

2021-2022 NURSING ANNUAL REPORT



Advancing Nursing Excellence





Welcome to Einstein Nursing's 2021-2022 Annual Report



When I think of how you navigated the challenges and opportunities of 2021-2022 while delivering quality care to our patients and their families, two words come to mind: dedication and professionalism.

Your dedication to patient safety was on display as you drove successful pressure injury prevention initiatives, maintain target average times in the EMCP ED for stroke patient door-to-imaging times, and implemented the use of telesitter technology.

Through your outstanding professionalism as nurses, patient satisfaction scores soared at Doylestown Rehab, and MossRehab was once again named one of the nation's best rehab hospitals.

You completed numerous evidence-based projects, such as the NICU's Tiny Bookworm, which aims to support parents of infants in the NICU by enriching developmental care through language nutrition and promoting parent-infant bonding.

Notably, Willowcrest began accepting left ventricular assist device patients for the first time.

You partnered for our Reflection and Resilience day to raise awareness on employee wellness and services that staff can access for stress management and coping.

And certainly, there are endless ways you helped battle the pandemic. From bedside nursing care, new innovative approaches rolled out for COVID-19 patients including COVID-19 drug treatment research studies led by NEPD, and your participation in vaccine education and community vaccination clinics.

In October 2021, a new chapter began: Albert Einstein Medical Center took the exciting step of becoming part of Jefferson Health. With the merger of Einstein Healthcare Network and Jefferson Health, we are part of ten hospitals who have achieved Magnet status – a highly competitive and national designation that recognizes nursing excellence.

In the coming year we will begin preparing our Magnet Document for recertification, which will continue to draw attention to the excellent nursing that is taking place here. You will hear more about this in the coming months.

Your outstanding efforts as professionals and members of interdisciplinary teams are recognized in the pages of the 2021-2022 Annual Report. I look forward to the continuation of amazing things Jefferson Einstein nursing will accomplish by "being bold and thinking differently" about care delivery and nursing practice. Our future is bright, and it is a wonderful time to be a nurse.

Thank you for the work you do every day.

Gina Marone RN

Gina Marone, MSN, RN, NEA-BC
Chief Nursing Officer & VP of Healthcare Services



Dear Colleagues,

I want to acknowledge and thank the care teams across Jefferson Health for your unwavering commitment and dedication to our patients, their families and to each other.

The world has shifted in ways that we are still coming to understand. Living through a global pandemic, while also caring for others, is indeed a life-altering experience. One constant, amidst the many uncertainties of the past two years, has been the compassion and devotion of our nurses, clinicians and support staff across Jefferson.

Collectively, you have courageously faced the daily COVID-19 challenges that have shifted the balance of health care in ways we've never imagined – and still, you rose above, time after time, to put your patients first.

Our teams have witnessed significant suffering, unprecedented death and excruciating pain among families who could not be with their loved ones at critical moments. Every one of you has borne witness to the sacred and intimate moments in the lives of others, and on many occasions, have profoundly impacted those needing comfort and compassion. Despite experiencing your own uncertainties and fears, you were there. Every day and in every way. I deeply understand the enormous human toll this has had, as evidenced by the nationwide staffing crisis in health care.

My commitment to you is to drive equitable compensation models, support worthwhile and meaningful wellbeing programs – with the proper resources – and seek relief for the staffing challenges we continue to face. I know that your voices and perspectives are critically valuable in helping us in our shared commitment to safe, patient-centered care. I will be leveraging nursing governance to hear your concerns and guide decision making in the months ahead, and will also be launching a new, nurse-designed, career ladder that will recognize and reward contributions to quality, safety, as well as your commitment to professional development.

I am so honored to serve as a nurse and will continue to be a fierce advocate for each of you, and the patients, families and communities we serve with unparalleled nursing excellence.

With gratitude & kindness,

Kate FitzPatrick, DNP, RN, NEA-BC, FAAN
Executive Vice President Connelly Foundation Chief Nurse Executive
Officer Jefferson Health



Dear Colleagues,

My name is Elaine Wible, BSN, RN, CRRN and I am a Full Time Rehab Float Nurse.

I'm honored to serve as Chairperson of the Network Nursing Council. During my 11 years as an RN, I've spent 10 years working in Rehab and have served in Shared Governance for about nine years due to my passion for ensuring the voice of nursing is heard.

Looking back on 2021, I'm so proud of the compassionate care we've delivered to our patients and our families during the second challenging year of the pandemic. Additionally, the strong level of empathy we continue to show to our patients and families, our community, and one another this past year is part of what makes being a nurse at Albert Einstein Medical Center so special for me.

One of the reasons why I'm excited that we became part of Jefferson Health in the latter part of 2021 is that we learned that the system Nursing Professional Practice is based on the Quality Caring® Model (QCM), developed by nursing theorist Joanne Duffy, PhD. The QCM places relationships at the center of the nursing process. And these caring relationships, combined with evidence-based practice, empower nurses to create tight-knit teams and promote quality care. This approach helps each person feel that people care about them.

Sincerely,

Elaine Wible, BSN, RN, CRRN
Full Time Rehab Float Nurse

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Albert Einstein Medical Center (AEMC)

AEMC's MISSION, VISION, and VALUES

In 2021, Einstein Health Network merged with Jefferson Health. Albert Einstein Medical Center's mission, vision and values align with those of Jefferson Health. Together, we blend to become one Jefferson in the overarching mission to improve lives.

VISION

Einstein Brilliance and Compassion in All We Touch.

MISSION

With humanity, humility and honor, to heal by providing exceptionally intelligent and responsive healthcare and education for as many as we can reach.

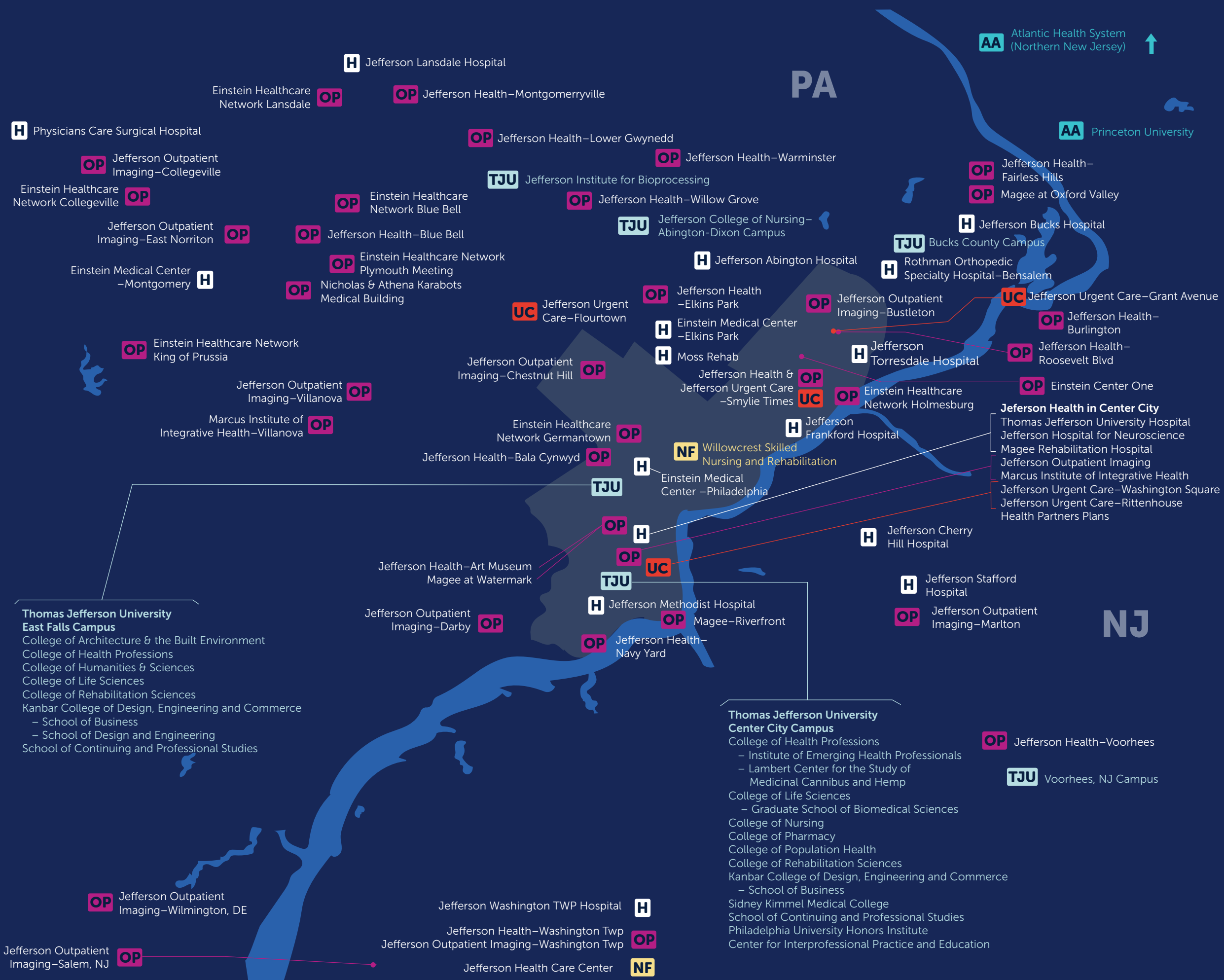
VALUES

Respect, affinity, and empathy.



CLINICAL & UNIVERSITY LOCATIONS

- H** Hospital
- UC** Urgent Care
- OP** Outpatient Facility
- TJU** Academic Facility
- AA** Academic Affiliate
- NF** Nursing Facility



OTHER U.S. LOCATIONS

- TJU** 1889 Foundation – Jefferson Center for Population Health – Johnstown, PA
- OP** Jefferson Outpatient Imaging—West Grove, PA
- AA** Stanford University –California

See next pages for international Academic Affiliations



Nursing's Mission, Vision, and Values

Mission: We improve lives through extraordinary nursing care.

Vision and Values:

1. We put people first by creating a care environment for patients, employees and each other.
2. We are bold and think differently to find creative and meaningful ways to transform care delivery.
3. We do the right thing by putting patients at the center of everything we do.

Nursing's Strategic Plan FY 2021-2022

THE JEFFERSON NURSE

- Improves lives through extraordinary nursing care
- Puts people first by creating a care environment for patients, employees and each other
- Is bold and thinks differently to find creative and meaningful ways to transform care delivery
- Does the right thing by putting patients at the center of everything we do

| NURSING PRACTICE | CLINICAL DEVELOPMENT | NURSING OPERATIONS | OPTIMAL USE OF TECHNOLOGY |
|---|---|---|---|
| <p>Ensure culture of professional excellence and sustainable patient care outcomes</p> <ol style="list-style-type: none"> 1. Develop nursing philosophy to professional practice model 2. Standardize policies and clinical procedures 3. Drive high reliability, with continuous improvement on quality indicators/NDNQI measures 4. Build enterprise nursing research/EPi in partnership with JCN | <p>Become destination of choice employer for new to practice and experienced nurses</p> <ol style="list-style-type: none"> 1. Transform nursing professional development system including career ladder, standard residency/onboarding & competency 2. Develop The Jefferson Nurse brand 3. Implement dedicated education units in partnership with JCN 4. Launch nursing leadership development program aligned with ACNU/ Jefferson leader competencies | <p>Create an effective staffing model that ensures the right nurse is caring for the right patient at the right time.</p> <ol style="list-style-type: none"> 1. Develop system-wide flexible staffing models and optimal scheduling workflows 2. Develop department benchmarks and productivity targets 3. Implement best practice budget processes & Business Intelligent tools/reports 4. Develop a system-wide nursing workforce & engagement strategy with HR | <p>Creating a culture of excellence in clinical transformation thru optimal user of technology.</p> <ol style="list-style-type: none"> 1. Pursue a system-wide nursing technology strategy 2. Drive safety, quality, and accountability utilizing system integration and decision support 3. Develop standardized clinical workflows and care paths 4. Address key technology decisions through smart shared governance |

FOUNDATION OF THE JEFFERSON NURSING PROFESSIONAL PRACTICE MODEL – QUALITY CARING (JOANNE DUFFY)

CARING BEHAVIORS

1. **Mutual Problem Solving:** Assists patients and caregivers to understand, learn and think about their health and illness, and promotes their active engagement in decision-making regarding their care.
2. **Attentive Reassurance:** Being attentive to the patient and present in the moment.
3. **Human Respect:** Value all individuals through unconditional acceptance, care with dignity and recognition of individual rights and responsibilities.
4. **Encouraging Manner:** Communicate in a supportive manner, with positive thoughts and openness to feelings of others.
5. **Appreciation of Unique Meanings:** Recognize that all individuals are a blend of their unique life experiences, and incorporate that knowledge into the relationship.
6. **Healing Environment:** Provide care that maintains the patient's privacy, safety and control.
7. **Basic Human Needs:** Understand that all humans have basic physiological, safety, love/belonging, self-esteem and self-actualization needs, and incorporate these aspects in the plan of care.
8. **Affiliation Needs:** Value and engage the family and caregivers, recognizing that all individuals need to feel they are included.



The Jefferson Nurse Improving Lives, Together



Nursing's Philosophy

The philosophy of nursing at AEMC is grounded in nursing being both a discipline and practice profession. As a discipline, we have a domain of knowledge, which has been developed over time by nursing theorists, leaders, scholars, and professional organizations. As a practice profession we use the theoretical structures of this knowledge to inform education, practice, and research.

Nursing Professional Practice at AEMC is based on the Quality Caring® Model (QCM), developed by nursing theorist Joanne Duffy, PhD. This model combines the art and science of nursing, and stresses the equal importance of both. With a focus on both quality and caring, the QCM provides nurses with a tangible foundation to build their practice and embed caring into the healthcare environment.

