



Robert Wood Johnson University Hospital New Brunswick

# 2019 Nursing Annual Report



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





## **Robert Wood Johnson University Hospital New Brunswick 2019 Nursing Annual Report**

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## Nursing Leadership Team 2019

**Tracey Malast, DNP(c), MSN, RN**

*Interim Chief Nursing Officer, Robert Wood Johnson University Hospital*



**Maureen Bueno  
PhD, RN**

*Senior Vice President,  
Organizational Effectiveness*



**Lydia Stockman  
MHA, RN, FACHE**

*Senior Vice President,  
Clinical Operations*



**Arlex Matulac  
MSN, BSN, RN**

*Vice President,  
Perioperative Services*



**Kathy Morgan-Gorman  
MS, DNP, RN, NE-BC**

*Vice President, The Bristol-Myers  
Squibb Children's Hospital at  
Robert Wood Johnson  
University Hospital*



**Julie C. Arsenault  
DNP, RN, NE-BC**

*Assistant Vice President  
of Nursing Services*



**Amy Jablonski, MBA,  
BSN, RN, NE-BC**

*Assistant Vice President  
of Clinical Operations*



**Patricia James, MS,  
RN, CCRN, NE-BC**

*Assistant Vice President  
of Nursing Services*



**Judith Lane, MHA,  
BSN, RN, SCRNP**

*Assistant Vice President  
of Clinical Operations*



**Frank Soldo, MHA,  
BSN, RN**

*Assistant Vice President  
Cardiovascular Service Line*



**Kathleen Evanovich  
Zavotsky  
PhD, RN, CCRN, CEN,  
ACNS-BC, FAEN, FCNS**

*Assistant Vice President,  
The Center for Professional  
Development, Innovation  
and Research*



**Jamie Perry  
MSN, RN**

*Interim Assistant  
Vice President of  
Nursing Services*



**Lisa A. Falcón  
MSN, RN, TCRN,  
NE-BC**

*Interim Administrative Director  
of Trauma & Emergency  
Department Services*



**Kathy Easter  
MSN, RN, CCRN-K**

*Magnet Program Director*



**Linda Tamburri  
MS, RN, APN, CCRN**

*Clinical Nurse Specialist,  
Magnet/Quality, Critical  
Care Float Pool, SCTU*



## Chief Nursing Officer's Message

Looking back on 2019, we witnessed the enculturation of Magnet core principles and High Reliability Organization (HRO) strategies on many fronts – with nursing involvement at all levels.

We have integrated safety and quality throughout our processes, including instituting daily HRO nurse leader safety huddles with participation from all disciplines impacting patient care. Following these meetings, every nursing unit conducts its own structured safety huddle to ensure bidirectional communication that incorporates all perspectives, from directors to bedside staff. We also have identified nurse and staff HRO coaches, who share knowledge on unit-based and hospital-wide levels, coach other nurses in safety practices and encourage their peers to speak up for safety.

Using a similar bidirectional approach, our Nursing Shared Governance Practice Council is empowering our nurses to not only guide best practices, but also to identify potential issues

and facilitate solutions. In addition, our nurses and nursing informatics staff participated in an Interprofessional Clinical Electronic Medical Record (EMR) Content Review Committee, which convened disciplines to manage protocols, create consistency and promote safety across order sets. Likewise, various disciplines came together to enhance our Patient and Family Advisory Council in an effort to gain insight that improves the patient experience – which even included an opportunity for family members to shadow nurses.

Thanks to the hard work of our team members, we became the first hospital in the state to earn three-year Accreditation with Distinction from the American Nurses Credentialing Center (ANCC) for our expanded Advanced Practice Provider (APP) Critical Care Fellowship. This robust program provides mentorship and preceptor opportunities for graduate acute care nurse practitioners and physician assistants, enabling them to excel in a highly acute ICU environment.

With valuable insight from our nurses and other team members, we completed major renovations in three departments in 2019. Our skilled emergency care nurses were providing a high level of care in a dated Emergency Department, and they now have the state-of-the-art tools and environment to match. Our renovated Neurocritical Intensive Care Unit has become a model for other facilities to conduct site visits. Likewise, our new Cardiovascular Intensive Care Unit facilitates improved workflow and optimal patient care. From start to finish, nurses at all levels participated in design meetings and influenced the flow and layout of each unit.

In turning our lens inward in 2019, we also recognized the need for emotional support in care delivery. By instituting the Schwartz Rounds™ through the Schwartz Center for Compassionate Healthcare, our nurses, physicians and staff have a unique forum to share and process emotions around our experiences as health care providers.

As we finalize this 2019 nursing annual report, we find ourselves in the trenches in an unprecedented health care battle against COVID-19. I have never been more proud of our nurses, clinicians and staff as they step up to meet this challenge with an extraordinary level of commitment and support for our patients, their families, our community and one another.

**Tracey Malast, DNP(c), MSN, RN**

*Interim Chief Nursing Officer*

*Robert Wood Johnson University Hospital*

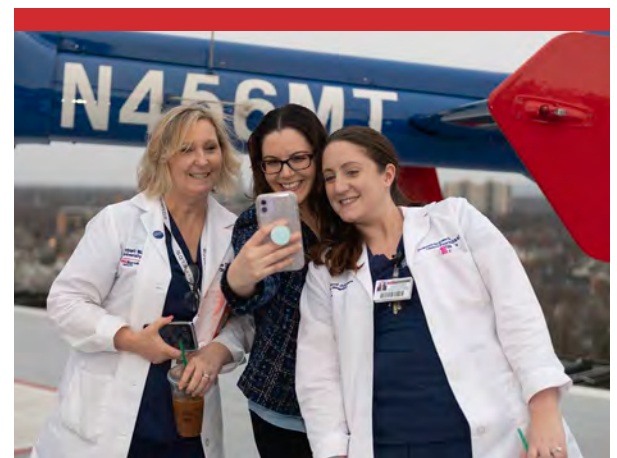


# Transformational Leadership



## Safe Patient Flow Requires Teamwork, Coordination and Leadership

How patients are transferred safely into the RWJUH New Brunswick facility and assigned to the appropriate level of care requires complex coordination and a deep understanding of each patient's clinical needs. The Transfer Center and Bed Management teams work around the clock to keep this process moving efficiently and safely.



## Transfer Center Ensures Safe Entry for Patients

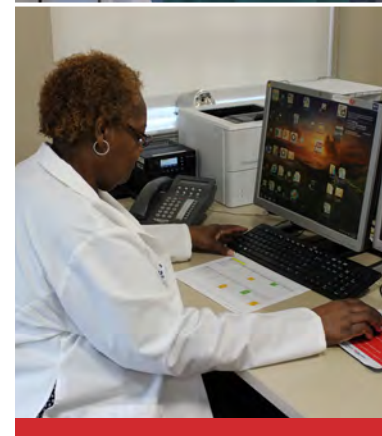
The Transfer Center team collaborates with Bed Management and clinical units to orchestrate the transfer of patients into RWJUH New Brunswick from all over the world, ensuring the right level of care, including on weekends and holidays.

The process starts with a call from the referring facility to the Transfer Center. The center's nurses receive clinical information and determine what specialists are needed for each case. Once it's determined that the hospital can provide the required level of care, they secure a bed and arrange for transportation, and a nurse-to-nurse report is exchanged to initiate a care plan.

The staff interacts with nearly every department in the hospital, from the NICU and Pediatrics to Trauma, Oncology and other specialties. The center is staffed by critical care nurses who manage and disseminate a spectrum of clinical information. If a patient's clinical status changes, the nurses communicate that information to the receiving team to determine if the care plan will change.

"Our nurses provide the whole picture of what's going on with a patient's care, including any social and family issues," explains Kris Vergara, RN, Transfer Center Nurse Coordinator.

In 2019, the center added a dedicated flight team to its services. The flight team can be quickly dispatched to transport critical patients.



