC The Rev. Christine Davies, MDiv, MSW	Exploring the Relationship Between Compassion Fatigue and Healthy Work Environment in Nurses Practicing in an Academic Medical Center: A Research Study – Virtual Presentation	RWJBH and Rutgers: 15th Annual Research Symposium
Sarah Maute, DNP, ACNP	Fundamentals of Critical Care	Robert Wood Johnson University Hospital
Olivia Nicastro, MSN, RN, ACNP	Critical Care Ultrasound	Robert Wood Johnson University Hospital
Claudia Pagani, MSN, RN-BC, NPD-BC	Courage in the Time of COVID-19 - Virtual Presentation	Haitian American Nurses Association Annual Conference
Casey Panebianco, DNP, ACNP	Fundamentals of Critical Care	Robert Wood Johnson University Hospital
Alberto Rodriguez, MSN, RN, NE-BC Erin Kelleher, MSN, RN, CCNS Lanlen Soriano, BSN, RN-BC	Courage in the Time of COVID-19 - Virtual Presentation	RWJBH and Rutgers: 15th Annual Research Symposium
Joanna Tomicich, MSN, RN, NP-C, ACNP	Critical Care Ultrasound	Robert Wood Johnson University Hospital
Myrna Young, MSN, RN, CNOR	Alzheimer's Disease	Jersey City Chamber of Commerce

Poster Presentations

Staff	Name of Presentation	Conference Name or Sponsor
Mona Williams-Gregory, PhD, DNP, ACNP	A comparison of Competence of DNP and PhD Prepared Nursing Faculty in Academic Teaching Roles.	Nursing Education Research Conference
Brandi Handel, MSN, RN	Do Conventional Methods to Reduce Clostridium Difficile Infections Work in an Academic Medical Center Oncology Population, Specifically Blood & Marrow Transplant Patients? – Virtual Poster	62nd American Society of Hematology Annual Meeting and Exposition
Patricia Lafaro, BS, RN, CIC	Use of Non-traditional Methods to Reduce Clostridioides difficile (CDI) in an Academic Medical Center's Bone Marrow transplant Unit (BMT)	Robert Wood Johnson University Hospital Quality Fair
Judy Lane, MHA, BSN, RN, SCRNI	Sustaining Improvements in Door to IV Alteplase Treatment Times (“Door to Needle”) for Acute Ischemic Stroke	Robert Wood Johnson University Hospital Quality Fair
Vaibhavee Pathak, DNP, RN, CENE	Investigating Compassion Fatigue among ER APP's – Virtual Poster	RWJBH and Rutgers: 15th Annual Research Symposium
Lydia Weber, DNP, ANP-BC, RN, HNP	COVID-19 Focused Proactive Risk Assessments for Care and Services Provided on Regulatory Waivers	Robert Wood Johnson University Hospital Quality Fair

Publications

Ray Bennett, BSN, RN, CEN, CFRN, CTRN, SCRNI, TCRN, NRP  
Cornelius B, Cornelius A, Crisafi L, Collins C, McCarthy C, Foster C, Shannon H, Bennett R, Brown S, Rodriguez K, Bachini S (2020). Mass air medical repatriation of coronavirus disease 2019 patients. Air Medical Journal, 39(4):251-256.

Carla Boyle, BSN, RNC  
Brandt JS, Hill J, Reddy A, Schuster M, Patrick HS, Rosen T, Sauer MV, Boyle C, Ananth CV. (2020). Epidemiology of COVID-19 in pregnancy: Risk factors and associations with adverse maternal and neonatal outcomes. American Journal of Obstetrics and Gynecology, 224(4):389.e1-389.e9.

Carla Boyle, BSN, RNC  
Duzylj CM, Boyle C, Mahoney K, Johnson AR, Ogot G, Ayers C. (2020). The postpartum hemorrhage patient safety bundle implementation at a single institution: Successes, failures, and lessons learned. American Journal of Perinatology, 37(5):online ahead of print.





### Evidence Based Practice Projects

Staff	Project and Outcome
Sharifa Doyle, MSN, RN, FN-CSA, RN-BC	Activity Sign to Prevent Falls Decreased patient falls on 6 North
Patricia James, DNP, RN, CCRN, NE-BC	Gojo Project Increased hand hygiene rates
Evelyn Murillo, BSN, RN	Restraints in Critical Care Decreased restraint use in critical care
Eric Finkel, DNP, MSN, FNP-C	Respiratory Rate Accuracy Increased compliance on respiratory rate documentation through CCT education
Shelby Pitts, DNP, RN, WHNP-BC Lauren Richards, BSN, RN, IBCLC	Generalized Anxiety Disorder (GAD-7) Screening Tool for Postpartum Patients Increased number of patients referred for additional outpatient resources that screened positive for anxiety
Ashley Krasucki, BSN, RN	ED Throughput Project SBAR between ED and cardiac interventional unit (in progress)

### Appointments

Grelina Divinagracia, BSN, RN, CCRN	President	Philippine Nurses Association, Middlesex County
Judith Lane, MHA, BSN, RN, SCRNP	Advisory Board Member	Lisa Colagrossi Brain Aneurysm Foundation
Claudia Pagani, MSN, RN-BC, NPD-BC	Committee Member	Rutgers IRB
Claudia Pagani, MSN, RN-BC, NPD-BC	Committee Member	NJSNA Review Board
Claudia Pagani, MSN, RN-BC, NPD-BC	Committee Member	John Suydam Kuhlthau Bioethics Committee
Donna Prete, MSN, RN-BC, NPD-BC	Abstract Reviewer	Geriatric Nursing Journal
Nicole Rolston, MSN, RN, NPD-BC	Board Member	Neighborhood Health Services Corporation – Plainfield
Nicole Rolston, MSN, RN, NPD-BC	Board Member	Kean University School of Nursing
Nicole Rolston, MSN, RN, NPD-BC	Nurse Content Reviewer	Ernest Mario School of Pharmacy
Lydia Stockman, MHA, RN, FACHE	Board of Trustees -Trustee	Thomas Edison State University
Myrna Young, MSN, RN, CNOR	Mentor	Sigma Theta Tau International Nursing Honor Society, Alpha Tau Chapter Mentorship Program
Myrna Young, MSN, RN, CNOR	Committee Member and Reviewer	March of Dimes Nurse of the Year Award Committee
Myrna Young, MSN, RN, CNOR	Executive Board Director	Philippine Independence Day, Inc.
Kathleen Zavotsky, PhD, RN, CCRN, CEN, ACNS-BC, FAEN	Committee Member	Rutgers IRB

### Community Outreach

Grelina Divinagracia, BSN, RN, CCRN	Volunteer, RWJUH COVID Vaccine Clinic
Grelina Divinagracia, BSN, RN, CCRN	Volunteer, Diapers to Mothers for Philippine Nurses Association
Grelina Divinagracia, BSN, RN, CCRN	Volunteer two-day event supporting PNA Members Post-COVID
Ursula Gowran, BSN, RN, CCRN	Volunteer, American Red Cross
Brandi Handel, MSN, RN	Volunteer, Girl Scout Leader, Heart of NJ, Troop Readington Township
Brandi Handel, MSN, RN	President, Hunterdon Central Regional High School Boys Lacrosse Booster Club
Katrina Jacobson, BSN, RN-BC	Volunteer, First Presbyterian Church Food Pantry, Metuchen, NJ
Judith Lane, MHA, BSN, RN, SCRNP	RWJUH COVID Vaccine Clinic Manager
Sandra Matuska, DNP, CCRN, AGACNP, FNP	Volunteer, RWJUH COVID Vaccine Clinic