Duffy's model places relationships at the core of the nursing process. There are four caring relationships: Relationships with patients and their families, with your nursing team and colleagues, with yourself, and with the communities we serve. These caring relationships, combined with evidence-based practice, empower nurses to foster cohesive teams and promote quality care. This conceptual approach allows individuals to feel cared for and cultivates an environment of collaboration.

Magnet Redesignation

Albert Einstein Medical Center (AEMC), which became a Magnet® hospital in 2019, joined Jefferson Health in October 2021 to create a health system with 10 Magnet-designated hospitals. The Magnet Recognition Award is the highest honor a healthcare organization can receive for nursing excellence. To maintain Magnet designation, healthcare organizations that have been awarded Magnet status must reapply every four years. AEMC nurses will begin writing our Magnet Document in 2022 in preparation to submit for recertification in 2023.

COVID-19 Response

One of the ways that nurse educators and clinical nurse specialists in our NEPD department have supported nurses this year in delivering quality care for their COVID-19 patients is by teaching proning procedures. Proning is the process of turning a patient onto their abdomen, using a series of specific, synchronized turns. The process distributes oxygen more evenly throughout the lungs, which can temporarily improve a patient's overall oxygenation. In 2021, Proning was implemented for COVID-19 patients in our Med-Surg units.

Additionally, NEPD participated in COVID-19 drug treatment studies and provided training and education to nursing on these new medications. Listed below are some examples of the medications and treatment, all fell under Emergency Use Authorizations (EUA).

- Remdesivir
- Convalescent Plasma
- Paxlovid
- Bamlanivimab
- SeaLong Helmet for COVID

Einstein also implemented the continuous pulse Ox monitoring for COVID-19 patients in Tower 6.



Wellness

Albert Einstein Medical Center held a special day of Reconnection and Resilience on Nov. 23, 2021. Participants enjoyed a combination of in-person and virtual wellness, mindfulness, and spiritual activities culminating in an early evening Luminary Reflection on Resilience in garden spaces of the EMCP and EMCEP campuses.

Planned by the Employee Engagement Committee, this special day of wellness initiatives was designed to benefit all staff. Survey feedback from nurses and staff inspired this event. After reviewing survey results showing that nurses and staff needed more help with stress and burnout as a result of the pandemic, Chief Nursing Officer & VP of Healthcare Services Gina Marone, MSN, RN, NEA-BC advocated that the Network do something special to show you that your voices were heard and your wellness matters.

At Einstein, we offer a number of resources and services that you may find helpful during this strenuous time. Please visit our [LiveWell website at https://einsteinlivewell.com/programs/caring-for-the-caregiver/](https://einsteinlivewell.com/programs/caring-for-the-caregiver/) to learn more.



Nurse Residency Program Evidence-Based Projects

The 12-month Nurse Residency Program at Albert Einstein Medical Center provides a robust evidence-based curriculum designed to support the newly-graduated nurse in their professional journey from an advanced learner to a competent leader at the bedside. One of the components is the program is fostering inter-professional collaboration and networking through work on evidence-based practice projects. The following projects were presented by Nurse Residents in 2021.

Implementation of a Prone Position Skin Care Bundle

Use of a proning checklist and application of foam dressings has been found to potentially increase patient safety and help prevent pressure injuries while prone. However, the lack of experience, education, and knowledge related to proning has been associated with the occurrence of skin injuries. This prompted the development of an evidence-based Prone Position Skin Care Bundle (PPSCB). The goal of this evidence-based project was to determine whether an evidence-based Prone Position Skin Care Bundle prevents patients from developing skin injuries while being prone.

The PPSCB was developed to include all the items required for proning inside a clear "Grab & Go Bag." It included a 10-step instruction sheet listing bundle elements, a visual guide for placing Mepilex products, one Z-pillow, and a data collection checklist which could be placed outside of the patient's room. Education on how to implement the bundle was provided to MICU and SICU nurses in person and via email. Nurses were asked to complete the data collection checklist form each time a patient was prone. Data collection occurred from March 22-April 30, 2021.

Results of this project showed that overall pressure injury events and severity of skin injuries for both MICU and SICU were reduced.

Role Assignment During Resuscitations and ED Team Performance

Resuscitations in the ED require an organized team to maintain situational awareness and communicate effectively while working toward the best possible outcome for patients.

Research shows that role assignment prior to patient arrival improves workflow and communication between team members. The 'Team Emergency Assessment Method' (TEAM) is a validated tool for assessing the non-technical performance of emergency medical and trauma teams, and higher TEAM scores for resuscitations with assigned roles indicate improved leadership, communication and adaptation.

The goal of this evidence-based project was improved workflow, communication, situational awareness, and individual accountability, during resuscitations using the TEAM tool.

Nine resuscitations wherein roles were not assigned were observed and scored using the TEAM tool. Staff were then educated on role assignment when a CODE is hasted, and roles for resuscitations were posted around the department. Eight resuscitations wherein roles were assigned were observed and scored. The scores were averaged, pre and post intervention. Results of this project showed an increase of 23% of overall perception of the team's performance.

Use of Rapid Sequence Medication Administration for Non-Emergent Intubations in the Neonatal Population

Although intubation is a life saving measure, there are multiple side effects that can come with the procedure such as: desaturations, bradycardia, hypertension, increased intracranial pressure and intraventricular hemorrhage in premature infants.

In many adult ICUs, rapid sequence medications are used routinely for intubations. However, their use is less common in the neonatal population. Increasing Registered Nurses (RNs) knowledge of the medications may help the RNs feel more competent about administering them and may help empower the RNs to advocate for more routine use of rapid sequence protocols for intubation in the neonatal population.

The goals of this project were to enable participants to be able to explain what the Rapid Sequence for Intubation (RSI) Protocol is, describe how to administer the medications of the RSI Protocol as well as the benefits and potential side effects, and for NICU RNs, determine if education on premedication for non-emergent intubation, increases RN knowledge of the rapid sequence intubation protocol.

An assessment was conducted in the form of a pre-survey to evaluate current knowledge in regard to those medications. Participants, which included RNs, Attending Physicians and Neonatal Nurse Practitioners then completed an educational module. At the end of the module, participants completed a post-survey to assess knowledge gained. The post-survey included some of the same Likert-Scale questions as the pre-survey.

Prior to completing the education, only 48% of participants reported feeling comfortable with administering the medications of the RSI Protocol compared to 91% on the post-survey. A significant improvement was made with knowledge about the adverse effects of the medications of the RSI Protocol after the educational intervention. After completing the module, 96% reported knowing the adverse effects of the medications versus only 13% on the pre-survey.

Falls in the Emergency Department

Topic: Falls in the Emergency Department
Nurse Residents: Marlene Costa, Keith Hanley, Maggie O'Connor

BACKGROUND

- Falls have a significant impact within the Emergency Department (ED) regarding injury, length of stay, health care cost, and quality of life.
- Over 3 million ED visits are from adults aged 65 and older due to having a fall (CDC, 2018).
- One study by McLaughlin & Hughes (2017), identified drug use (75.9%), impaired mobility (58.7%), and altered mental status (50%) as being factors that increase the risk for falls in the emergency department.

PROJECT GOALS

The goal of this EBP project is to reduce the incidence of falls in the ED through utilizing the Posey Stretcher alarm along with falls bundle.

PICT QUESTION

For Emergency Department (ED) patients at risk for falls, does utilizing the Posey stretcher alarm reduce the incidence of patient falls while in the ED?

METHODS

We currently use the full prevention bundle in the Emergency Department; however, our fall rates were still elevated through the months of June and July. Therefore, Posey Stretcher Alarm pads were implemented to reduce falls. An educational PowerPoint on HealthStream followed by in-person demonstrations of the posey alarm pad was completed with all registered nurses in the department during daily huddles. A log was created for registered nurses to document the times the alarm had been used along with the following questions:

- 1 Did the alarm benefit your practice?
- 2 Did the alarm fit well into your workflow?
- 3 Did the patient fall or have an adverse outcome when the alarm was properly used?

RESULTS

For the months of August and September there were seven documented accounts of the Posey Stretcher Alarm being used. When the Posey stretcher alarm was used as directed by registered nurses in the ED, patients had zero percent of falls after activation of the alarm. For the months of August and September there were a documented number of eleven falls. Not one of these events was the Posey Stretcher alarm used or documented to be in place. Registered nurses reported a benefit of their practice along with an ease of workflow when the Posey stretcher alarm was used on a patient that identified as a high risk for falls.

REFERENCES

Choi R. J. (2017). Preventing inpatient falls: The nurse's pivotal role. *Nursing*, 47(3), 24-30. <https://doi.org/10.1097/01.NUR.0000041117.13175.20>

Shelton C. R., Faxon U. (2019). Decreasing falls in the Emergency Department by implementing the use of Voice Activated Stretcher Alarm Pads. *2019 Nurse Health Care* 2019; 10(2): 5557-58. DOI: 10.1097/ONHC.00000000000005785.

McLaughlin, D. R. & Hughes, J. A. (2017). Who falls in an adult emergency department and why? A retrospective review. *Academy of emergency nursing journal* : AENJ, 20(1), 12-16. <https://doi.org/10.1016/j.aen.2016.11.001>

Take Stock of Falls. CDC Centers for Disease Control and Prevention. (CDC, 2018).

Falls have a significant impact within the Emergency Department (ED) regarding injury, length of stay, health care cost, and quality of life. An evidence-based project aimed to reduce the incidence of falls in the ED through utilizing the Posey Stretcher alarm along with falls bundle. Posey Stretcher Alarm pads were implemented on the ED. An educational PowerPoint on HealthStream followed by in-person demonstration of the posey alarm pad was completed with all registered nurses in the department during daily huddles. A log was created for registered nurses to document the times the alarm had been used along with the following questions: Did the alarm benefit your practice? Did the alarm fit well into your workflow?

Did the patient fall or have an adverse outcome when the alarm was properly used?

For the months of August and September there were seven documented accounts of the Posey Stretcher Alarm being used. When the Posey stretcher alarm was used as directed by registered nurses in the ED, patients had zero percent of falls after activation of the alarm. Registered nurses reported a benefit of their practice along with an ease of workflow when the Posey stretcher alarm was used on a patient that identified as a high risk for falls.

Improved Discharge Planning at MossRehab

Improved Discharge Planning at Moss Rehab
Nurse Resident: Jamie Bruce BSN, RN

BACKGROUND

Discharge planning is a critical component of patient care. It involves identifying and addressing patient needs, coordinating services, and ensuring a safe transition from the hospital to the home or another care setting. The goal of this project was to improve discharge planning for patients at Moss Rehab.

METHODS

The project involved a review of current discharge planning practices and the implementation of a new protocol. The new protocol included a checklist for discharge planning, which was used by registered nurses in the ED. The checklist included items such as patient assessment, patient education, and coordination of services.

RESULTS

The results of the project showed a significant improvement in discharge planning. The number of patients who were discharged safely and on time increased, and the number of readmissions decreased. The new protocol was well-received by staff and patients.

PROJECT GOALS

The goal of this project is to improve discharge planning for patients at Moss Rehab by implementing a new protocol. The project aims to reduce the number of readmissions and improve patient satisfaction.

PICT QUESTION

For patients at Moss Rehab, does implementing a new discharge planning protocol reduce the number of readmissions and improve patient satisfaction?

NEXT STEPS

The next steps for this project are to continue to monitor the results of the new protocol and to make any necessary adjustments. The project will also continue to provide education and support for staff and patients.

REFERENCES

Albert Einstein Medical Center. Nurse Residency Program.

Discharging patients from an inpatient setting is a complex process that requires multidisciplinary planning and education to appropriately transition care. The goals of this evidence-based project were to:

- compare Moss Rehab's current discharge protocol to the published literature regarding the safest and most efficient way to discharge patients from an inpatient setting
- prevent readmission
- increase patient satisfaction

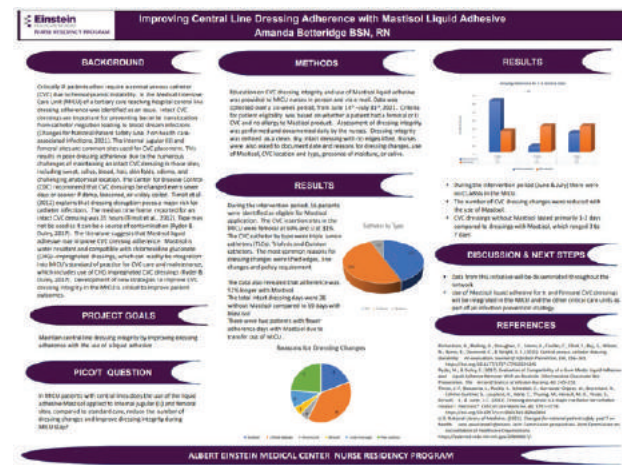
By determining the effectiveness of evidence-based practices and comparing them to the discharge policies that are currently used at this institution, modifications can be made to improve patient safety and satisfaction upon leaving this facility and reintegrating themselves back into the community.

Results found that overall, Moss Rehab has been utilizing successful practices when preparing for patient's discharges. However, these assessments are made upon admission and are not regularly updated by the multidisciplinary team during the patient's length of stay. Updating the discharge needs based on the patient's progress will make the transition to home and the community safer and more effective. Other aspects of discharge planning that can positively impact the transition of care include getting patients more involved in the development of said checklists. This allows the patients to express their worries and concerns regarding discharge and health care providers to provide further education. Because the discharge documentation is completed electronically, having a form to which all members of the interdisciplinary team have access can improve communication among the team and the patient and can be updated based on the patient's needs and progress.

Updating and thoroughly completing the documentation should then be required documentation on a daily or weekly basis so patients and families are prepared for discharge. The last improvement that can be made to discharge planning includes a discharge interview. This refers to debriefing with families and caregivers after family instruction sessions to address any of the needs and concerns of the family and patient to tie up all loose ends before leaving Moss Rehab. Future research could implement these potential improvements and determine their effect on the discharge process.