## Making Sure Every Patient Has the Right Bed

Bed Management is part of the Clinical Operations Department, which also includes the Staffing Office, Rapid Response Team, nursing supervisors and float pools. The Bed Management team ensures that each patient has the right type of bed at the right level of care, including determining any need for isolation.

The bed manager is the gatekeeper; he or she communicates with physicians and nurses about ED and direct admissions and analyzes bed availability, treatment plans and admission criteria to make a proper placement. The manager also works with Case Management, Environmental Services and other departments to proactively plan for admissions, discharges and transfers.

Daily huddles help the staff anticipate bed availability and address the needs of patients who will be discharged, from coordinating medical equipment for at-home use to arranging physical therapy services. The hospital's electronic bed management system provides real-time data regarding discharges and internal transfers and even notifies Housekeeping when a bed has been vacated and a room needs cleaning.

"Continual communication helps prevent delays and expedites our ability to make appropriate patient bed assignments," explains Jamie Perry, MSN, RN, former Director of Clinical Operations.

"We create a plan each day that accounts for how many patients are coming in, how many are leaving, how many beds are available and a solution if there aren't enough," explains Cheryl Myers, MSN, RN, Director of Nursing Clinical Operations. "What we do is fascinating and complex."



## **Nursing Shared Governance Practice Council Facilitates Input at All Levels**

The Nursing Shared Governance Practice Council (NSGPC), comprised of RWJUH New Brunswick nurse unit-based practice council chairs representing every unit, meets monthly for nearly a full day to ensure bidirectional communication among nurse leaders, nursing staff and other hospital departments while empowering nurses to make changes that benefit their practice and their patients.

“This council was created by nurses for the benefit of all nurses throughout the hospital, and our goal is to help them be the best caregivers they can be,” says Susan Sutphen, BSN, RN-BC, CN4, Same Day Cardiac Catheterization Lab nurse, who has served as a member of the council for five years and was appointed Chair in 2019 after being mentored into the role by fellow council members. “We make nurses at all levels an active part of the process and welcome their input into what we do every day. Everyone brings something to the table.”

Council members not only share needs from their own departments, but they also bring real-time information back to the floors, facilitating coaching opportunities and ensuring that everyone is on the same page.

Sutphen works with nurse leaders and Rhea Araujo, BSN, RN-BC, NSGPC Co-Chair and Cardiovascular ICU nurse, to plan the agenda several weeks prior to each meeting. In addition to discussing general relevant topics, the council hears timely presentations from groups ranging from the Infection Control Committee to the Diabetic Education Committee.

The goal goes far beyond providing reports and updates; when a need is identified through analysis of outcome data or by referral to the council, the council immediately begins to brainstorm solutions, address any barriers and create an action plan for evidence-based practice changes. This has led to improvements such as enhancing communication between nursing and the Laboratory, and adjusting the way IVs are attached to infants’ delicate skin.







## Ensuring Communication Across RWJBarnabas Health

As part of her role, Sutphen represents RWJUH New Brunswick nurses by participating in monthly RWJBarnabas Health Professional Nursing Practice Council meetings, where nurses from all RWJBH hospitals examine policies, procedures and evidence-based practice at the system level. For example, these meetings ensure that all voices are heard as the organization transitions to a new electronic medical record system. In addition, bidirectional communication between the hospital and system levels has led to policy changes consistent with the needs of all RWJBarnabas Health hospitals and patients, such as allowing inpatients with diabetes to use their own insulin pumps, a practice that has been shown to improve patient safety.

For Sutphen, personal growth has been part of the process. Her involvement with the council has inspired her to advance to CN4 certification, and she is now pursuing her master's degree.

"Knowledge is power, and as a nurse working in an outpatient setting, it's really rewarding to understand what's happening on hospital-wide and system levels," she says Sutphen. "In turn, I'm able to bring information back to my peers and make connections with nurses on the floors. With the ongoing support of our nurse leaders, we're connecting the dots to improve nursing practice and patient care."

# Structural Empowerment



## Advanced Practice Provider Fellowship Program Earns ANCC Accreditation

A collaborative, focused effort by RWJUH New Brunswick nurses and other team members to enhance rigor and structure behind the Advanced Practice Provider (APP) Critical Care Fellowship was recently validated by the American Nurses Credentialing Center (ANCC). In 2019, the APP Fellowship earned three-year Accreditation with Distinction—the highest recognition awarded by the ANCC Commission on Accreditation in Practice Transition Programs.

This 12-month postgraduate program at RWJUH New Brunswick is open to board-certified, highly qualified graduate acute care nurse practitioners and physician assistants. Its mission is to foster novice advanced practice providers to become highly functional members of the intraprofessional acute and critical care team. The ANCC application process consisted of an application and an in-depth virtual visit with the core planning team, including feedback from current APP fellows and fellowship graduates.

“We’re proud of this designation because it demonstrates excellence in helping advanced practice providers achieve the highest level of practice,” says Olivia Nicastro, MSN, RN, APN, ACNP-BC, ICU nurse practitioner, Director of the APP Fellowship and primary author of the application document. “I’m so grateful for the support of everyone involved.”



## Building the Infrastructure

The APP Fellowship Program was initially developed by Sherry Stein, DNPc, RN, APN, ACNP-BC, Administrative Director, Hospital-Based Providers, who worked with Nicastro, APP Fellowship Co-Director and ICU nurse practitioner Joanna Tomicich, MSN, RN, APN, AGACNP-BC, physicians, leadership and other team members to build the foundational infrastructure and prepare for accreditation. These efforts included:

- Collecting data
- Developing the mission, vision and values
- Creating content and competencies
- Enhancing didactics
- Adding rotations and objectives in infectious disease, renal care, neurosurgery and cardiology
- Educating physicians about how to best nurture the preceptor relationship and create synergy

The APP Fellowship Program is designed to support the success of participants on many levels, including quarterly “coffee talks” with program leadership and mentorship connections with prior APP Fellowship graduates, all of whom have been hired for advanced practice roles at RWJUH New Brunswick.

“Education is one of the undercurrents of our culture at RWJUH New Brunswick,” adds Nicastro, whose passion for the APP Fellowship Program has inspired her to pursue her PhD. “There’s so much value in experience and didactics. This program combines both to help APPs gain the skills and confidence they need to work effectively in a new practice setting and, in turn, elevate patient care.”





## Behind the Scenes with the Magnet Ambassador Council

Comprised of a nurse member from every unit, the Magnet Ambassador Council (MAC) works at RWJUH New Brunswick to enculturate Magnet® standards into everyday nursing practice.

“The Magnet standards serve as a framework for everything we do as nurses,” says Kristen Dudas, BSN, RN, PCCN, Cardiovascular ICU nurse who was appointed MAC Chairperson in 2019. “It’s an honor to help reflect those standards through our efforts on this council.”

Dudas joined RWJUH New Brunswick in December 2016 in her first nursing position after earning her nursing degree. She joined MAC about a year later, and her enthusiasm for its mission led to her roles as Co-Chair and then Chair.

“Stepping outside my comfort zone in this way has made me more confident in myself and in my professional role,” says Dudas. “As a newer nurse, it’s wonderful to be able to represent my peers at this level and showcase the exceptional things they do.”

## Promoting Nursing Awards and Certifications

In addition to disseminating pertinent information from MAC monthly meetings to nurses throughout the hospital, council members coordinate all processes for the DAISY Awards for nursing excellence and the annual Nurse Excellence Awards presented during Nurses Week – including seeking nominations, reviewing submissions and selecting award recipients. Council members also participate in DAISY Award ceremonies on each floor, joining nurse leaders to celebrate the recipients.

In 2019, the council worked with nursing leaders and Information Technology to create a more accessible online DAISY nomination form, reducing paper usage and increasing nominations. Likewise, the council updated the Nurse Excellence Awards nomination criteria, resulting in increased nominations for each category.

The MAC also promotes the importance of attaining professional nursing certifications through efforts such as engaging cafeteria displays, which featured a “photo booth” in 2019. The current RWJUH New Brunswick certification rate is 56.68%.