Improving Central Line Dressing Adherence with Mastisol Liquid Adhesive



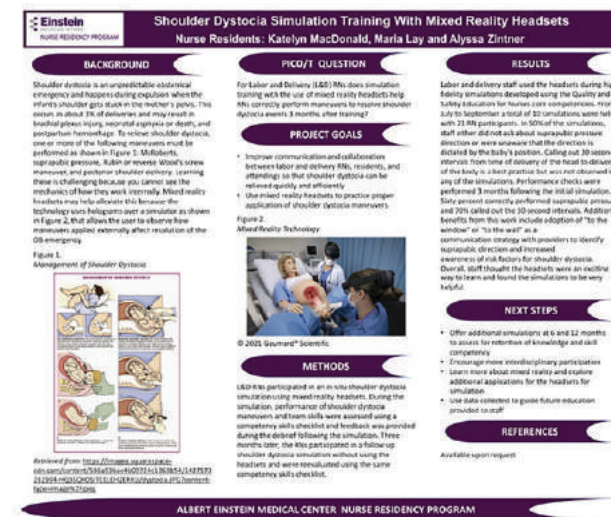
Critically ill patients often require a central venous catheter (CVC) due to hemodynamic instability. Dressing disruption poses a major risk for catheter infections. The literature suggests that Mastisol liquid adhesive may improve CVC dressing adherence.

The goal of this evidence-based project was to maintain central line dressing integrity by improving dressing adherence with the use of a liquid adhesive. Development of new strategies to improve CVC dressing integrity in the MICU is critical to improve patient outcomes.

For this project, education on CVC dressing integrity and use of Mastisol liquid adhesive was provided to MICU nurses. During the intervention period, 16 patients were identified as eligible for Mastisol application. The CVC insertion sites in the MICU were femoral at 69% and IJ at 31%. The most common reasons for dressing changes were lifted edges, line changes and policy requirement. Results of this project showed that the number of CVC dressing changes were reduced with the use of Mastisol. CVC dressings without Mastisol lasted primarily 1-2 days compared to dressings with Mastisol, which ranged 3 to 7 days.

Use of Mastisol liquid adhesives for IJ and Femoral CVC dressings will be integrated in the MICU and other critical care units as part of an infection prevention strategy.

Shoulder Dystocia Simulation Training with Mixed Reality Headsets



Shoulder dystocia is an unpredictable obstetrical emergency and happens during expulsion when the infant's shoulder gets stuck in the mother's pelvis. This occurs in about 3% of deliveries and may result in brachial plexus injury, neonatal asphyxia or death, and postpartum hemorrhage. To relieve shoulder dystocia, one or more of the following maneuvers must be performed: McRoberts, suprapubic pressure, Rubin or reverse Wood's screw maneuver, and posterior shoulder delivery. Learning these is challenging because one cannot see the mechanics of how the maneuvers work internally. Mixed reality headshots may help alleviate this because the technology uses holograms over a simulator that allows the user to observe how maneuvers applied externally affect resolution of the OB emergency.

L&D RNs participated in an in-situ shoulder dystocia simulation using mixed reality headsets. During the simulation, performance of shoulder dystocia maneuvers and team skills were assessed using a competency skills checklist and feedback was provided during the debrief following the simulation. Three months later, the RNS participated in a follow up shoulder dystocia simulation without using the headsets and were reevaluated using the same competency skills checklist.

Labor and delivery staff used the headsets during high fidelity simulations developed using the Quality and Safety Education for Nurses core competencies. During three months, one simulation was held with 21 participants. Results of the project showed that in 50% of the simulations, staff either did not ask about suprapubic pressure direction or were unaware that the direction is dictated by the baby's position. Calling out 30 second intervals from time of delivery of the head to delivery of the body is a best practice but was not observed in any of the simulations. Performance checks were performed 3 months following the initial simulation. Sixty percent correctly performed suprapubic pressure and 70% called out the 30 second intervals. Overall, staff thought the headsets were an exciting way to learn and found the simulations to be very helpful.



Certified Nurses

| Name | Certification Credential |
|------------------------|---|
| Griffin, Charlene A. | ACNS-BC (Adult Health CNS) |
| Thomas, Elizabeth | ACNS-BC (Adult Health CNS) |
| Accordino, Ashley | CBC (Certified Breastfeeding Counselor) |
| Acevedo, Angel Ricardo | CBC (Certified Breastfeeding Counselor) |
| Allen, Ayesha | CBC (Certified Breastfeeding Counselor) |
| Banks, Stephanie | CBC (Certified Breastfeeding Counselor) |
| Bianchi, Liza | CBC (Certified Breastfeeding Counselor) |
| Bishop, Audrey | CBC (Certified Breastfeeding Counselor) |
| Blumenthal, Tara | CBC (Certified Breastfeeding Counselor) |
| Bongart, Jacqueline | CBC (Certified Breastfeeding Counselor) |
| Brown, Sarah | CBC (Certified Breastfeeding Counselor) |
| Camacho, Johanna | CBC (Certified Breastfeeding Counselor) |
| Cameron, Diana | CBC (Certified Breastfeeding Counselor) |
| Capella, Elizabeth | CBC (Certified Breastfeeding Counselor) |
| Colon, Melinda | CBC (Certified Breastfeeding Counselor) |
| Davis, Tonisha | CBC (Certified Breastfeeding Counselor) |
| Elliott, Deborah | CBC (Certified Breastfeeding Counselor) |
| Fernandez, Loren | CBC (Certified Breastfeeding Counselor) |
| Fields, Donna | CBC (Certified Breastfeeding Counselor) |
| Folk, Diane | CBC (Certified Breastfeeding Counselor) |
| Gibson, Patricia | CBC (Certified Breastfeeding Counselor) |
| Gonzalez, Sonia | CBC (Certified Breastfeeding Counselor) |
| Gowans, Gina | CBC (Certified Breastfeeding Counselor) |
| Jackson, Rasheeda | CBC (Certified Breastfeeding Counselor) |
| Johnson, Crystalle | CBC (Certified Breastfeeding Counselor) |
| Keller, Lauren | CBC (Certified Breastfeeding Counselor) |
| Kocotis, Erin | CBC (Certified Breastfeeding Counselor) |
| Lee, Diana | CBC (Certified Breastfeeding Counselor) |
| Leon, Tonisha | CBC (Certified Breastfeeding Counselor) |
| Martinez, Bianca | CBC (Certified Breastfeeding Counselor) |
| Masterson, Colleen | CBC (Certified Breastfeeding Counselor) |
| Mattioli, Maria | CBC (Certified Breastfeeding Counselor) |
| McCrumm, Faye | CBC (Certified Breastfeeding Counselor) |
| McLaughlin, Kerriane | CBC (Certified Breastfeeding Counselor) |
| Milena Cuero, Ana | CBC (Certified Breastfeeding Counselor) |
| Miller, Amy | CBC (Certified Breastfeeding Counselor) |
| Núñez, Priscilla | CBC (Certified Breastfeeding Counselor) |
| Nyce, Phyllis | CBC (Certified Breastfeeding Counselor) |
| Obermeier, Megan | CBC (Certified Breastfeeding Counselor) |
| O'Gara, Irene | CBC (Certified Breastfeeding Counselor) |
| O'Neill, Sarah | CBC (Certified Breastfeeding Counselor) |
| Patel, Sonali | CBC (Certified Breastfeeding Counselor) |
| Portman-Stenson, April | CBC (Certified Breastfeeding Counselor) |
| Redley-Peak, Stacey | CBC (Certified Breastfeeding Counselor) |
| Sharkey, Jeanmarie | CBC (Certified Breastfeeding Counselor) |

| Name | Certification Credential |
|-----------------------|---|
| Simonis, Melissa | CBC (Certified Breastfeeding Counselor) |
| Som, Jenny | CBC (Certified Breastfeeding Counselor) |
| Spratt, Thu | CBC (Certified Breastfeeding Counselor) |
| Stair, Cheyenne | CBC (Certified Breastfeeding Counselor) |
| Stair, Cheyenne | CBC (Certified Breastfeeding Counselor) |
| Stokes, Rasheen | CBC (Certified Breastfeeding Counselor) |
| Taylor, Latisha | CBC (Certified Breastfeeding Counselor) |
| Vizza, Denise | CBC (Certified Breastfeeding Counselor) |
| Wallace, Glenna | CBC (Certified Breastfeeding Counselor) |
| West, Ashley | CBC (Certified Breastfeeding Counselor) |
| Williams, Vivie | CBC (Certified Breastfeeding Counselor) |
| Wojciechowski, Cheryl | CBC (Certified Breastfeeding Counselor) |
| Yoh, Kristen | CBC (Certified Breastfeeding Counselor) |
| Zhitnitsky, Rimma | CBC (Certified Breastfeeding Counselor) |
| Zimmer, Emma | CBC (Certified Breastfeeding Counselor) |
| McGrath, Nancy | CBN (Certified Bariatric Nurse) |
| Ajuz, Yvonne R | CCRN (Critical Care RN) |
| Albertson, Diane | CCRN (Critical Care RN) |
| Axelrod, Anthony | CCRN (Critical Care RN) |
| Benrov, Rachel | CCRN (Critical Care RN) |
| Booth, Gwynne | CCRN (Critical Care RN) |
| Brennan, Beatrice | CCRN (Critical Care RN) |
| Brown, Veronica | CCRN (Critical Care RN) |
| Burns, Ava | CCRN (Critical Care RN) |
| Campbell, Patrick | CCRN (Critical Care RN) |
| Cannon, Patty | CCRN (Critical Care RN) |
| Capili, Glenn | CCRN (Critical Care RN) |
| Chungag, Kenneth | CCRN (Critical Care RN) |
| Collins, Kevin | CCRN (Critical Care RN) |
| Concepcion, Charis | CCRN (Critical Care RN) |
| Conley, Amanda | CCRN (Critical Care RN) |
| Cunningham, Patrick | CCRN (Critical Care RN) |
| Curley, Stacy | CCRN (Critical Care RN) |
| Delaney, Christopher | CCRN (Critical Care RN) |
| Dikon, Colleen | CCRN (Critical Care RN) |
| Dinkins, Aleta | CCRN (Critical Care RN) |
| Dogan, Jesse | CCRN (Critical Care RN) |
| Donnelly, Chad | CCRN (Critical Care RN) |
| Donohue, Erin | CCRN (Critical Care RN) |
| Egan, Brendan | CCRN (Critical Care RN) |
| Field, Evan | CCRN (Critical Care RN) |
| Finn, Brittany | CCRN (Critical Care RN) |
| Furlong, Caitlin | CCRN (Critical Care RN) |
| Gerard, Kristen | CCRN (Critical Care RN) |
| Grant, Kathryn | CCRN (Critical Care RN) |

| Name | Certification Credential |
|--------------------------|--------------------------|
| Guendelsberger, Viktoria | CCRN (Critical Care RN) |
| Haines, Mary Kate | CCRN (Critical Care RN) |
| Haney, Eileen | CCRN (Critical Care RN) |
| Harris, Samira | CCRN (Critical Care RN) |
| Hayes, Caitlin | CCRN (Critical Care RN) |
| Howey, Eleanor | CCRN (Critical Care RN) |
| Jacobson, Carolyn | CCRN (Critical Care RN) |
| Johnson, Rebecca | CCRN (Critical Care RN) |
| Kennedy, Caitlin | CCRN (Critical Care RN) |
| Kull, Carol | CCRN (Critical Care RN) |
| Lahart, Daniel | CCRN (Critical Care RN) |
| Lawal, Erica | CCRN (Critical Care RN) |
| Lerch, Ashley | CCRN (Critical Care RN) |
| Leva, Anita | CCRN (Critical Care RN) |
| Leva, Anita | CCRN (Critical Care RN) |
| Losowski, Taylor | CCRN (Critical Care RN) |
| Luhn, Gregory | CCRN (Critical Care RN) |
| Marinho, Olabisi | CCRN (Critical Care RN) |
| McCall, Janice | CCRN (Critical Care RN) |
| McKay, Dana | CCRN (Critical Care RN) |
| Micheletti, Lorraine | CCRN (Critical Care RN) |
| Miller, Teresa | CCRN (Critical Care RN) |
| Molloy, Patricia | CCRN (Critical Care RN) |
| Molloy, Patrick | CCRN (Critical Care RN) |
| Mudryy, Michael | CCRN (Critical Care RN) |
| Murray, Dara | CCRN (Critical Care RN) |
| Murray, Dara | CCRN (Critical Care RN) |
| Nemeth, Stephanie | CCRN (Critical Care RN) |
| Nesbitt, Latoya | CCRN (Critical Care RN) |
| Ngo, Dustin | CCRN (Critical Care RN) |
| Nissley, Kristine | CCRN (Critical Care RN) |
| Olyansky, Gregory | CCRN (Critical Care RN) |
| Ouch, Sundaly | CCRN (Critical Care RN) |
| Pasos, Jennifer | CCRN (Critical Care RN) |
| Patel, Darshali | CCRN (Critical Care RN) |
| Patel, Kaval | CCRN (Critical Care RN) |
| Poindjour, Myriam | CCRN (Critical Care RN) |
| Powrozniak, Marie | CCRN (Critical Care RN) |
| Rabena, Chelsea | CCRN (Critical Care RN) |
| Robbins, Timothy | CCRN (Critical Care RN) |
| Rosenberg, Melissa | CCRN (Critical Care RN) |
| Sample, Laurell | CCRN (Critical Care RN) |
| Sanou, Hakeem | CCRN (Critical Care RN) |
| Sciarrone, Jessica | CCRN (Critical Care RN) |
| Siddhika, Bibi | CCRN (Critical Care RN) |

Certified Nurses

| Name | Certification Credential |
|-------------------------|--|
| Slifer, Teresa | CCRN (Critical Care RN) |
| Sliwinski, Aidan | CCRN (Critical Care RN) |
| Smith, Jaron | CCRN (Critical Care RN) |
| Smith, Jessica | CCRN (Critical Care RN) |
| Smith, Kirsten | CCRN (Critical Care RN) |
| Stone, Lisa | CCRN (Critical Care RN) |
| Stone, Manuela | CCRN (Critical Care RN) |
| Thomas, Frances | CCRN (Critical Care RN) |
| Toczyłowski, Jacqueline | CCRN (Critical Care RN) |
| Vanore, Catherine | CCRN (Critical Care RN) |
| Wechter, Kim Marie | CCRN (Critical Care RN) |
| Werner, Nicole | CCRN (Critical Care RN) |
| Wexler, Jourdan | CCRN (Critical Care RN) |
| Weymouth, Joan | CCRN (Critical Care RN) |
| Williams, Brianna | CCRN (Critical Care RN) |
| Woodruff, Ira | CCRN (Critical Care RN) |
| Bartoletti, MaryLynn | CCRN-K (Critical Care RN Knowledge Professional) |
| Hopkins-Pepe, Loraine | CCRN-K (Critical Care RN Knowledge Professional) |
| Miller, Sandi | CCRN-K (Critical Care RN Knowledge Professional) |
| Geriffin, Charlene | CCTNS (Certified Clinical Transplant Nurse) |
| Storbrauck, Rebecca | CDE (Certified Diabetes Educator) |
| Abbamondi, Jennifer | CEN (Certified Emergency Nurse) |
| Banberger, Raelynne | CEN (Certified Emergency Nurse) |
| Barr, Rachael | CEN (Certified Emergency Nurse) |
| Belmont, Charles | CEN (Certified Emergency Nurse) |
| Blackwell, Rhunette | CEN (Certified Emergency Nurse) |
| Brown-Young, Erica | CEN (Certified Emergency Nurse) |
| Cleary, Carla | CEN (Certified Emergency Nurse) |
| Crowe, Erin | CEN (Certified Emergency Nurse) |
| Crowley, Jaklynn | CEN (Certified Emergency Nurse) |
| Difranco, Theresa | CEN (Certified Emergency Nurse) |
| Eubanks, Keenya | CEN (Certified Emergency Nurse) |
| Filemyr, Katherine | CEN (Certified Emergency Nurse) |
| Fortuna, Giovanna | CEN (Certified Emergency Nurse) |
| Gilmore, Kristen | CEN (Certified Emergency Nurse) |
| Harmon, Marilyn | CEN (Certified Emergency Nurse) |
| Hoffman, Theresa | CEN (Certified Emergency Nurse) |
| Iezzi, Rebecca | CEN (Certified Emergency Nurse) |
| Kelly, Kathleen | CEN (Certified Emergency Nurse) |
| Kelly, Kristy | CEN (Certified Emergency Nurse) |
| King, Jacqueline | CEN (Certified Emergency Nurse) |
| Kristan, Julia | CEN (Certified Emergency Nurse) |
| Lawson, Margaret | CEN (Certified Emergency Nurse) |

Certified Nurses

| Name | Certification Credential |
|-----------------------------|---------------------------------------|
| Lehrman, Crystal | CEN (Certified Emergency Nurse) |
| Maher, Kimberly | CEN (Certified Emergency Nurse) |
| Market, Mary | CEN (Certified Emergency Nurse) |
| Marvelous, Jennifer | CEN (Certified Emergency Nurse) |
| McDonald, Krista | CEN (Certified Emergency Nurse) |
| Michener, Barbara | CEN (Certified Emergency Nurse) |
| Miller,, Monica | CEN (Certified Emergency Nurse) |
| Misuro, Sarah | CEN (Certified Emergency Nurse) |
| Moody, Erin | CEN (Certified Emergency Nurse) |
| Mulvaney, Sylvie | CEN (Certified Emergency Nurse) |
| Pejka, Margaret | CEN (Certified Emergency Nurse) |
| Peterson, Victoria | CEN (Certified Emergency Nurse) |
| Regan, Stephanie | CEN (Certified Emergency Nurse) |
| Renfroe, Cassie | CEN (Certified Emergency Nurse) |
| Riley, Elizabeth | CEN (Certified Emergency Nurse) |
| Rossmair, Mark | CEN (Certified Emergency Nurse) |
| Ryan, Jill | CEN (Certified Emergency Nurse) |
| Samuelson, Miriam | CEN (Certified Emergency Nurse) |
| Scerrone, Deborah | CEN (Certified Emergency Nurse) |
| Serrone, Deborah | CEN (Certified Emergency Nurse) |
| Smith, Ellen | CEN (Certified Emergency Nurse) |
| Snyder, Susan | CEN (Certified Emergency Nurse) |
| Spoerl, Gene | CEN (Certified Emergency Nurse) |
| Swierczynski, Kerry | CEN (Certified Emergency Nurse) |
| Tailor, Marlynn | CEN (Certified Emergency Nurse) |
| Tillery, Maya | CEN (Certified Emergency Nurse) |
| Trojecki, Theresa | CEN (Certified Emergency Nurse) |
| Wagner, Tiffany | CEN (Certified Emergency Nurse) |
| Welch, Daniel | CEN (Certified Emergency Nurse) |
| Welch, Daniel | CEN (Certified Emergency Nurse) |
| Weniger, Kelly | CEN (Certified Emergency Nurse) |
| Wright, Mary | CEN (Certified Emergency Nurse) |
| Gervasoni, Pamela | CLC (Certified Lactation Consultant) |
| Stone, Lisa | CMC (Cardiac Medicine Certification) |
| Adebayo-Starting,Oluwatosin | CMSRN (Certified Medical-Surgical RN) |
| Alex, Soumya | CMSRN (Certified Medical-Surgical RN) |
| Allmond, Deborah | CMSRN (Certified Medical-Surgical RN) |
| Armstrong, Nancy | CMSRN (Certified Medical-Surgical RN) |
| Austin, Tonya | CMSRN (Certified Medical-Surgical RN) |
| Braga, Michelle | CMSRN (Certified Medical-Surgical RN) |
| Brennen-Jacoby, Roseann | CMSRN (Certified Medical-Surgical RN) |
| Conners, Allison | CMSRN (Certified Medical-Surgical RN) |
| Conwell, Tania | CMSRN (Certified Medical-Surgical RN) |
| Cunningham, Elizabeth | CMSRN (Certified Medical-Surgical RN) |

| Name | Certification Credential |
|-----------------------|---------------------------------------|
| Daley, Stepheney | CMSRN (Certified Medical-Surgical RN) |
| D'Antonio, Colleen | CMSRN (Certified Medical-Surgical RN) |
| Elefante, Glenda | CMSRN (Certified Medical-Surgical RN) |
| Flint, Adrienne | CMSRN (Certified Medical-Surgical RN) |
| Gizaza, Elizabeth | CMSRN (Certified Medical-Surgical RN) |
| Grant, Carolyn | CMSRN (Certified Medical-Surgical RN) |
| Haber, Sarah | CMSRN (Certified Medical-Surgical RN) |
| Hollerbach, Priscilla | CMSRN (Certified Medical-Surgical RN) |
| James, Mary Beth | CMSRN (Certified Medical-Surgical RN) |
| James, Simi | CMSRN (Certified Medical-Surgical RN) |
| Joby, Vineetha | CMSRN (Certified Medical-Surgical RN) |
| John, Princes | CMSRN (Certified Medical-Surgical RN) |
| Johnson, Elizabeth | CMSRN (Certified Medical-Surgical RN) |
| Joo, Min | CMSRN (Certified Medical-Surgical RN) |
| Joyce, Kelly | CMSRN (Certified Medical-Surgical RN) |
| Julius, Tisa | CMSRN (Certified Medical-Surgical RN) |
| Kelly, Donna | CMSRN (Certified Medical-Surgical RN) |
| Longmore, Kristen | CMSRN (Certified Medical-Surgical RN) |
| Longmore,Kristen | CMSRN (Certified Medical-Surgical RN) |
| Luu, Chau | CMSRN (Certified Medical-Surgical RN) |
| Mangoni, Evelyn | CMSRN (Certified Medical-Surgical RN) |
| Marques, Helene | CMSRN (Certified Medical-Surgical RN) |
| Mathew, Sherine | CMSRN (Certified Medical-Surgical RN) |
| Matthews, Catherine | CMSRN (Certified Medical-Surgical RN) |
| McCarron, Dana | CMSRN (Certified Medical-Surgical RN) |
| McCloskey, Kelly Ann | CMSRN (Certified Medical-Surgical RN) |
| McDonnel, Loretta | CMSRN (Certified Medical-Surgical RN) |
| Miley, Stephanie | CMSRN (Certified Medical-Surgical RN) |
| Morse, Jessica | CMSRN (Certified Medical-Surgical RN) |
| Mulinga, Koki | CMSRN (Certified Medical-Surgical RN) |
| Nana, Safira | CMSRN (Certified Medical-Surgical RN) |
| O'Hagan, Patricia | CMSRN (Certified Medical-Surgical RN) |
| Pace, Sophia | CMSRN (Certified Medical-Surgical RN) |
| Paul, Omana | CMSRN (Certified Medical-Surgical RN) |
| Payne, Bethany | CMSRN (Certified Medical-Surgical RN) |
| Pecoraro, Nicole | CMSRN (Certified Medical-Surgical RN) |
| Randolph, Chevelle | CMSRN (Certified Medical-Surgical RN) |
| Reyes, Petagaye | CMSRN (Certified Medical-Surgical RN) |
| Richardson, Abigail | CMSRN (Certified Medical-Surgical RN) |
| Saji, Mini | CMSRN (Certified Medical-Surgical RN) |
| Salazar, Eunice | CMSRN (Certified Medical-Surgical RN) |
| Sandford, Matthew | CMSRN (Certified Medical-Surgical RN) |
| Sandford, Matthew | CMSRN (Certified Medical-Surgical RN) |
| Santos, Leah | CMSRN (Certified Medical-Surgical RN) |

| Name | Certification Credential |
|------------------------------|---|
| Santos, Mary | CMSRN (Certified Medical-Surgical RN) |
| Santos, Ruby | CMSRN (Certified Medical-Surgical RN) |
| Schwoebel, Marguerite | CMSRN (Certified Medical-Surgical RN) |
| Simmons, Santina | CMSRN (Certified Medical-Surgical RN) |
| Simoese, Ines | CMSRN (Certified Medical-Surgical RN) |
| Simoese, Ines | CMSRN (Certified Medical-Surgical RN) |
| Smith, June | CMSRN (Certified Medical-Surgical RN) |
| Sweet, Jamie | CMSRN (Certified Medical-Surgical RN) |
| Ten, Chansopheha | CMSRN (Certified Medical-Surgical RN) |
| Uzdevenes, Terri L. | CMSRN (Certified Medical-Surgical RN) |
| Valentine-Charles, Reynalese | CMSRN (Certified Medical-Surgical RN) |
| Varghese, Suma | CMSRN (Certified Medical-Surgical RN) |
| Zane, Ellen | CMSRN (Certified Medical-Surgical RN) |
| Zanine-Gauss, Denise | CMSRN (Certified Medical-Surgical RN) |
| Seminara, Margaret | CNE (Certified Nurse Educator) |
| Simon, Holly | CNL (Clinical Nurse Leader) |
| Hudson, William | CNML (Certified Nurse Manager and Leader) |
| Alessandroni, Stephen | CNOR (Certified Nurse Operating Room) |
| Baker, Theresa | CNOR (Certified Nurse Operating Room) |
| Chavez, David | CNOR (Certified Nurse Operating Room) |
| Dyer, Marie | CNOR (Certified Nurse Operating Room) |
| Gonzalez, Evelyn | CNOR (Certified Nurse Operating Room) |
| Kondrack (Pomian), Christine | CNOR (Certified Nurse Operating Room) |
| Lash, Rebecca | CNOR (Certified Nurse Operating Room) |
| Levin, Robert | CNOR (Certified Nurse Operating Room) |
| Metzger, Terese | CNOR (Certified Nurse Operating Room) |
| Nicholson, Simone | CNOR (Certified Nurse Operating Room) |
| Phelts, Stella | CNOR (Certified Nurse Operating Room) |
| Pomian, Christine | CNOR (Certified Nurse Operating Room) |
| Pressman, Danielle | CNOR (Certified Nurse Operating Room) |
| Sabu, Beena | CNOR (Certified Nurse Operating Room) |
| Samuel, Sheejamol | CNOR (Certified Nurse Operating Room) |
| Schwartz, Karen | CNOR (Certified Nurse Operating Room) |
| Sebastian, Sherly | CNOR (Certified Nurse Operating Room) |
| Smith, Cheryl | CNOR (Certified Nurse Operating Room) |
| Stefano, Jo-Ann | CNOR (Certified Nurse Operating Room) |
| Yerkes, Annette | CNOR (Certified Nurse Operating Room) |
| Young, Mina-Kathlen | CNOR (Certified Nurse Operating Room) |
| Zoolalian, Linda | CNOR (Certified Nurse Operating Room) |
| McGrath, Nancy | CPAN (Certified Post Anesthesia Nurse) |
| Newns, Diane | CPAN (Certified Post Anesthesia Nurse) |
| Wells, Elizabeth | CPHQ (Certified Professional in Healthcare Quality) |
| Gaynor, Cystal | CPN (Certified Pediatric Nurse) |