“When nurses attain national certifications, that knowledge has a direct impact on improving patient care,” says Dudas. “We’re proud to have those credentials after our names, and we have so much support in place at RWJUH to encourage nurses to take that next step in their professional advancement.”

“Our council is really about uplifting our nurses, promoting their achievements and helping everyone keep the Magnet standards top of mind,” she adds. “We are all working together to continue the legacy we’ve been building.”





**Janice Caraballo**  
NICU



**Li Liu**  
5 Tower (second from left)



**Pamela Chan-Ignacio**  
Operating Room (second from left)



**Susan Sienkiewicz**  
Adult Float Pool (second from left)



**Susan Fastenau**  
Pediatric Hematology/Oncology



**Kimberly Sullivan**  
Child Life Program (second from right)



## Robert Wood Johnson University Hospital Nurse Excellence Awards Recipients 2019



### Virginia H. Joseph Award

James Doherty, MSN, RN, CNII  
Pediatric Emergency Department



### Friend of Nursing

Gaffney Hargis (not pictured)  
Operating Room



### Nursing Technician/Technologist

Victoria Kamara  
Pediatric Hematology/Oncology



### Advanced Practice Provider

Joanna Tomicich, MSN, RN, APN,  
AGACNP-BC, NP-C  
Medical ICU Advanced  
Practice Providers



### Transformational Leadership

Joella Terranova, BSN, RN, CEN  
Pediatric Emergency Department



### Structural Empowerment

Code Blue Committee



### Exemplary Professional Practice

Patricia Rich, BSN, RN-BC, CNIV  
Same Day Surgery Unit



### New Knowledge, Innovations and Improvements

Kerri Lyman, MSN, RN, CPEN, CNIII  
Pediatric Emergency Department



### Magnet Nurse of the Year

Samantha Margulies, BSN, RN, CNII  
6 North



## Nursing Scholarship Awards

### Associate Degree in Nursing

Ejiro Dafe

### Bachelor of Science in Nursing

Kim Bell, RN, CNOR

Juana Molina-Rosa

Jennifer D'Heron, ASN, RN-BC

Jaime Friedland, ASN, RN

### Master of Science

Jennifer Jenkins, BSN, RN, CCRN

Melissa Murphy-Mento, BSN, RN

Lauren Casey, BSN, RNC-NIC

Ruxny McCoy, BSN, RN

Janine Paglaicetti-Lynch, BSN, RN-BC

Thomas Ciancia, BSN, RN, CEN

Lauren Bassett, BSN, RN-BC

Averee Raro, BSN, RN

### Post Masters Advanced Practice Nurse

John Jason Buliyat, BSN, RN, CNOR, RNFA

### Doctoral Studies

Katherine Casas, BSN, RN, CCRN

## Nurse Residency Graduates

Mavis Amoakohene, BSN, RN

Devan Chirelli, BSN, RN

Brianna D'Amato, BSN, RN

Jessica Furman, BSN, RN

Matthew Grapstul, BSN, RN

Evan Gross, BSN, RN

Nicholas La Corte, BSN, RN

Lianna Minniti, BSN, RN

Chinemelum Onwumelu, BSN, RN

Brooke Torpey, BSN, RN

Lisa Turner, BSN, RN

### Lois Pollack Award

Robert Wood Johnson University Hospital

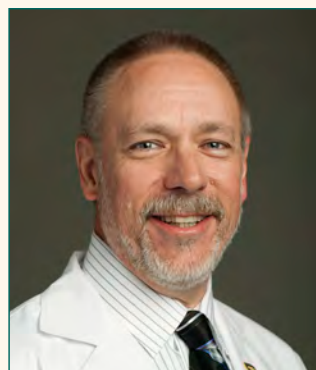
Kobi Walsh, BSN, RN-BC

### Outstanding Achievement Award

Drexel University

Susan Jelvani, MSN, CNL, CCRN, CNRN, SCRNP

## Recognition and Honors



### Timothy Murphy, MSN, RN, CEN, TCRN, FAEN

Nurses with Global Impact Award

Third Annual International Nurses Day  
at the United Nations Award Recipient



### Sherry Stein, MS, RN, APN

2019 March of Dimes Nurse of the Year,  
Advanced Practice

March of Dimes



### Kathleen Zavotsky PhD, RN, CCRN, CEN, ACNS-BC, FAEN, FCNS

Inducted as a Fellow in the Academy of  
Clinical Nurse Specialists (FCNS)

National Association of Clinical Nurse Specialists

## Educational Achievements

### The following nurses obtained a Bachelor of Science in Nursing (BSN) degree in 2019

Liliana Calle-Tito, BSN, RN | Chamberlain University

Nicole Christian, BSN, RN | Grand Canyon University

Teresa Colon-Martinez, BSN, RN | New Jersey City University

Julie Dieguez, BSN, RN | Chamberlain University

Janine Kennovin, BSN, RN | Thomas Jefferson University

Audra Mandarino, BSN, RN, CNOR

Dara McCoy, BSN, RN | Grand Canyon University

Yona Mondesir, BSN, RN | Chamberlain University

Samantha Valdez, BSN, RN | Rutgers, The State University of New Jersey

### The following nurses obtained a Master of Science in Nursing (MSN) degree in 2019

Susan Jelvani, MSN, RN, CNL, CCRN, CNRN, SCR N | Drexel University

Jennifer Jenkins, MSN, RN, CPN | Western Governors University

Rose Malcolm, MSN, RN, CCRN | Walden University

Heather Moreira, MSN, RN | Rowan University

Thomas Rooney, MSN, RN, CCRN | Western Governors University

Eva Spingarn, MSN, RN, CCRN, EMT | Seton Hall University

Marc Stetson, MSN, RN, CPN | Western Governors University

Jessa Torres-Manalastas, MSN, RN, CCRN | Western Governors University

### The following nurses obtained a Doctor in Nursing Practice (DNP) degree in 2019

Stephanie Morales-Rodriguez, DNP, RNC-MNN | Rutgers, The State University of New Jersey

Kala Nair, DNP, RN, CCRN, CNRN | Rutgers, The State University of New Jersey

Maria Silva, DNP, RN | Rutgers, The State University of New Jersey

### The following nurse obtained a Doctor of Philosophy in Nursing (Ph.D. in Nursing) degree in 2019

Kerri Lyman, Ph.D., RN, CPEN | Walden University



## Professional Nursing Certifications

### Congratulations to the following nurses for achieving certification in their specialty in 2019

Christina Alvarez, BSN, RNC | Obstetric, Gynecologic, & Neonatal Nursing

Heidy Aviles, BSN, RN-BC | Medical Surgical Board Certified

Emily Bates, BSN, RN, CPEN, CCRN | Critical Care Registered Nurse

Jennifer Bondarew, RN, CPPS | Certified Professional in Patient Safety

Shalini Borrison, BSN, RN, CCRN | Critical Care Registered Nurse

Yesenia Boynton-Zwiren, BSN, RN-BC | Medical Surgical Board Certified

Andrea Castro, BSN, RN, CCRN | Critical Care Registered Nurse

Michael Fabunmi, BSN, RN-BC | Medical Surgical Board Certified

Leslie Feldman, RN-BC | Medical Surgical Board Certified

Theresa Huynh, BSN, RN-BC, ONC | Orthopedic Nurse Certified

Patricia James, MSN, RN, NE-BC | Nurse Executive Board Certified

Susan Jelvani, MSN, RN, CNL, CCRN, CNRN, SCRNP | Clinical Nurse Leader

Ternita Joy, MSN, RN, NE-BC | Nurse Executive Board Certified

Shireen Khan, MSN, RN-MNN | Maternal Newborn Nursing

Myung Lai, MSN, RN-BC | Medical Surgical Board Certified

Rebecca Lintag, BSN, RN-BC | Medical Surgical Board Certified

Angela LoBrutto, BSN, RN, CCRN | Critical Care Registered Nurse

Rose Malcolm, MSN, RN, CCRN | Critical Care Registered Nurse

Kirstie McNamara, RN, CCRN | Critical Care Registered Nurse

Jenna Miller, RN-BC | Medical Surgical Board Certified

Ruhi Patel, BSN, RN-BC | Medical Surgical Board Certified

Anna Prochik, BSN, RN-BC | Medical Surgical Board Certified

Emilia Rynkowska, MSN, RN, CNL | Clinical Nurse Leader

Kianna Shields, BSN, RN-BC | Medical Surgical Board Certified

Liza Soriano, BSN, RN-BC | Medical Surgical Board Certified

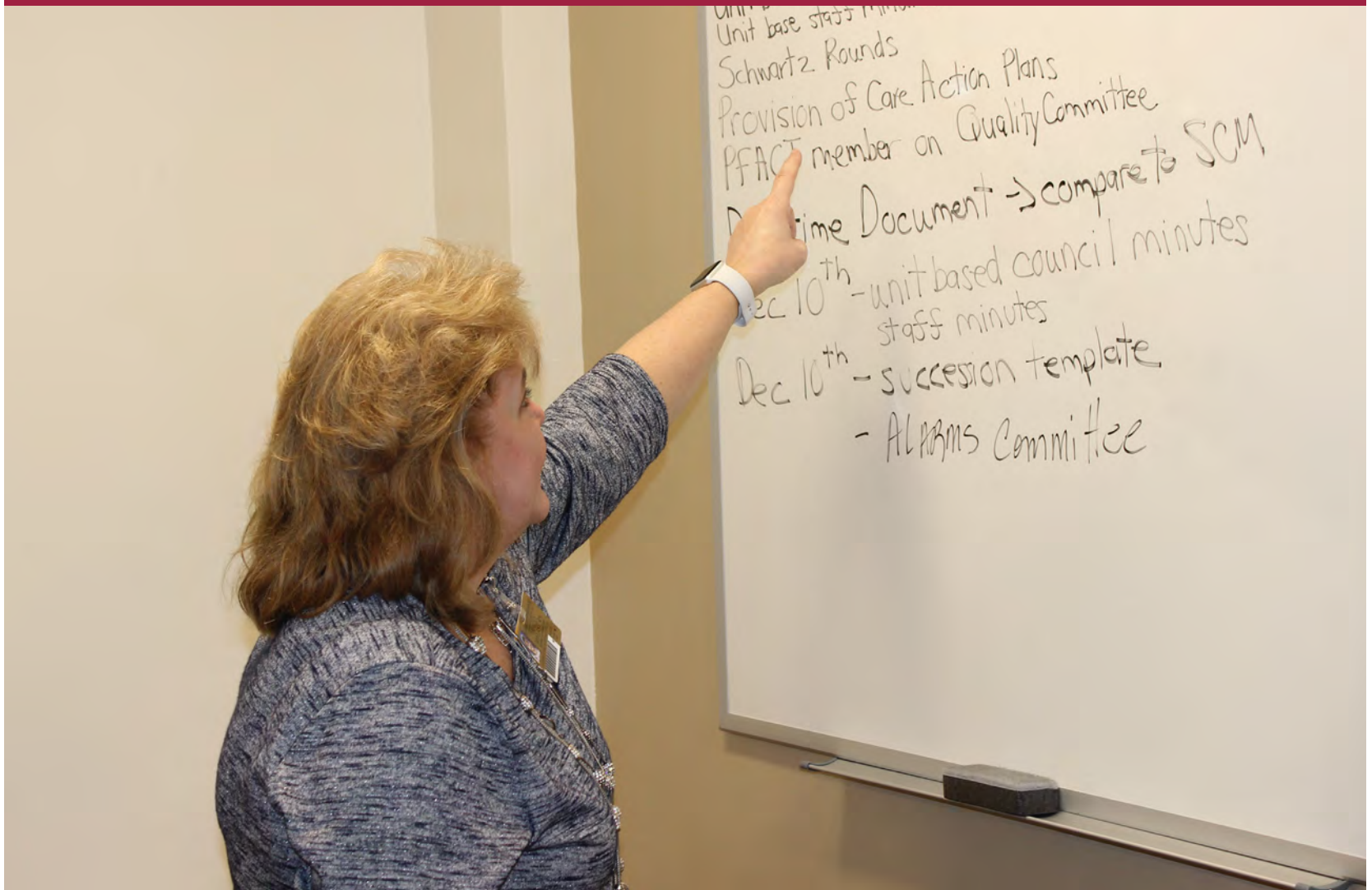
Michelle Spezio, BSN, RN-BC | Cardiac Rehabilitation Nurse

Michael Wardenski, BSN, RN-BC | Medical Surgical Board Certified

Jessica Woisznies, BSN, RN, CCRN | Critical Care Registered Nurse

Menna Zhang, BSN, RN, CCRN | Critical Care Registered Nurse

## Exemplary Professional Practice



### Sharing Experiences and Compassion through the Schwartz Rounds™

In 2019, RWJUH New Brunswick became a health care member of the Schwartz Center for Compassionate Healthcare, joining several other RWJBarnabas Health campuses in the ability to offer Schwartz Rounds™ to all nurses, physicians and staff throughout the hospital. The program is designed to help reduce caregiver stress and address the emotional challenges that staff face in their daily roles.

"To do health care work well, our hearts have to be in it," says Rev. Christine Davies, MDiv, MSW, Director of Pastoral Care, who helped bring the Schwartz Rounds to RWJUH New Brunswick together with Tracey Malast, DNP(c), MSN, RN, Interim Chief Nursing Officer. "We use parts of ourselves to connect with patients and families, which makes us more effective but can also lead to greater levels of caregiver fatigue. This forum creates a safe, supportive space for staff to process those emotions and feel more connected."



Rev. Davies and Malast convened a Schwartz Rounds Planning Committee, with members receiving training from the Schwartz Center for Compassionate Healthcare. The committee observed a Schwartz Rounds program held at RWJUH Somerset, and then adapted this model to suit the needs of the RWJUH New Brunswick team.

In late 2019, the committee planned and held three well-attended Schwartz Round sessions, which featured a panel presentation from various disciplines followed by a discussion among attendees. The topics were, “The Patient I’ll Never Forget,” “When Everything You Do Isn’t Enough” and “The Best Day of My Career.”

Committee member Lauren Michaels, BSN, RN, CCRN, Nursing Director of the Medical ICU, participated in the first Schwartz Rounds as a panelist, telling a story she had never shared before. She described how facilitating a small request from someone whose husband was ending life support made an important difference in helping to bring that family member peace – and in how she would remember that difficult time in the future.

“It struck me that our role goes far beyond caring for the sick – it’s about doing whatever we can to preserve the beauty of the bond between patients and their loved ones,” says Michaels. “It’s very humbling to be a part of those sacred moments, and it was therapeutic for me to share that story with my colleagues and hear their feedback.”

Michaels has noticed a difference on her own unit since the Schwartz Rounds began, with staff being more comfortable in sharing their feelings on a regular basis.

“We deal with crisis every day in the health care field, and we’re so used to helping others that we don’t always know how and when to seek help ourselves,” says Malast. “These sessions are very impactful and so needed – they help us do our job better. During the discussions, you can almost see the light-bulb moments when our team members realize that they’ve felt the same way, too.”



the schwartz center  
FOR COMPASSIONATE HEALTHCARE



## Incorporating HRO Principles into Everyday Practice

Throughout 2019, the RWJUH New Brunswick team worked to enculturate the High Reliability Organization (HRO) tools and techniques learned through hospital-wide HRO trainings conducted the prior year as part of the “Safety Together” initiative. This included the identification of unit-based nurse and staff HRO Coaches, who meet monthly to discuss safety initiatives, bring safety knowledge back to the floors and mentor their peers on best practices for error prevention. HRO Coaches also maintain a presence at events throughout the hospital to reinforce safety messages.

“Nurses make up two-thirds of our workforce and serve in roles ranging from leadership to bedside care, so their input into safety measures is critical,” says Kathleen Zavotsky, PhD, RN, CCRN, CEN, ACNS-BC, FAEN, FCNS, Assistant Vice President, The Center for Professional Development, Innovation and Research and Chair of the HRO Coaches. “They’re not only making groundbreaking contributions to our safety culture, but they are also bringing those messages back to the bedside.”