Certified Nurses

| Name | Certification Credential |
|------------------------|------------------------------------|
| Gillard, Colleen | CPN (Certified Pediatric Nurse) |
| Anderson, Catherine | CRRN (Certified Rehabilitation RN) |
| Atkinson, Cynthia | CRRN (Certified Rehabilitation RN) |
| Barainyak, Lindsay | CRRN (Certified Rehabilitation RN) |
| Bartos, Kathleen | CRRN (Certified Rehabilitation RN) |
| Bethel, Lisa | CRRN (Certified Rehabilitation RN) |
| Bongart, Nicole | CRRN (Certified Rehabilitation RN) |
| Carpenter, Michael | CRRN (Certified Rehabilitation RN) |
| Cleave-Miillo, Carolyn | CRRN (Certified Rehabilitation RN) |
| Cline, Evelyn | CRRN (Certified Rehabilitation RN) |
| Colcher, Melanie | CRRN (Certified Rehabilitation RN) |
| Cortez, Nicole | CRRN (Certified Rehabilitation RN) |
| Danko, Janina | CRRN (Certified Rehabilitation RN) |
| Dietz, Lindsay | CRRN (Certified Rehabilitation RN) |
| Eckert, Sherri | CRRN (Certified Rehabilitation RN) |
| Florkowski, Timothea | CRRN (Certified Rehabilitation RN) |
| Foley, Kathryn | CRRN (Certified Rehabilitation RN) |
| Forrest, Michelle | CRRN (Certified Rehabilitation RN) |
| Gallagher, Florence | CRRN (Certified Rehabilitation RN) |
| George, Elis | CRRN (Certified Rehabilitation RN) |
| Gogna, Parvesh | CRRN (Certified Rehabilitation RN) |
| Goodman, Shari | CRRN (Certified Rehabilitation RN) |
| Graham, Raquel | CRRN (Certified Rehabilitation RN) |
| Gutierrez, Maria | CRRN (Certified Rehabilitation RN) |
| Ha, Jeong | CRRN (Certified Rehabilitation RN) |
| Hart, Kara | CRRN (Certified Rehabilitation RN) |
| Hewitt, Kristine | CRRN (Certified Rehabilitation RN) |
| Hicks, Lorraine | CRRN (Certified Rehabilitation RN) |
| Irlsch, Eileen | CRRN (Certified Rehabilitation RN) |
| Jacob, Teny | CRRN (Certified Rehabilitation RN) |
| Janda, Megan | CRRN (Certified Rehabilitation RN) |
| Jandrisevits, Jaclyn | CRRN (Certified Rehabilitation RN) |
| Juritsch, Deborah | CRRN (Certified Rehabilitation RN) |
| Kling, Karyn | CRRN (Certified Rehabilitation RN) |
| Kuriakose, Rinju | CRRN (Certified Rehabilitation RN) |
| Lamb, Stephanie | CRRN (Certified Rehabilitation RN) |
| Langley, Shelly | CRRN (Certified Rehabilitation RN) |
| Lynch, Joann | CRRN (Certified Rehabilitation RN) |
| Magat, Percival | CRRN (Certified Rehabilitation RN) |
| Magee, Lisa | CRRN (Certified Rehabilitation RN) |
| Malgapo, Gertrude | CRRN (Certified Rehabilitation RN) |
| Mathew, Lalitha | CRRN (Certified Rehabilitation RN) |
| McKenna, Patrick | CRRN (Certified Rehabilitation RN) |
| McStravock, Colleen | CRRN (Certified Rehabilitation RN) |

Certified Nurses

| Name | Certification Credential |
|------------------------|--|
| Mohammed, Kareema | CRRN (Certified Rehabilitation RN) |
| Montford, Frances | CRRN (Certified Rehabilitation RN) |
| Njoku-Anderson, Julie | CRRN (Certified Rehabilitation RN) |
| Norton, Robert | CRRN (Certified Rehabilitation RN) |
| Novick, Stephan | CRRN (Certified Rehabilitation RN) |
| O'Connell, Doreen | CRRN (Certified Rehabilitation RN) |
| O'Connor, Shannon | CRRN (Certified Rehabilitation RN) |
| Odom, Tiffany | CRRN (Certified Rehabilitation RN) |
| Palmer, Michele | CRRN (Certified Rehabilitation RN) |
| Pedicone, Marianne | CRRN (Certified Rehabilitation RN) |
| Petrucci, Matthew | CRRN (Certified Rehabilitation RN) |
| Pina, Jillian | CRRN (Certified Rehabilitation RN) |
| Pinder, Lisa | CRRN (Certified Rehabilitation RN) |
| Powell, Theresa | CRRN (Certified Rehabilitation RN) |
| Purathottu, Noby | CRRN (Certified Rehabilitation RN) |
| Puthran, Sandhya | CRRN (Certified Rehabilitation RN) |
| Rathappillil, Tinu | CRRN (Certified Rehabilitation RN) |
| Rhoads, Devon | CRRN (Certified Rehabilitation RN) |
| Rigous, Rachele | CRRN (Certified Rehabilitation RN) |
| Rivera, Maria | CRRN (Certified Rehabilitation RN) |
| Roadcap, Lori | CRRN (Certified Rehabilitation RN) |
| Roberts, Adamma | CRRN (Certified Rehabilitation RN) |
| Rotz, Kathleen | CRRN (Certified Rehabilitation RN) |
| Scarpitti, Danielle | CRRN (Certified Rehabilitation RN) |
| Schmidheiser, Lisa | CRRN (Certified Rehabilitation RN) |
| Schultz, Maureen | CRRN (Certified Rehabilitation RN) |
| Shleyfer, Marina | CRRN (Certified Rehabilitation RN) |
| Sincavage, Lisa | CRRN (Certified Rehabilitation RN) |
| Slook, Andrea | CRRN (Certified Rehabilitation RN) |
| Slook, Andrea | CRRN (Certified Rehabilitation RN) |
| Stinsman, Lisa (Magee) | CRRN (Certified Rehabilitation RN) |
| Stone, Patrice | CRRN (Certified Rehabilitation RN) |
| Suong, Aurore | CRRN (Certified Rehabilitation RN) |
| Taylor, Carol | CRRN (Certified Rehabilitation RN) |
| Thalheimer, Amy | CRRN (Certified Rehabilitation RN) |
| Troy, Andrea | CRRN (Certified Rehabilitation RN) |
| Valentin, Juan | CRRN (Certified Rehabilitation RN) |
| Wible, Elaine | CRRN (Certified Rehabilitation RN) |
| Hayes, Patricia | CWCN (Certified Wound Care Nurse) |
| Rudolph, Shane | CWCN (Certified Wound Care Nurse) |
| Dougherty, Jane | IBCLC (International Board Certified Lactation Consultant) |
| Crocker, Patricia | MNN (Maternal Newborn Nurse) |
| Joseph, Philomina | MNN (Maternal Newborn Nurse) |

| Name | Certification Credential |
|----------------------------|---|
| Lodise, Jane | MNN (Maternal Newborn Nurse) |
| Watt-Cyrus, Charissa | MNN (Maternal Newborn Nurse) |
| Faust, Judith | NEA-BC (Nurse Executive, Advanced) |
| Marone, Gina | NEA-BC (Nurse Executive, Advanced) |
| Pollock, Marilyn | NEA-BC (Nurse Executive, Advanced) |
| Rodzen, Lisa | NEA-BC (Nurse Executive, Advanced) |
| Tomlinson, Lisa | NEA-BC (Nurse Executive, Advanced) |
| Jackson, Theresa | NE-BC (Nurse Executive) |
| McCulley, Susan | NE-BC (Nurse Executive) |
| Seminara, Margaret | NE-BC (Nurse Executive) |
| Ball, Elaine | NIC (Neonatal Intensive Care Nurse) |
| Castillo, Carla | NIC (Neonatal Intensive Care Nurse) |
| Cody, Lisa | NIC (Neonatal Intensive Care Nurse) |
| Donahue, Eileen | NIC (Neonatal Intensive Care Nurse) |
| Feldstein, Mary Ann | NIC (Neonatal Intensive Care Nurse) |
| Hagerty, Philomena | NIC (Neonatal Intensive Care Nurse) |
| Hartley, Christine | NIC (Neonatal Intensive Care Nurse) |
| Malloy, Mary Ann | NIC (Neonatal Intensive Care Nurse) |
| McCabe-Menefee, Jerri | NIC (Neonatal Intensive Care Nurse) |
| McGinnis, Maureen | NIC (Neonatal Intensive Care Nurse) |
| Sauer, Sharon | NIC (Neonatal Intensive Care Nurse) |
| Hopkins-Pepe, Loraine | NPD-BC (Nursing Professional Development) |
| Hannon, Mary | OCN (Oncology Certified Nurse) |
| Herrmann, Kyle | OCN (Oncology Certified Nurse) |
| McLaughlin, Christine | OCN (Oncology Certified Nurse) |
| O'Brien, Margaret | OCN (Oncology Certified Nurse) |
| Simoes, Ines | OCN (Oncology Certified Nurse) |
| Smith, Denise | OCN (Oncology Certified Nurse) |
| Professori, Jill | Operations Resource Center-TB |
| Alilio, Jane V | PCCN (Progressive Care Certified Nurse) |
| Arocena, Mary Lou | PCCN (Progressive Care Certified Nurse) |
| Benny, Raji | PCCN (Progressive Care Certified Nurse) |
| Dahlmeier, Katherine | PCCN (Progressive Care Certified Nurse) |
| Dusseck, Jenny | PCCN (Progressive Care Certified Nurse) |
| Ehnow, Christine | PCCN (Progressive Care Certified Nurse) |
| Fairchild, Deborah | PCCN (Progressive Care Certified Nurse) |
| Famawa, Thomas | PCCN (Progressive Care Certified Nurse) |
| Gereaghty, Patricia | PCCN (Progressive Care Certified Nurse) |
| Graf, Natalie | PCCN (Progressive Care Certified Nurse) |
| Iezzatti, Katie | PCCN (Progressive Care Certified Nurse) |
| Javardian, Maria | PCCN (Progressive Care Certified Nurse) |
| Kates, Matthew | PCCN (Progressive Care Certified Nurse) |
| Koshy, Maneejo | PCCN (Progressive Care Certified Nurse) |
| Lombardi-Snyder, Catherine | PCCN (Progressive Care Certified Nurse) |

| Name | Certification Credential |
|------------------------|--|
| McCollum, Mary Ellen | PCCN (Progressive Care Certified Nurse) |
| Richardson, Clifton | PCCN (Progressive Care Certified Nurse) |
| Sayen, Catelin | PCCN (Progressive Care Certified Nurse) |
| Voshchilo, Irina | PCCN (Progressive Care Certified Nurse) |
| Williamson, Muibat | PCCN (Progressive Care Certified Nurse) |
| Xi, Xiaoping | PCCN (Progressive Care Certified Nurse) |
| Wittman, Marianne | PCCN-K (Progressive Care Certified Nurse Knowledge Professional) |
| Katz, Jason | PMH-BC (Psychiatric Mental Health Nurse – Board Certified) |
| Smith-Elisca, Mary | PMH-BC (Psychiatric Mental Health Nurse – Board Certified) |
| Stupka, Carolyn | PMH-BC (Psychiatric Mental Health Nurse – Board Certified) |
| Szczerba, Meghan | PMH-BC (Psychiatric Mental Health Nurse – Board Certified) |
| Kwak-Ko, Grace | RN-BC (Cardiac-Vascular Nursing) |
| McBrien, Dorothy | RN-BC (Cardiac-Vascular Nursing) |
| Meldrum, Bryan | RN-BC (Cardiac-Vascular Nursing) |
| Ross, Jana | RN-BC (Cardiac-Vascular Nursing) |
| Tomlinson, Lisa | RN-BC (Cardiac-Vascular Nursing) |
| Cuevas, Yamile | RN-BC (Medical-Surgical Nursing) |
| Eluwa, Susan | RN-BC (Medical-Surgical Nursing) |
| Farber, Cheryl | RN-BC (Medical-Surgical Nursing) |
| Gulla, Susan | RN-BC (Medical-Surgical Nursing) |
| Johnson, Shelley | RN-BC (Medical-Surgical Nursing) |
| Kwasnjuk, Jeanne | RN-BC (Medical-Surgical Nursing) |
| Lawlor, Kathy | RN-BC (Medical-Surgical Nursing) |
| Mouzon, Naja Renee | RN-BC (Medical-Surgical Nursing) |
| Walker, Ka'deindra | RN-BC (Medical-Surgical Nursing) |
| Young, Deborah | RN-BC (Medical-Surgical Nursing) |
| Tate, Beverly | RN-BC (Psychiatric-Mental Health Nursing) |
| Williams, Angela | RN-BC (Psychiatric-Mental Health Nursing) |
| Brill, Theresa | RNC-OB (Inpatient Obstetric Nurse) |
| Byrd-Jerry, Kimberly | RNC-OB (Inpatient Obstetric Nurse) |
| Eklu, Augustina | RNC-OB (Inpatient Obstetric Nurse) |
| Gilliam, Annitia | RNC-OB (Inpatient Obstetric Nurse) |
| Henderickson, Danielle | RNC-OB (Inpatient Obstetric Nurse) |
| Horner, Karen | RNC-OB (Inpatient Obstetric Nurse) |
| Joseph, Sherrie | RNC-OB (Inpatient Obstetric Nurse) |
| Juliani, Patrice | RNC-OB (Inpatient Obstetric Nurse) |
| Lark, Cheryl | RNC-OB (Inpatient Obstetric Nurse) |
| Mather, Patsy | RNC-OB (Inpatient Obstetric Nurse) |
| Philip, Renu | RNC-OB (Inpatient Obstetric Nurse) |
| Phillips, Antoinette | RNC-OB (Inpatient Obstetric Nurse) |
| Ramos, Linsay | RNC-OB (Inpatient Obstetric Nurse) |