As part of this structured approach, each unit received new safety huddle boards with areas to write in daily patient parameters, staff needs and suggestions or concerns. After a contest that engaged nurses in decorating the boards, they now serve as a focal point for daily safety huddles to share operational and situational awareness through a safety and reliability lens. These agenda-driven discussions go beyond anticipating safety or quality concerns; they also facilitate nurse-driven pathways for solving them as each concern moves from a red area on the board to yellow and then green when the issue has been resolved.



“We’re building an environment where all nurses and staff feel comfortable speaking up for safety and participating in problem-solving,” says HRO Coach and Pediatric Same Day Surgery nurse Barbara Kakalecik, RN, CN3, who works with her unit’s nurse manager, Sofia Arenas, RN, MSN, to fill out the daily huddle board. This process has led to the unit’s implementation of a “safe space” in which chemotherapy nurses are not interrupted when checking presurgical chemotherapy parameters for patients, an accomplishment Kakalecik is particularly proud of.

RWJUH New Brunswick also continued to broaden its Great Catch Safety Awards program, which recognizes nurses, staff, physicians and medical students for their vigilance in catching and correcting potential safety issues. In 2019, leadership presented more than 300 Great Catch Safety Awards. Improvements implemented as part of this process included:

- Automation of chemotherapy orders in collaboration with physicians and the Pharmacy to remove a transcription step and eliminate legibility corrections
- The redesign of an arterial line kit by an advanced practice nurse, which was implemented by the kit’s manufacturing company
- Enhanced safety measures and history checks to prevent patient interference with IV pumps
- Improved scale accuracy in Labor and Delivery
- The institution of surgical sponge scanning protocols before and after surgery

“We’ve really focused on putting HRO principles into practice,” says Maureen Bueno, PhD, RN, Senior Vice President of Organizational Effectiveness. “You can’t fix what you are not aware of, so it starts with empowering everyone to identify and solve potential issues. As a result, our serious safety event rate has decreased, employee engagement has increased and clinical outcomes are improving. It’s all very connected.”



## **Delivering Comprehensive Stroke Care Takes a Comprehensive Team**

Treating stroke requires a well-coordinated multidisciplinary team to deliver fast, effective care that minimizes damage to the brain. Certified by The Joint Commission and the American Heart Association/American Stroke Association, the Comprehensive Stroke Center at RWJUH New Brunswick provides the highest level of care, from the Emergency Department (ED) and the Neurocritical Care Unit to intermediate care, and every stage in between.

Treating 738 stroke patients in 2019, the center's team members all have specialized training in caring for stroke patients. The stroke team includes neuroscience nurses, neurocritical care nurses, vascular neurologists, neurocritical care physicians, neurosurgeons, interventional radiologists, physical, occupational and speech therapists, dietitians, case managers, social workers and other clinicians who all collaborate to provide patient-centered care.

"The clinical team collaborates on each case to develop an individualized plan of care focused on recovery," says Rebecca Weber, MHA, BSN, RN, CNRN, Director of Neuroscience. "This wouldn't be possible without robust communication between nurses and other clinicians throughout the hospital as each patient transitions through the stages of care."

## **Fast Action in the Emergency Department**

Most stroke patients are first treated in the ED. A Code Stroke is called, mobilizing nurses and the rest of the stroke team to get the patient to CT as soon as possible. Patients are quickly evaluated. If they meet the criteria, a stroke team clinician administers intravenous tPA to those having ischemic or thrombotic strokes. In certain types of ischemic strokes, patients are rapidly transferred to the Special Procedures Department for a mechanical thrombectomy, a type of angiogram that locates and removes the clot, restoring blood flow to the brain. Then, based on the level of care needed, patients are transferred either to the Neurocritical Care Unit or 7 Tower (Stroke Unit).

"Our team-based, protocolized approach to treatment means that every team member knows their specific role, ensuring that patients get quick, evidence-based standardized care," says Weber.

## **Special Procedures to Spare Brain Cells**

Patients often come to the Special Procedures Department directly from CT, where nurses and radiology technicians spring into action during a Code Stroke, according to Radiology nurse Sarah Caley, RN, BSN, CRN. The team preps the room while the patient is in the ED, then the nurse receives a hand-off report, including the patient's baseline NIH stroke scale assessment. The patient is quickly prepped for a mechanical thrombectomy.

"During a stroke, neurons are constantly dying, so time is of the essence," explains Caley. "The sooner we get the clot out, the better the patient's chance for a positive outcome."

Over the last year, the team streamlined its documentation process from ED to Specials to PACU to ensure that patient assessments throughout the care continuum are standardized using the NIH stroke scale.

## **Keeping an Eye on the Clock**

Clinical metrics are tracked at every point of the stroke care continuum, including time to CT, time to tPA and door to puncture time (mechanical thrombectomy).

"Nurses are continually monitoring, measuring and making improvements," says Caley. "We're always trying to find ways to do things better."



## Critical and Intermediate Stroke Care

The most acute stroke patients are admitted to the new 15-bed Neurocritical Care Unit (see page 27). On the unit, patients receive care from specially trained nurses who provide hourly neurological assessments, according to Critical Care nurse Kala Nair, DNP, RN, CCRN, CNRN.

A team of about 10 clinicians, including four neurological intensivists and several advanced practice providers, coordinates with the neurosurgical team to plan each patient's care. Neuro-intensivists are assigned to patients for a week to ensure continuity.

Stroke patients without airway and hemodynamic issues are transferred to the 7 Tower medical-surgical unit. Nurses monitor patients via cardiac telemetry and conduct regular neurological checks to assess NIH stroke and motor strength scores. They also provide electroencephalogram (EEG) and epilepsy monitoring. If a patient's status declines, a nurse can alert the physician to assess for a transfer to the Neurocritical Care Unit.

"Every patient is different, so we continually reassess their status and make adjustments to the care plan," explains stroke-certified registered nurse Dawn Liska, RN, SCR.N.



# New Knowledge, Innovations and Improvements



## New Preoperative ERAS Protocols Implemented to Enhance Patient Recovery

From Preadmission Testing (PAT) to the Post-Anesthesia Care Unit (PACU), RWJUH New Brunswick nurses and other team members work together to ensure that patients are in optimal condition prior to surgery, which in turn improves postoperative outcomes. This approach includes evidence-based preoptimization pathways referred to as Enhanced Recovery After Surgery, or ERAS.

PAT and PACU nurses collaborated with various disciplines and departments to implement ERAS protocols in several areas based on evidence in the literature. This comprehensive undertaking had many components, including evaluating the ability to institute change, strategizing the approach, identifying resources needed across departments, gaining stakeholder support, developing methodology, educating staff and physicians on the rationale for the protocols and implementing patient and family education.

"Evidence-based practice is part of our culture, and it's imperative that initiatives like these are grounded in research to ensure that the time and resources we invest support a true benefit," explains Dawnmarie Devito, MSN, RN, CPAN, PACU Director, who spearheaded the new ERAS protocols together with Karin Graulich, MSN, RN, Director of Same Day Surgery and PAT.



## ERAS Improvements in 2019

Devito and Graulich convened a multidisciplinary team of clinical nurses, physicians and leadership to develop an in-depth patient education booklet titled “Preparing Yourself for Surgery,” which covers preoperative recommendations ranging from nutrition and exercise to the importance of glucose control and smoking cessation. In collaboration with the anesthesia team, they worked with Surgery, the Laboratory and other departments to communicate rationale and integrate three new ERAS protocols into preadmission testing for patients in the Bariatric Surgery Program, with the goal to extend them hospital-wide. They include:

**Nicotine testing.** Because the use of nicotine products is correlated to poor oxygenation, poor healing and increased postoperative complications, nicotine testing has been added to patient urine tests. PAT advanced practice nurses provide education for at-risk patients, and they facilitate referrals to resources like the Rutgers Health Tobacco Dependence Program.

**Hemoglobin A1C testing.** As with nicotine use, poor glucose control can contribute to increased length of stay, morbidity/mortality and readmission rates. Including hemoglobin A1C levels in preadmission testing allows the team to provide patients with the knowledge and resources to improve glycemic control, including referrals to an endocrinologist.

**Preoperative nutrition.** Contrary to prior recommendations that presurgical patients should fast after midnight, research has demonstrated the benefit of preoperative nutrition in preventing malnutrition and dehydration while improving postsurgical outcomes. The implementation of a preoperative nutrition drink protocol helps support normal cellular metabolism while decreasing patient anxiety and enhancing the recovery process.

Devito also educated PAT and Same Day Surgery nurses on the new protocols, and they now provide one-on-one coaching and resource referrals for patients preparing for surgery.

“When we take steps to help patients achieve the best possible health status before going into surgery, we’re positioning them for better overall outcomes and improved satisfaction,” says Graulich. “In fact, patient satisfaction scores in bariatrics increased to the 99th percentile by the fourth quarter of 2019, and I’m confident that this reflects the collective work of our amazing staff in implementing these protocols.”

“We had support from all angles in helping staff throughout the hospital understand the importance of this new knowledge,” adds Devito. “Everyone is in alignment to make these best practices part of our daily routines, and I’m proud of our results.”





## Nurses Provide Vital Input on the Design and Features of New Units

When RWJUH New Brunswick's administrative team decided to expand several clinical areas of the hospital, they turned to the clinical nurses of those units for input.

"Nurses were intimately involved with every step of the planning process," says Julie Arsenault DNP, RN, NE-BC, Assistant Vice President of Emergency, Trauma and Intensive Care Services.

Nurses of all levels participated in design meetings to provide input on the Emergency Department, Cardiovascular Intensive Care Unit and Neurocritical Care Unit expansion projects. They reviewed a variety of plan elements, helping make decisions about medical equipment, patient beds, room features and even wallcovering colors and textile options. Nurses in these departments also provided critical input on the flow and layout of each unit, down to where equipment like mechanical ventilators, suction machines and monitors should be placed for easiest access.

"We were involved from early in the design process and were able to give our opinions about how the rooms should look and where equipment and furniture should be placed," explains Erin Carr, MSN, RN, CCRN, Assistant Director of the Cardiovascular ICU.

"Blueprints were shared with us and regular meetings kept everyone in the loop as construction progressed," adds Emergency Department Throughput Coordinator Emily Sapiezynski BSN, RN, CEN. "All of our nurses had the opportunity to provide their thoughts on the design and workflow of the new ED, and a few participated on the design committee to give more in-depth suggestions."



## Emergency Department

The Emergency Department, which sees 95,000 patients annually, was built around the old department, expanding it from 40,000 square feet to 60,000 square feet. Highlights include:

- More than 100 private treatment areas
- An expanded Secure Holding Area with 12 private behavioral health treatment areas
- A new ambulance bay with three large resuscitation bays that can be converted to ORs if needed
- An expanded 12-bay Care Initiation Area, where patients are either treated, admitted or discharged after initial triage
- A dedicated CT machine
- A biocontainment area to treat victims of a biological pathogen or chemical spill
- Sensory rooms for children and adults with autism



“We have more private rooms to care for our isolation patients and all of our rooms now have cardiac monitors, oxygen and suction available,” says Sapiezynski. “The new unit provides us with better resources to care for our patients.”

## Cardiovascular Intensive Care Unit

The new 21,000-square-foot unit (3 Core) was built on top of 2 Core, expanding from 10 rooms to 24 state-of-the-art private rooms. Features include:

- Movable safe patient handling booms attached to the ceiling that contain gas, oxygen, monitors and other patient care equipment
- Extracorporeal Membrane Oxygenation (ECMO) therapy equipment at the foot of the bed
- Glass doors instead of privacy curtains that can be made opaque by flipping a switch
- Operating room lights in each patient room to enable clinicians to perform certain procedures without having to transport the patient
- An open design with spacious nursing stations laid out to encourage interaction and collaboration
- Floor-to-ceiling windows
- A comfortable waiting area



“We’ve been practicing state-of-the-art cardiac care, but our environment didn’t reflect that,” explains Carr. “Now the unit looks on par with the care that we give.”



## Neurocritical Care Unit

This new 15,000-square-foot unit opened in June 2019 in the space that had housed the cancer research team. Previously, the hospital had seven dedicated neuroscience beds and often ischemic and hemorrhagic stroke patients were placed on different units. Now, all stroke patients are treated in one state-of-the-art, 15-bed unit. Enhanced pain and sedation management and the ability for one-on-one nursing care are just a few of the benefits of the new design. Features include:

- Safe patient handling booms that eliminate the need for carts of equipment in patient rooms
- Electroencephalogram (EEG)-equipped central nervous system (CNS) monitors
- Cabinets with Personal Protective Equipment (PPE), linens and other supplies outside each patient room, eliminating the need to have linen carts in hallways
- Glass doors that can be switched to opaque
- A telemedicine robot that nurses can use for help with patient assessments
- A dedicated CT machine
- Floor-to-ceiling windows
- Two nurses' stations
- Practitioner workspace with electronic monitoring
- Two family waiting areas, including a quiet area with a skylight

"Nurses ensured that every inch of the unit was designed with intention to improve workflow," explains Clinical Educator Sandia Royal, MSN, MPA, RN, CNRN, CCRN.

## Getting Acclimated to the New Units

Nurses received training and orientation to each unit before they opened. Tours and scavenger hunts helped them learn the layout and where to find emergency exits and supplies. In-services included instruction on how to operate each new piece of equipment.

"These expansions have had a positive impact on both nurses and patients," says Arsenault. "Redesigning workflow and better equipping nurses have greatly improved their practice."



## Nursing Research Flourishes at RWJUH New Brunswick and RWJBarnabas Health

Guided by the Nursing Research Steering Committee (NRSC) and its clinical nurse specialists and clinical nurse educators, the research journey at RWJUH New Brunswick places a strong focus on collaboration and engagement across all levels of nursing and beyond.

Last November, research efforts from throughout the past year culminated in the 14th annual Nursing Research Symposium, which convened nurses and other team members from across RWJBarnabas Health at Rutgers University in collaboration with the Rutgers University School of Nursing. The theme “Constructing New Knowledge” was evident throughout the half-day program, which was attended by more than 350 nurses.

RWJUH New Brunswick nurses were participants in more than 30 poster and podium presentations showcased at the symposium. The broad scope of research topics ranged from ECMO and empowerment to the implementation of capnography on the Medical-Surgical Unit. In addition, general agenda topics covered the IRB process and the true value of nursing research. Sharing knowledge in this way on a system-wide level often spurs nurses to initiate similar protocols and processes at their home campuses.

“Nurses are truly scientists at the bedside, because everything we do is based in science,” says Kathleen Zavotsky, PhD, RN, CCRN, CEN, ACNS-BC, FAEN, FCNS, Assistant Vice President, The Center for Professional Development, Innovation and Research (CPDIR). “It’s in our nature to inquire, and this culture of inquiry drives us to continually examine care protocols and seek evidence-based improvements in our practice.”

With the active involvement of nurses, research evolved throughout 2019 and engaged various other disciplines. The CPDIR supports these efforts, encouraging RWJUH New Brunswick nurses to participate in research and present findings at the local, regional and national levels.

“There are no small questions related to nursing practice,” adds Zavotsky. “We are driven to explore every question, and research studies are a vehicle to find those answers. Because nurses are on the front lines of care delivery each and every day, there is no one better positioned to construct solid nursing research studies designed to advance patient care.”