Certified Nurses

| Name | Certification Credential |
|-------------------|--|
| Rice, Joyce | RNC-OB (Inpatient Obstetric Nurse) |
| Roos, Amy | RNC-OB (Inpatient Obstetric Nurse) |
| Shields, Dana | RNC-OB (Inpatient Obstetric Nurse) |
| Thiede, Kerri | RNC-OB (Inpatient Obstetric Nurse) |
| Torres, Stephanie | RNC-OB (Inpatient Obstetric Nurse) |
| Trautz, Bridget | RNC-OB (Inpatient Obstetric Nurse) |
| Valentin, Alicia | RNC-OB (Inpatient Obstetric Nurse) |
| West, Melinda | RNC-OB (Inpatient Obstetric Nurse) |
| Robin, Smitha | RNC-OB (Inpatient Obstetric Nursing) |
| Ackiewicz, Susan | SCRN (Stroke Certified RN) |
| Hushen, Patricia | SCRN (Stroke Certified RN) |
| Palacios, Sarah | SCRN (Stroke Certified RN) |
| Stucka, Stephanie | SCRN (Stroke Certified RN) |
| Lawson, Christa | TB - Emergency |
| Sharlin, Mia | TCRN (Trauma Certified Registered Nurse) |
| Reeves, Turena | VA-BC (Vascular Access Certification) |
| Sieruc, Barbara | WCC (Wound Care Certified) |



Nursing Recognition & Awards

Vanessa Hawkins Sellers RN Excellence Inspiration Award

Florence Gunn Gallagher, MSN, RN, CRRN
Clinical Nurse- Progressive Care Unit
Einstein Medical Center Elkins Park

Nursing Caring Colleague Award

Becky Storbrauck, RN, CDCES
Clinical Diabetes Educator- Nursing Education and Professional Development
Einstein Healthcare Network

Nursing PRISM Award

Marina Zeccardi
Director of Learning Network Systems- IS Training Department
Einstein Healthcare Network

Nursing Community Service Award

Karyn Kling, MSN, RN, CRRN
Clinical Nurse- BIU
MossRehab

Shared Governance Advocacy Award

Loraine Hopkins Pepe, PhD, RN, NPD-BC, CCRN-K
Director- Nursing Education and Professional Development
Einstein Healthcare Network

Clinical Nurse Shared Governance Leadership Award

Melanie Colcher, BSN, RN, CRRN
Clinical Nurse- 1 West
MossRehab

Nurse Management Award

Jane Lodise, MSN, RNC, MNN, CBC
Nurse Manager-MBU
Einstein Medical Center Philadelphia

MSB Nursing Magnet Recognition Awards

Billy Perez, BSN, RN
Clinical Nurse- ED
Einstein Medical Center Philadelphia

MSB Nursing Magnet Recognition Awards

Desiree Grant, BSN, RN
Clinical Nurse- Surgical Services
Einstein Medical Center Philadelphia

MSB Nursing Magnet Recognition Awards & Individual Caring Spirit Awards – Medical / Surgical Services Cluster

Sini Vyas, BSN, RN
Clinical Nurse- Tower 4
Einstein Medical Center Philadelphia

Mary Webb Caring Spirit Memorial Award

Kerriane McLaughlin, BSN, RN
Clinical Nurse- MBU
Einstein Medical Center Philadelphia

Thomas Campbell, BSN, RN Caring Spirit Memorial Award

Mary Ellen McCollum, BSN, RN, PCCN
Clinical Nurse- Levy 5 West
Einstein Medical Center Philadelphia

Marianne Smith-Catanzaro, BSN, RN Caring Spirit Memorial Award

Julia Kristan, BSN, RN, CEN
Clinical Nurse- ED
Einstein Medical Center Philadelphia

Patricia Marie Byers, RN Caring Spirit Memorial Award

Barbara Davis, RN
Clinical Nurse- ED
Einstein Medical Center Elkins Park

Jokline Joseph, BSN, RN Caring Spirit Memorial Award

Tim Robbins, BSN, RN, CCRN
LVAD Coordinator- Cardiology
Einstein Medical Center Philadelphia

Individual Caring Spirit Awards – Behavioral Health Services Cluster

Danielle Wright, RN
Clinical Nurse- CRC
Einstein Medical Center Philadelphia

Individual Caring Spirit Awards – Behavioral Health Services Cluster

Rose-Anna Watson
Behavioral Health Tech-Tower 7
Einstein Medical Center Philadelphia

Individual Caring Spirit Awards – Critical Care Services Cluster

Monnice Parker, MSN, RN
Clinical Nurse- MICU
Einstein Medical Center Philadelphia

Individual Caring Spirit Awards – Critical Care Services Cluster

Viktoria Guendelsberger, BSN, RN, CCRN
Clinical Nurse- Levy 5 West
Einstein Medical Center Philadelphia

Individual Caring Spirit Awards – Critical Care Services Cluster

Ashley Zandick, BSN, RN
Clinical Nurse- Levy 5 East
Einstein Medical Center Philadelphia

Individual Caring Spirit Awards – Emergency Services Cluster

Dominic Carroll, BSN, RN
Clinical Nurse- Levy 4 Observation
Einstein Medical Center Philadelphia

Individual Caring Spirit Awards – Emergency Services Cluster

Russchelle Milbourne, RN
Clinical Nurse- Levy 4 Observation
Einstein Medical Center Philadelphia

Individual Caring Spirit Awards – Institute for Heart and Vascular Health Cluster

Lori Wild, RN
Clinical Nurse- CCU
Einstein Medical Center Philadelphia

Individual Caring Spirit Awards – Institute for Heart and Vascular Health Cluster

Patricia Molloy, BSN, RN, CCRN
Clinical Nurse- CCU
Einstein Medical Center Philadelphia

Individual Caring Spirit Awards – Institute for Heart and Vascular Health Cluster

Dana McKay, MSN, RN, CCRN-CSC-CMC
Nurse Educator- NEPD
Einstein Medical Center Philadelphia

Individual Caring Spirit Awards – Long Term Care Services Cluster

Doris Little
CNA-Willowcrest

Individual Caring Spirit Awards – Long Term Care Services Cluster

Shelley Fernandes, LPN
LPN-Willowcrest

Individual Caring Spirit Awards – Medical / Surgical Services Cluster

Mary Wilson
PCA-5th Floor
Einstein Medical Center Elkins Park

Individual Caring Spirit Awards – Medical / Surgical Services Cluster

Gruby Baby, RN
Clinical Nurse- Tower 6
Einstein Medical Center Philadelphia

Individual Caring Spirit Awards – Medical / Surgical Services Cluster

Nicole Pecoraro, MSN, APRN, AGCNS-BC, CMSRN
Clinical Nurse Specialist- NEPD
Einstein Medical Center Philadelphia

Individual Caring Spirit Awards – Rehab Services Cluster

Jenneh Borkai
CNA- BIU
MossRehab

Individual Caring Spirit Awards – Rehab Services Cluster

Shannon O'Connor, BSN, RN, CRRN
Clinical Nurse- BIU
MossRehab

Individual Caring Spirit Awards – Rehab Services Cluster

Amy Thalheimer, RN
Clinical Nurse- 1 North
MossRehab

Individual Caring Spirit Awards – Rehab Services Cluster

Jeevan Philip Varghese, BSN, RN
Clinical Nurse- TIP
MossRehab

Individual Caring Spirit Awards – Surgical Services Cluster

Deneille Marchan-Wallace, BSN, RN
Clinical Nurse- Surgical Services
Einstein Medical Center Philadelphia

Individual Caring Spirit Awards – Surgical Services Cluster

Almalee Somuah, RN
Clinical Nurse- Interventional Radiology/Special Studies
Einstein Medical Center Philadelphia

Individual Caring Spirit Awards – Women and Children's Services Cluster

John Rossi
PCA- MBU
Einstein Medical Center Philadelphia

Individual Caring Spirit Awards – Women and Children's Services Cluster

Mary Ann Feldstein, RN, RNC-NIC
Clinical Nurse- NICU
Einstein Medical Center Philadelphia

Individual Caring Spirit Awards – Women and Children's Services Cluster

Patrice Juliani, BSN, RNC-OB
Clinical Nurse- L & D
Einstein Medical Center Philadelphia



2021 DAISY Award Winners



Mike Carpenter, BSN, RN, CRRN, Moss Float RN, Einstein Medical Center Elkins Park.



Ashley Zandick, BSN, RN, Clinical Nurse, NSU, Einstein Medical Center Philadelphia.



Catherine Anderson, MSN, RN, CRRN, Clinical Nurse, MossRehab, Doylestown



Nicole Carter, BSN, RN, Clinical Nurse, Tower 5, Einstein Medical Center Philadelphia



Bob Norton, BSN, RN, CRRN, Clinical Nurse, MossRehab, 3rd Floor



Erica Ragazzone, BSN, RN, Clinical Nurse, Neuroscience Unit on Levy 5, Einstein Medical Center Philadelphia

Nightingale Finalists

Alicia Valentin, MSN, RNC-OB and **Loraine Hopkins Pepe, PhD, RN, NPD-BC, CCRN-K** were selected as Nightingale Awards of Pennsylvania (NAP) 2021 award finalists. The 32nd Annual Nightingale Awards of Pennsylvania Gala was held in Harrisburg, PA, on Oct. 22, 2021.



Clinical Practice RN category:



Alicia Valentin, MSN, RNC-OB
Clinical Nurse
L&D

Nursing Research category:



Loraine Hopkins Pepe, PhD, RN, NPD-BC, CCRN-K
Director, Nursing Education and Professional Development
AEMC



Nursing Achievements

Professional Organizations

Patricia Duddy, MBA, MSN, RN, Nurse Manager for Nursing Education and Professional Development for Albert Einstein Medical Center was selected as Magnet® abstract reviewer for the ANCC National Magnet Conference® and the ANCC Pathway® to Excellence Conference® in 2022.

Bill Hudson, MSN, RN, CNML, Magnet Program Director for Albert Einstein Medical Center was selected as Co-Chair of the Magnet® Program Director Regional Network Consortium and was also selected as Magnet abstract reviewer for the ANCC National Magnet Conference® and the ANCC Pathway® to Excellence Conference® in 2022.

Loraine Hopkins Pepe, PhD, RN, NPJ-BC, CCRN-K, Network Director, Nursing Education and Professional Development, Albert Einstein Medical Center was accepted as a peer reviewer for the Journal for Nurses in Professional Development.

Publications

Beth K. Hurwitz, MSN, AGCNS-BC, CEN, Clinical Manager, from Emergency Department, Einstein Medical Center Philadelphia, will be published in Clinical Nurse Specialist: The Journal for Advanced Nursing Practice.

Podium Presentations

Maryann Malloy, MSN, RNC-NIC, NEA-BC, Nurse Manager of the Neonatal Intensive Care Unit, Einstein Medical Center Philadelphia has been selected to be a Podium Presenter for the 42nd Annual International Association for Human Caring (IAHC) Virtual Conference in June 2021. Maryann's presentation is entitled, "Does a structured discharge education program in the NICU improve the parent's readiness for discharge?"

Poster Presentations

Karyn Kling MSN, RN, CRRN, Clinical Nurse, at MossRehab will be presenting at the Association of Rehabilitation Nurses Conference to be held in Providence, RI in November 2021. Karyn's poster presentation is titled "Patient and Family-Centered Care During COVID-19: The Interdisciplinary T.E.A.M. Approach."

Marlies Meinhold BSN, RN, in the Emergency Services at Einstein Medical Center Philadelphia abstract "Decreasing Door to Needle Time Using an Innovative Method for Delivering tPA" was accepted for poster presentation by the Emergency Nurses Association, 2021 Annual Meeting Posters in Orlando, Florida in September 2021.

Virtual Presentations

Beth K. Hurwitz, MSN, AGCNS-BC, CEN, Clinical Manager, ED, EMCP will be presenting virtually at the QSEN 2021 Virtual Conference. Participants will be able to view her recorded session on their conference website from January 1 to July 2021.

Loraine Hopkins Pepe, PhD, RN, NPJ-BC, CCRN-K: Network Director, Nursing Education and Professional Development, AEMC will be presenting virtually at the QSEN 2021 Virtual Conference. Participants will be able to view her recorded session on their conference website from January 1 to July 2021.

Team/Program/Unit

Einstein Medical Center Philadelphia Trauma Program had an accreditation visit by the American College of Surgeons November 4th. This month, the Board of the Pennsylvania Trauma Systems Foundation notified Einstein Medical Center Philadelphia that they have been awarded full re-accreditation as an Adult Level 1 Trauma Center for the next 3 years. The re-accrediting process, which involved an extensive application process and site survey, highlighted the many strengths necessary for trauma program accreditation, such as strong leadership, quick times getting patients to surgery, and multi-disciplinary collaboration in patient care.

Willowcrest had a DEFICIENCY-FREE 2021 annual survey.

Nurse Residency Program

Two abstracts from Albert Einstein Medical Center's Nurse Residency Program graduates were chosen to be presented at the PA Nurse Residency Collaborative Fall Meeting on Friday, November 5, 2021. The abstracts selected: "Does Wearing a 'Do Not Disturb' Vest Decrease the Number of Interruptions During Nurse Medication Administration", Kayla Hobbs, BSN, RN, Clinical Nurse, 1 North, MossRehab; & Krysta Cassidy BSN, RN, Clinical Nurse, Frankford-Buck, MossRehab. "Implementation of a Prone Position Skin Care Bundle", Jessica Elliott, BSN, RN, Clinical Nurse, SICU, Einstein Medical Center Philadelphia; Aoife Garvey, BSN, RN, Clinical Nurse, MICU, Einstein Medical Center Philadelphia; & Peyton Griffin, BSN, RN, Clinical Nurse, SICU, Einstein Medical Center Philadelphia.

Education

Tashana Cole, MSN, RN, Clinical Nurses, Levy 7, Einstein Medical Center Philadelphia graduated from La Salle University with a Master's Degree in Nursing, Family Nurse Practitioner Track.

Lydia Gibson, DNP, RN, FNP, in the Women and Children's Division at Einstein Medical Center Philadelphia graduated with their DNP.