## Publications

Publication Citation	Staff
Easter, K. (2019). Implementing shared governance at the organizational level. In D. Swihart & R. Hess (Eds.), <i>Shared governance: A practical approach to transforming interprofessional healthcare</i> (4th ed., pp. 112-116). Brentwood, TN: HCPro.	Kathy Easter, MSN, RN, CCRN-K
De La Rosa, M., Pitts, S., & Chen, P (2019). Diabetic Care Coordination: An interdisciplinary clinical learning experience for undergraduate nursing students. <i>Journal of Interprofessional Care</i> , 34(2): 269-271.	Shelby M. Pitts, DNP, APN, RN, WHNP-BC
Zavotsky, K. E., & Easter, K. (2019). 2018 Visionary Leader Lori A. Colineri. <i>Nursing Management (Springhouse)</i> , 50(1), pp13-16. doi:10.1097/01.numa.0000550447.79257.77	Kathleen E. Zavotsky, PhD, RN, CCRN, CEN, ACNC-BC, FAEN Kathy Easter, MSN, RN, CCRN-K
Wolf, L. A., Delao, A. M., Malsch, A. J., Moon, M. D., Perry, A., & Zavotsky, K. E. (2019). Emergency Nurses' Perception of Geriatric Readiness in the ED Setting: A Mixed-Methods Study. <i>Journal of Emergency Nursing</i> , 45(4), 374-385. doi:10.1016/j.jen.2019.02.004	Kathleen E. Zavotsky, PhD, RN, CCRN, CEN, ACNC-BC, FAEN

## Research Studies

Principal Investigator/Co-Investigators	Study Title
Kathleen Evanovich Zavotsky PhD, RN, CCRN, CEN, ACNS-BC, FAEN Dawnmarie DeVito, MSN, RN, CPAN	Exploring the Motivational Benefits of Using an Electronic Activity Tracker on Post-operative Hospitalized Patients: A Pilot Study
Kathleen Evanovich Zavotsky PhD, RN, CCRN, CEN, ACNS-BC, FAEN	Triage Decisions Survey
Kathleen Evanovich Zavotsky PhD, RN, CCRN, CEN, ACNS-BC, FAEN The Rev. Christine Davies, MDiv, MSW Adelle DeGuzman, MSN, RN, CCRN Stephanie Murray, MSN, RN-BC Claudia Pagani, MSN, RN-BC, NPD-BC Donna Prete, MSN, RN-BC, NE-BC Sandia Royal, MSN, MPA, RN, CCRN, CNRN Myrna Young, MSN, RN, CNOR	Exploring the Relationship Between Compassion Fatigue and Healthy Work Environment in Nurses Practicing in an Academic Medical Center
Kyala Pascual, BSN, RN, ONC, CJCP Kathleen Evanovich Zavotsky PhD, RN, CCRN, CEN, ACNS-BC, FAEN	Effects of Aromatherapy on Pain in Total Hip and Total Knee Arthroplasty

## Podium Presentations

Title of Presentation	Staff	Conference Name or Sponsor
The Influence of a Registered Nurse-Managed Extracorporeal Membrane Oxygenation Model on Nurses' Self-Report of Empowerment	Julie Arsenault DNP, RN, NE-BC	MGHIHP
The Influence of a Registered Nurse-Managed Extracorporeal Membrane Oxygenation Model on Nurses' Self-Report of Empowerment	Julie Arsenault DNP, RN, NE-BC	RWJBH 14th Annual Research Symposium
Be a VTE Prevention Champion: Successful Strategies for Driving Down VTE Rates	Dawnmarie DeVito, MSN, RN, CPAN Kathleen Wilson, MSN, RN, CNL, SCR Kathleen Zavotsky PhD, RN, CCRN, CEN, ACNS-BC, FAEN, FCNS	American Nurse Today International Webinar for World Thrombosis Day
Massive Transfusion Protocol in the Surgical Intensive Care Unit: A Quality Improvement Project	Susan Jelvani, MSN, CNL, CCRN, CNRN, SCR	International Clinical Nurse Leader Conference
Post-Resuscitation Debriefings and the Pediatric Nurse	Kerri Lyman, PhD, MSN, RN, CPEN	NJ State Emergency Nurses Association Care Conference
Post-Resuscitation Debriefings and the Pediatric Nurse	Kerri Lyman, PhD, MSN, RN, CPEN	Nursing of Children Network Regional Conference
Airway Adjuncts For ED, Airway Management Basic and Advanced	Timothy Murphy, MSN, RN, CEN, TCRN, FAEN;	Trinidad and Tobago Emergency Medicine Association
Facial Fractures = Difficult Airways	Timothy Murphy, MSN, RN, CEN, TCRN, FAEN;	Trinidad and Tobago Emergency Medicine Association
Red Flag ECG's, IV/IO/Central Lines Access	Timothy Murphy, MSN, RN, CEN, TCRN, FAEN;	Trinidad and Tobago Emergency Medicine Association
Trauma Nursing Core Course	Timothy Murphy, MSN, RN, CEN, TCRN, FAEN;	International Emergency Nurses Association
Trauma Service Collections, Denials and Appeals, Basic Trauma Center Finance Course.	Timothy Murphy, MSN, RN, CEN, TCRN, FAEN;	Trauma Center Association of America and Pathway to Excellence® Conference
Harnessing Technology to Improve Outcomes in Cardiopulmonary Arrest	Teresa Savino, MSPSLA, BSN, RN Eileen Howarth, BSN, RN	ANA Quality and Innovation Conference
Crush Injury: The Journey From Worksite to Intervention	Leigh Anne Schmidt, MSN, RN, NE-BC Anthony Filippelli, DNP, RN, CEN, NEA-BC	Emergency Nurses Association
Creating Healthy Work Environments for Second Victims of Adverse Events	Linda Tamburri, MS, RN, APN, CCRN	Philippine Nurses Association
Creating Healthy Work Environments for Second Victims of Adverse Events	Linda Tamburri, MS, RN, APN, CCRN	NJ Council of Magnet Organizations
Effective Strategies Used by Successful leaders in Overcoming Challenges	Myrna Young, MSN, RN, CNOR	AORN Middlesex County Chapter 3107 Operating Room Nurses
Leadership International Women's Day Celebration	Myrna Young, MSN, RN, CNOR	Filipina Women's Network
The Difference Between Research, EBP and PI/QI.	Kathleen Zavotsky PhD, RN, CCRN, CEN, ACNS-BC, FAEN, FCNS	NACNS

## Poster Presentations

Title of Presentation	Staff	Conference Name or Sponsor
Developing a Quality CAR T-Cell Program at RWJUH- New Brunswick in 2018	Patricia Andrews, BSN, RN, OCN Tracey Malast, DNP(c), MSN, RN Nicole McEntee, BSN, RN, OCN, BMTCN	RWJBH Quality & Safety Forum 2019
Implementing An Automated Chemotherapy and Oncology Documentation System- A Nursing Perspective at Robert Wood Johnson University Hospital- New Brunswick in the RWJBarnabas Health System	Patricia Andrews, BSN, RN, OCN	RWJBH Quality & Safety Forum 2019
CAUTI Reduction	Gillian Bone, MSN, RN, CCRN, NP-C Raquel Lusung, BSN, RN Komalpreet Kaur, BSN, RN Alberto Rodriguez, MSN, RN, NE-BC	2019 Quality Fair- RWJUH-NB & CSH: Road Trip to Improvement
RWJBarnabas Health HRO Safety Together	Stacey Cacchione, BSN, RN, CPEN	RWJBH HRO Safety Together Initiative
Safety Fair	Francisca Dagdag, BSN, RN Grace Stanbury, MSN, RNC-MNN Julienne Rivire, BSN, RNC-MNN	RWJBH 14th Annual Research Symposium
Don't Harm Me- Keep the Pressure Off	Rosemarie Daley, BSN, RN, NE-BC Janine Kennovin, BSN, RN, CCRN Camille Lachica, BSN, RN, CVN	RWJBH Quality & Safety Forum 2019
Fall Prevention Committee Manages Fall Risk by Adjusting Adjuvant Medications in Oncology Patients	Kathy Easter, MSN, RN, CCRN-K Niki Irons, BSN, RN Tracey Malast, DNP(c), MSN, RN Susan Hatfield, Pharm. D. Patricia Andrews, BSN, RN Teresa Savino, MSN, RN	2019 Quality Fair- RWJUH-NB & CSH: Road Trip to Improvement
Surgical Normothermia: Achieving the Triple Aim	Susan Elliott, BSN, RN Mary Urrego, RN, CCRN Michelle Dickson, BSN, RN, CAPA Danuta Niewinska, BSN, RN, CPAN Jennifer Pirozzi, BSN, RN, CNOR Pamela McKinney, RN, CRNFA Karin Graulich, MSN, RN	2019 ASPAN National Conference
Better Safe Than Sorry; Capnography Implementation on a Medical Surgical Unit	Abby Eserner, BSN, RN	2019 Quality Fair- RWJUH-NB & CSH: Road Trip to Improvement
Knowledge of Nurses Caring for Patients with Diabetes	Stephanie Ferguson, MSN, RN, RN-BC Donna Prete, MSN, RN, RN-BC, NE-BC Rebecca Ramos, MS, RN Kathleen Evanovich Zavotsky, PhD, RN, CCRN, CEN, AC NS-BC, FAEN	ANA Quality and Innovation Conference and Pathway to Excellence® Conference
Utilizing Failure Mode Effects Analysis to Develop a Quality CAR T-Cell Program	Brandi Handel, MSN, RN Patricia Andrews MSN, RN, ONC Nicole McEntee BSN, RN, OCN, BMTCN	2019 Quality Fair- RWJUH-NB & CSH: Road Trip to Improvement