Danielle Hendrickson, MSN, RNC-OB; Alexandra Russell, MSN, CNM, WHNP-BC; & Kristen Yoh, CNM, WHNP, RNC-OB in the Women and Children's Division completed their graduate studies and earned advanced nursing degrees.

Karyn Kling, RN, MSN, CRRN, clinical nurse from BIU at MossRehab completed MSN program.

Maryann Malloy, DNP, RNC-NIC, NEA-BC, Nurse Manager of the Neonatal Intensive Care Unit at EMCP received her Doctor of Nursing Practice Degree in June 2021.

Jen Marvelous, DNP, RN, clinical nurse from AEMC Emergency Service received her Doctor of Nursing Practice Degree in June 2021.

Theresa Nguyen, MSN, RN, Clinical Manager, PCU at Einstein Medical Center Philadelphia graduated with their Master's in Nursing Administration in December 2021.

Sarita Saju-Kim, MSN, RN, Clinical Manager, MICU at Einstein Medical Center Philadelphia graduated with their Master's in Nursing Administration in December 2021.

Danielle Scarpitti, MSN, RN, CRRN, clinical nurse from BIU at MossRehab completed MSN program.

Jacquelin Walsh, MSN, RN, in the Emergency Services at Einstein Medical Center Philadelphia has graduated with their MSN.

Hanling Wang Zheng MSN, CRNP, PMHNP-BC, RN-BC, Clinical Nurse, Tower 7 at Einstein Medical Center Philadelphia is now a certified psychiatric mental health nurse practitioner, completed her Master of Science in Nursing degree and has already started her Doctor of Nursing Practice program this year.

Joby Varghese, BSN, RN, Clinical Nurse on Levy 4 for receiving a Good Catch Award.

The **AEMC ED Trauma Committee** (direct care nurses) hosted the first trauma skills day on June 10th. It was well attended and plans to be given every 6 months.

SUSP team at Elkins Park has recently developed new education for prevention of surgical site infections in patients having total joints surgery.

Einstein Medical Center Philadelphia Trauma Program had an accreditation visit by the American College of Surgeons in November, 2021.

Jefferson Health Nursing with Einstein Nursing attended the 2021 ANCC Pathway to Excellence® and ANCC National Magnet® Conference.

Catherine Anderson, BSN, RN, CRRN, Clinical Nurse, Moss Rehab at Doylestown, was inducted to Sigma Theta Tau International Honor Society of Nursing for her master's degree that she is currently completing at Capella University; she also received her CRRN certification in July 2021.

Community Involvement

Catherine Anderson BSN, RN, clinical nurse at MossRehab Doylestown has volunteered at the Camphor Church in West Philadelphia, giving out the Covid-19 vaccine. In October & November 2021, she volunteered at Sunray Drugs (pharmacy) in Philadelphia and Camphor Memorial United Methodist Church in Philadelphia giving out flu vaccines.

Women and Children's Division at Einstein Medical Center Philadelphia took part in a "baby shower" with NOBWLE (National Organization of Black Women in Law Enforcement) on May 16, 2021. Office Renee Bunion and her group dropped off baby gifts in the Lifter circle for our families.

2021-2022 Reba Azoff Scholarship Recipients

The Reba Azoff Scholarship Program that launched in 2015 is open to all nurses seeking to advance their education to complete a Bachelor in Science of Nursing degree, or to attain a graduate or doctoral degree in Nursing leadership or education.

MSN Candidates:

Annette Yerkes, BSN, RN, CNOR

Billy Perez, BSN, RN

Ava Grace Shaw, BSN, RN

Catherine Anderson, BSN, RN, CRRN

Jaclyn Jandrisevits, BSN, RN, CCRN

Shamonie Wynter, BSN, RN

Julie Hurley, BSN, RN

Jennifer Rodriguez, BSN, RN



Professional Practice Model and Care Delivery System

When AEMC merged with Jefferson Health in October 2021, we became aware of the Jefferson Nurse Professional Practice Model.

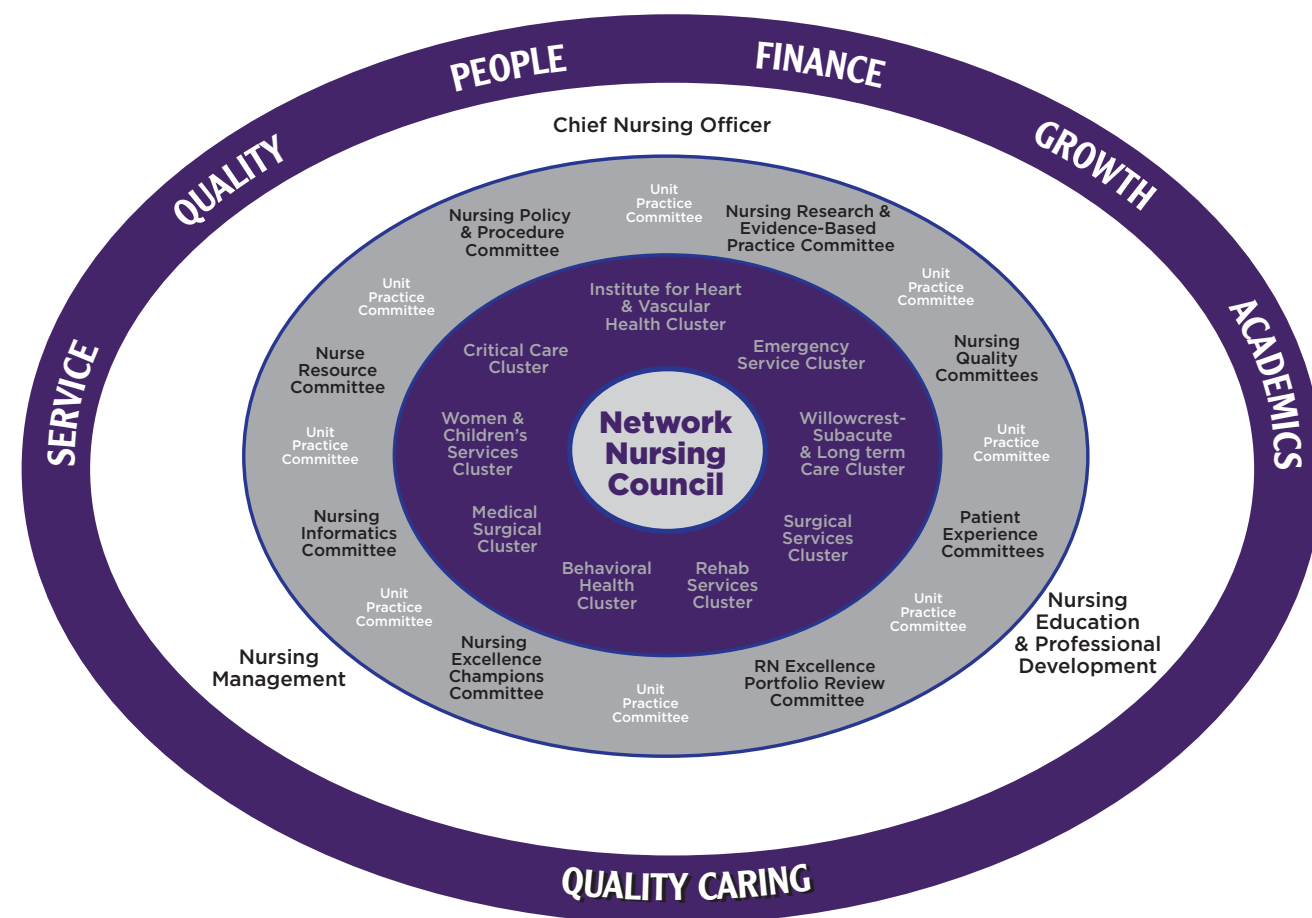
The Jefferson Nurse Professional Practice Model is aligned with the mission, vision and values of Jefferson Health, and provides a framework for our nurses to serve as patient advocates, putting the patient and family at the center of our work. We strive to improve the lives of those we touch each day.

The Jefferson Nurse Professional Practice Model or PPM is a reflection of each and every nurse at Jefferson. This model, created by Jefferson nurses, explores the key values/characteristics that represent our ideal for the Jefferson Nurse. The Jefferson Nurse PPM is aligned with the mission, vision, and values of Jefferson Health, and provides a framework for our nurses to serve as patient advocates, putting the patient and family at the center of our work.



- Rings of the key: The rings of the key reflect the attributes of the Jefferson nurse: Expertise, Integrity, Innovation, Compassion, Confidence, Connection, Empathy, Dignity, Kindness, Partnership, Inspiration, Advocacy.
- Head of the key: The head of the key represents the collaborative relationship that is fostered at Jefferson between the professional nurse and the patient/family. The patient is the center of our practice.
- Shoulder of the key: The shoulder of the key signifies the high priority of safety within nursing practice.
- Blade of the key: The blade of the key represents the importance of the quality-caring model
- Cut of the key: The cut of the key signifies that we are "One Jefferson Nurse," each of us embracing the mission, vision, and values of Jefferson with every encounter.

Shared Governance



- Unit Practice Committees (UPCs) – composed of staff members on a specific unit
- Specialty Clusters – each Cluster composed of representatives from multiple specialty- specific UPCs, Nursing Management, & Nursing Education & Professional Development Management (NEPD)
- Network Nursing Council (NNC) – 15-18 nurses (1-2 per Cluster), Chief Nursing Officer, Managers Group Chair, Directors of Nursing Excellence and NEPD
- Nursing Council reporting into NNC – Nursing Policy & Procedure, Nursing Research & EBP, Nursing Excellence Champions, Nurse Resource Committee, Nursing Informatics, Nursing-Sensitive Indicators (NSI) & Patient Satisfaction Committees, and RN Excellence Portfolio Review Committee
- Network Nursing Council Chairperson meets with Chief Nursing Officer & Director of the Magnet Program

COVID-19 Vaccination

Nursing Administration and NEPD served as vaccinators until March 2021 to help make sure that our nurses received the COVID-19 vaccine while frontline nurses continue the demanding role. Nursing from AEMC also volunteered as vaccinators at a community clinic during 2021 to help keep the community safe.



MOAB training

MOAB® training for the nursing department started June 23, 2021. MOAB is an in-depth training that teaches individuals how to recognize, reduce and manage violent and aggressive behavior, such as Anxiousness, Emotional Confrontation and Physical Aggression. The purpose of the training is to learn how we can mitigate through early recognition. Protective Services scheduled classes that consist of a two-hour certified block of instruction.

Tiny Bookworm: an Evidence-Based Project in NICU

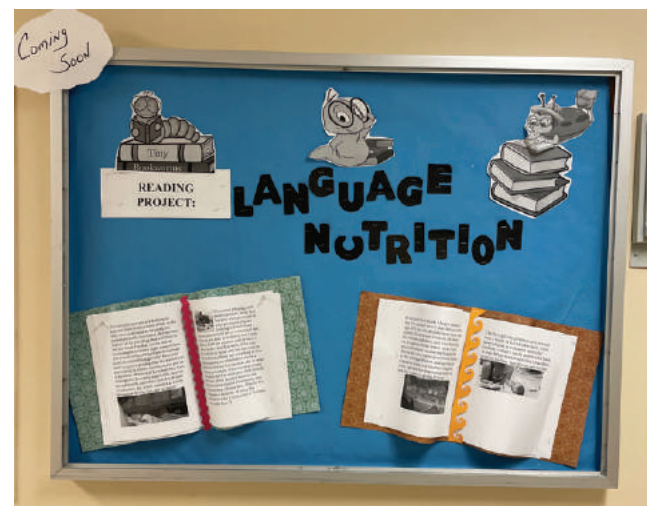
Infants of the Neonatal Intensive Care Unit (NICU) run the risk of neurodevelopmental delays related to limited language exposure. Parents of infants in the NICU live through high levels of stress due to role adjustments and feelings of powerlessness. Evidence-based reading programs play a part in enriching developmental care through language nutrition and promoting parent-infant bonding. The PICOT question was: For parents of infants in the NICU (P), does providing a reading program and library resources appropriate for infants (I), improve parental satisfaction on Picker Scores (O), while the child is in NICU (T)?



This reading project aims to incorporate NICU developmental care through language nutrition.

YOU MAY HAVE TANGIBLE WEALTH UNTOLD;
CASKETS OF JEWELS AND COFFERS OF GOLD.
RICHER THAN I YOU'LL NEVER BE,
I had a mother who read to me.

— STRICKLAND GILLILAN —



The bulletin board picture is outside the unit for parents to read before entering the NICU.



This reading project aims to increase parental satisfaction and bonding.

Successful Pressure Injury Prevention Advancements

Advancements in pressure injury prevention from 2020 to 2021 resulted in a projected 2021 decrease in pressure injuries: 35% decrease in the CCU, 57% decrease in the MICU, 91% decrease in the NSU, 40% decrease in the SSU, and a 40% decrease in Tower 5.

These results continue AEMC's organization-wide efforts to successfully reduce pressure injuries. In prior years, Lisa Rodzen, DNP, RN, MBA, NEA-BC, Director of the Nursing Quality and Operations Resource Center initiated a new system of tracking, documenting and communicating the incidence of pressure injuries to enable real-time feedback to managers and staff on each unit. As a result, these initiatives decreased pressure injuries by more than 30% from fiscal year 2018 to fiscal year 2020.