## Poster Presentations

Title of Presentation	Staff	Conference Name or Sponsor
Utilizing Failure Mode Effects Analysis to Develop a Quality CAR T-Cell Program	Brandi Handel, MSN, RN Patricia Andrews MSN, RN, ONC Nicole McEntee BSN, RN, OCN, BMTCN	RWJBH Quality & Safety Forum 2019
Harnessing Technology to Improve Inpatient Cardiac Arrest Outcomes	Eileen Howarth, BSN, RN	Institute for Health Care Improvement: 2019 National Forum on Quality Improvement in Health Care
Happy Staff Equals Happy and Safe Patients	Patricia James, MSN, RN, NE-BC	ANA Quality and Innovation Conference and Pathway to Excellence® Conference
The Six Month Voyage to IV Medicated Infusion Compliance in the ICU	Susan Jelvani, MSN, CNL, CCRN, CNRN, SCRNI	2019 Quality Fair- RWJUH-NB & CSH: Road Trip to Improvement
Do No Harm-Keeping The Pressure Off	Erin Kelleher, MS, RN, CCNS	RWJBH Quality & Safety Forum 2019
Do Conventional Methods to Prevent C. difficile Infections Work in the BMTU/Leukemic Populations?	Patricia Lafaro, BS, RN, CIC	2019 Quality Fair- RWJUH-NB & CSH: Road Trip to Improvement
Badge Reel Contact Card: A TCAB Project on 6 North	Sara Mahanirananda, BSN, RN Thalia Patino-Andrade, BSN, RN	RWJBH Nurse Leadership Residency Program
Identifying Ethnicity Documentation Inaccuracies in a Trauma Registry: A Global Surgery Perspective	Tim Murphy, MSN, RN, CEN, TCRN, FAEN	Virginia Commonwealth University Global Surgery Symposium
Mass Transfusion Protocol Communication Tool for the Trauma Patient	Timothy Murphy, MSN, RN, CEN, TCRN, FAEN Catherine Filippelli, MSN, RN, APN, FNP-BC, CEN Danielle Spruell, MSN, RN, APN, ACNPC, Lisa Ventola, MSN, RN, APN, ACNPC, AGACNP	2019 Quality Fair- RWJUH-NB & CSH: Road Trip to Improvement
Implementing An Automated Chemotherapy and Oncology Documentation System	Esther Osoro, MSN, BSA, OCN, FNP-C, BMTCN Jamie Perry, MSN, RN Patricia Andrews, BSN, RN Brandi Handel, MSN, RN	2019 Quality Fair- RWJUH-NB & CSH: Road Trip to Improvement
Surgical Hair Clipping	Jennifer Pirozzi, BSN, RN, CNOR	ANA Quality and Innovation Conference and Pathway to Excellence® Conference
SH2: Hospital Meets High School: A Formula for Success	Nicole Rolston, MSN, RN, NPD-BC Lisa Laws, MSN, RNC-NICU	2019 Quality Fair- RWJUH-NB & CSH: Road Trip to Improvement
Responsiveness Performance Improvement Project	Tuesday Rowan, MSN, RN-BC	2019 Quality Fair- RWJUH-NB & CSH: Road Trip to Improvement
Post Intensive Care Syndrome	Sandia Royal, MSN, RN, CCRN, CNRN Victoria Pangilinan, MSN, RN, CCRN	American Association of Critical Care Nurses, Central New Jersey Chapter
Squeaky Clean Oral Care	Elizabeth Russer, MSN, RN, PCCN Stephanie Ferguson, MSN, RN-BC	RWJBH Quality & Safety Forum 2019
Advanced Care of the Trauma Patient with Pelvic Injury	Leigh Anne Schmidt, MSN, RN, NE-BC Anthony Filippelli, MSN, RN, CEN, NEA-BC Catherine Filippelli, MSN, RN, APN, FNP-BC, CEN	New Jersey Emergency Nurses Association
Pelvic Trauma	Leigh Anne Schmidt, MSN, RN, NE-BC	National Emergency Nurses Association
Reducing Instances of Unplanned Extubations	Balraj Singh, DNP, RN, CCRN, CSC	RWJBH 14th Annual Research Symposium

## Appointments

Kathy Easter, MSN, RN, CCRN-K	Board of Director/Treasurer	New Jersey Council of Magnet Organizations
Suzanne Gregory, MS, APN, RN, CCRN	Adjunct Instructor	Rutgers School of Nursing, Rutgers, The State University of New Jersey
Rebecca Ramos, MS, RN-BC	Pediatric Certification Content Expert Panel	American Nurses Credentialing Center
Elizabeth Russer, MSN, RN, PCCN	Adjunct Instructor	Rutgers School of Nursing, Rutgers, The State University of New Jersey
Myrna Young, MSN, RN, CNOR	Board of Director/Treasurer	Philippine Independence Day Council, Inc.
Kathleen Zavotsky PhD, RN, CCRN, CEN, ACNS-BC, FAEN, FCNS	Inducted as a Fellow in the Academy of Clinical Nurse Specialists (FCNS)	National Association of Clinical Nurse Specialists

## Community Outreach

Sharifa Doyle, MSN, RN-BC	Stop The Bleed Presentations for Community
Claudia Pagani, MSN, RN-BC, NPD-BC	NJ Brain Aneurysm and AVM Support Group
Claudia Pagani, MSN, RN-BC, NPD-BC	Robbinsville Soccer Association-Fundraiser
Nicole Rolston, MSN, RN, NPD-BC	Blood Pressure Screening- Saint Mark's Episcopal Church
Nicole Rolston, MSN, RN, NPD-BC	Health Fair Fall 2019 – Saint Mark's Episcopal Church
Nicole Rolston, MSN, RN, NPD-BC	Health Fair Spring 2019 - Saint Mark's Episcopal Church
Rebecca Ramos, MS, RN-BC	Camp Nurse for Children with Limb Loss in Zelienople, PA
Elizabeth Russer, MSN, RN, PCCN	Our Lady of Victories, Sayreville Cheer Coach
Elizabeth Russer, MSN, RN, PCCN	Pop Warner Cheer Coach for Sayreville Junior Bombers
Myrna Young, MSN, RN, CNOR	North Brunswick, New Jersey Food Bank Donator and Volunteer- RWJUH Filipino-American Nurses in collaboration with Dr. Jose P. Rizal International Foundation Inc.
Myrna Young, MSN, RN, CNOR	Chairperson, Co-Coordinator, and Fund Raiser for Philippine Independence Day Parade, Gala, and Ball







One Robert Wood Johnson Place  
New Brunswick, NJ 08901

**732-828-3000**