Pressure injury improvements from 2020 to 2021

| Unit | 2020 Incidents | 2021 YTD Incidents | 2021 Projected Total Incidents | 2021 Projected % Decrease |
|---------|----------------|--------------------|--------------------------------|---------------------------|
| CCU | 29 | 14 | 19 | 35% |
| MICU | 56 | 18 | 24 | 57% |
| NSU | 11 | 1 | 1 | 91% |
| SSU | 15 | 7 | 9 | 40% |
| Tower 5 | 20 | 9 | 12 | 40% |



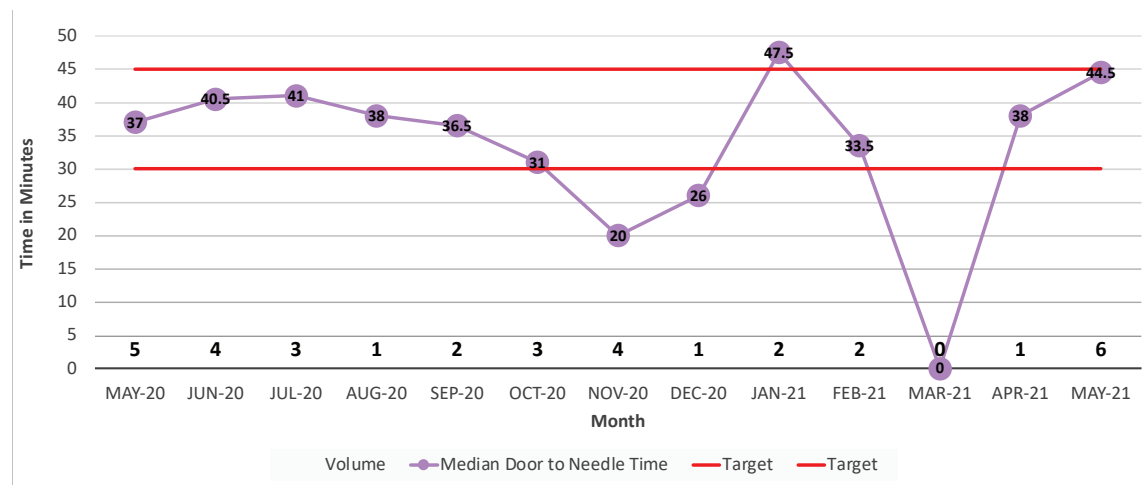
Improving Stroke Patient Door-to-Imaging Times in the ED EMCP

Stroke is the fourth-leading cause of death in the United States. Each year, approximately 795,000 people in the US suffer strokes, and more than 130,000 of those die as a result. The 2013 American Stroke Association/American Heart Association (ASA/AHA) stroke guidelines recommend intravenous tissue plasminogen activator (IV-tPA) be given

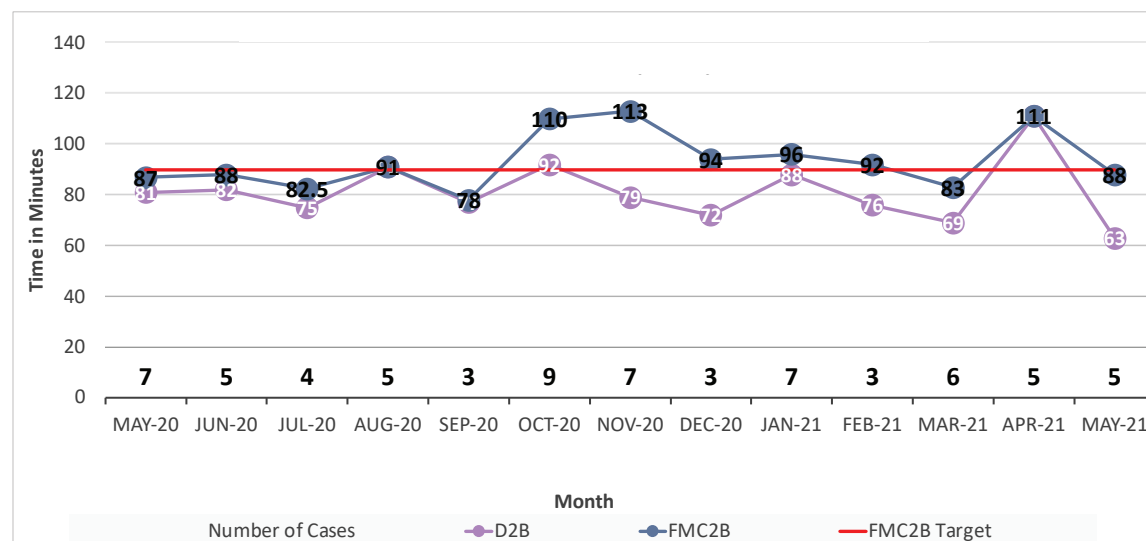
within 60 minutes of arrival in patients with onset of stroke symptoms <3h prior to tPA administration, and shorter IV-tPA door-to-needle times are associated with improved outcomes. Before tPA can be administered, however, a number of steps need to take place. One of those steps is CT imaging to confirm non-hemorrhagic stroke, and weighing the patient to determine the correct tPA dosage.

The ED maintained target averages in FY 2021 for two key measures: Door to Needle Time for 2CATS Alerts (EMCP) and Door to Balloon Time and First Medical Contact Time (all ED).

ED Stroke Data- Door to Needle Time for 2CATS Alerts (EMCP) maintain target average for FY 2021



ED STEMI Data-Door to Balloon Time and First Medical Contact Time for all ED maintain target average for FY 2021



Patient Satisfaction Scores Increase at Doylestown Rehab

Through hard work, Doylestown Rehab staff improved their patient satisfaction scores over the past FY21. Nurse Manager, Kim Pomrunk and Program Manager, Scott Littig realized the pandemic wreaked havoc on their patient satisfaction scores with a low 61.1% in "what would you rate the hospital" in the first quarter of fiscal year 2021. Not happy that they had fallen to the 1st percentile, they quickly

implemented an action plan for improvement with the team. The action plan included daily rounding by the leaders with commit to sit, pre-admission phone calls, providing contact information (specifically related to no visitation), weekly team meetings utilizing technology to include the families, and family instructions utilizing videos and iPad. The action plan included time frames and accountable party members.

The team's commitment to their patients and the plan has paid off with their scores climbing to 94.4% for the 2nd quarter. Currently, the 4th quarter is at 100%. Year to date score is impressive at 82.5%!

Doylestown Patient Satisfaction Action Plan

| Day | Nurse Manger | Program Manger | Unit Clerk Nursing | Case Manger | Therapy |
|-----------------------------|---|--|--|---|--|
| 1 to 3 | Nurse manger will reach out to patient and family within one to three days of admission. Daily morning rounding practicing commit to sit. | Program manager will reach out to patient family within one to three days of admission | Unit clerk and nursing will provide family with our contact information card on admission and on visitation day. | Case manager will conduct initial assessment with patient and family using the i-Pad in one to three days of admission | |
| Weekly | Nurse manager and program manager will together perform weekly rounding with patient and family in person or i-Pads, practicing commit to sit | Nurse manager and program manager will together perform weekly rounding with patient and family in person or i-Pads. | | Weekly team round with family on i-Pad and or phone. Weekly updates with i-pad or in person with family Additional check in with patient and family as needed | Therapy will have family instruction on i-Pad for video instruction as permitted by patient. |
| Three days before Discharge | Weekly rounding | Weekly rounding | | Weekly check in | Family instruction Video or in person. |



Willowcrest Accepting LVAD Patients

Willowcrest received their first patient with a left ventricular assist device (LVAD) in March 2021. The LVAD is a surgically implanted pump used for patients who have reached end-stage heart failure. Nurses on the unit received training from Timothy Robbins, Albert Einstein Medical Center's VAD coordinator. The patient was successfully discharged back into the community.

extremely concerned about their surgery, they are given a tablet to download specific apps to assist in relaxing them. The staff put a lot of time and effort into this project to promote better surgical outcomes by putting the patient in a better frame of mind before surgery.

Additionally, the Center One team continuously has amazing patient satisfaction scores, with their overall in the 90's! This is due to the excellent care the patient receives from their admission to discharge throughout our services.

Elkins Park:

After a long pause due to the Covid pandemic, the Elkins Park SUSP team recently regrouped again. This amazing team remained committed and engaged by still performing the metrics put forth by this multidisciplinary team, to continue to promote excellent quality care to our total joint patients. This team did not miss a beat and picked up exactly where from where we were halted over a year ago, with team members all contributing their input as what is working well and concerns needed to be addressed.



The Elkins Park surgical services team has been well recognized for their extraordinary commitment to patient care. This was exemplified in an emergent situation involving a post op patient several weeks ago who needed to return to the OR immediately for further care. With the OR not being open full time, both leadership and staff rose to the occasion to come and care for patient, without hesitation.

Due to the effects of the pandemic, many changes have occurred within our surgical services units including furloughs, layoffs and restructuring of staff/schedules. As a result, staff from both Elkins Park and Center One have embraced the changes and each other to create a warm and blended family. Although there have been challenges, as most blended families succumb to, the staff has and continues to work through these obstacles presented to them, making them outstanding professional nurses.

Surgical Services Team Accomplishments at Elkins and Center One

Center One:

Several of the pre-post of staff members have strategically constructed Project Cope. This initiative has been very successful in helping to alleviate patient's fear and anxiety before surgery. After initial patient assessment, if the patient is found to be

MossRehab Named One of the Nation's Best Rehab Hospitals Once Again

MossRehab has once again been recognized by U.S. News & World Report as a Top 10 rehabilitation provider in the United States. Making this recognition extra exciting is the fact that MossRehab was also the top-ranked rehabilitation provider in the Greater Philadelphia area and in the state of Pennsylvania. This is MossRehab's 28th consecutive year on U.S. News & World Report's "Best Hospitals" list.

Despite the many difficult challenges we've faced over the last year and half, the U.S. News & World Report ranking shows once again that MossRehab remains a top-tier destination for patients seeking rehabilitative care. This national recognition is a testimony to MossRehab's commitment throughout its over 120-year history to provide high-quality services and experiences that result in the very best outcomes. Nurses in MossRehab continue to improve the lives of people with disability through education, advocacy, research and innovative care.

Telesitter Device Prevents Safety Events

Safety is one of the top priorities in all healthcare institutions. EMCP the need for personal 1:1 monitoring is often utilized to provide the patient with a safer hospital experience. Resources needed to ensure 1:1 monitoring are high. The average budgeted census for the Acute Care Rehab Unit is 19. Hiring certified nursing assistants (CNAs) or patient observers from outside staffing agencies must be used to help the unit maintain 1:1 monitoring. When sitting at the nurses' station, nurses cannot see directly into seven of the rooms on the unit.

TeleSitter continuous video monitoring (CVM) device is a tool that is used to ensure patients are safe alone in their rooms. It has a video camera and two-way audio, which is monitored by a trained staff member. CVM allows for hospital staff to trust its capacity for increasing safety and preventing patient falls without the need for personal 1:1 staff.

Telesitter Program Highlights as of May 2021

- An average of 7 cameras per day were used
- 92 patients were on Telesitter for a total of 4,942 camera hours
- Patients were on Telesitter an average of 54 hours
- Levy 7 had the highest usage followed by Tower 6, Tower 8 and Tower 4
- Average STAT alarm response time was 15 seconds below the national comparison of 16 seconds
- Average of 1.1 STAT alarms per day with most stat alarms at 13:00 at 15:00
- Our Telesitters like to talk to our patients
 - Average of 1.4 pre-recorded message per day versus 5 pre-recorded messages/day-national comparison
 - 32 average verbal interventions per day versus national average of 13 per day
- TOTAL OF 285 PATIENT SAFETY EVENTS PREVENTED
- 205 falls prevented in May
- 47 medical devices maintained and not pulled out
- 29 Elopements prevented
- 4 abusive behavior events prevented
- 0 "other" events prevented





Research Underway or Completed in 2021

Albert Einstein Medical Center nurses drive knowledge, innovations, and improvement forward as principal investigators. The following table identifies research studies underway that are led by our nurses.

| Research Title | IRB Review Type | Date Approved by IRB | Study Status | Date Study Completed | Name of Principal Investigator |
|---|-----------------|----------------------|--------------|----------------------|--|
| Implementing Best Practices to Advance the Care of Infants with Neonatal Abstinence Syndrome | Full | 2/7/2019 | Complete | 3/11/2021 | Sharon Sauer, MSN, RNC |
| Aroma Therapy in the Perioperative Setting to Ease Anxiety | Expedited | 12/13/2019 | Ongoing | | Adrienne Bellino-Ailinger, BSN, JD, RN |
| Improving the Interrater Reliability of the American Society of Anesthesiologists Physical Status Classification System | Full | 02/28/2020 | Ongoing | | Veronica Mooney, CRNA |
| For staff caring for newborns in the NICU and the well-baby nursery do mock code simulations increase staff confidence during neonatal emergencies | Full | 09/01/2020 | Ongoing | | Maryann Malloy, MSN, RNC-NIC, NEA-BC |
| Improving Knowledge about the Role of the Doula Amongst Labor and Delivery Nurses to Increase Interdisciplinary Collaboration in the Labor and Delivery Setting | Full | 01/13/2021 | Ongoing | | Lydia Gibson, MSN, RN |



Einstein Joins Jefferson Health

On Oct. 4, 2021, Einstein Health Network and Jefferson Health announced the merger of the two health systems. With this exciting step forward, Albert Einstein Medical Center is part of an 18-hospital health system focused on driving health care forward throughout Greater Philadelphia. This merger was the result of a multiyear process.

Benefits of Einstein and Jefferson coming together include:

- Ten hospitals that have achieved Magnet status — a highly competitive and national designation that recognizes nursing excellence.
- Seven specialties that are nationally ranked by U.S. News & World Report, including Cancer; Diabetes and Endocrinology; Gastroenterology and GI Surgery; Ophthalmology (Willis Eye Hospital); Orthopedics (Rothman Orthopaedic Institute at Jefferson Health and the Philadelphia Hand to Shoulder Center at Jefferson Health); Pulmonology; and Rehabilitation (MossRehab).
- Two Level One and one Level Two trauma centers.
- Access to the largest midwifery and transplant programs in the region, resulting in enhanced care options for mothers, babies, transplant patients and their families.

The merger also brings together MossRehab and Magee Rehab, combining their respective strengths with nationally recognized brain-trauma and spinal-cord injury programs.





Now part of Jefferson Health

