



2019 - 2020 Nursing Annual Report



Advancing Nursing Excellence



Welcome to Einstein's Nursing Annual Report for 2019-2020



Gina Marone, MSN, RN, NEA-BC
Vice-President & Chief Nurse Executive

During 2019-2020, the nurses at Albert Einstein Medical Center (AEMC) gained significant national recognition for nursing excellence.

Notably, AEMC earned Magnet® recognition – the highest honor a healthcare organization can receive for nursing excellence – in August 2019. Awarded by the American Nurses Credentialing Center's Magnet® Recognition Program, Magnet recognition is one of the benchmarks used to measure the quality of care patients receive and is considered the gold standard for nursing care. You worked so hard to earn this well-deserved recognition.

Beyond Magnet, you distinguished yourselves in a number of other ways as well. For example, MossRehab is a 2019 Press Ganey NDNQI Award for Nursing Excellence® winner. USA Today in March 2019 reported that Einstein Medical Center Philadelphia has the lowest overall severe complication rate of Philadelphia maternity hospitals, 0.5 percent.

Patient safety is a priority for all of us. You reduced Hospital acquired pressure injury (HAPI) rates in the acute care population. Critical care and step down demonstrated a 29.1% and 25.4% decrease in HAPI incidence respectively in fiscal year 2019.

You also created opportunities to ensure a safer work environment for nurses. For example, you disseminated important information about safer electrosurgical practices, which helped gain approval for purchase of smoke evacuation systems in the OR.

As a result of the hospital's excellent stroke performance, the American Heart Association and American Stroke Association recognized Einstein Medical Center – Philadelphia with the 2019 status of "Get with the Guidelines Stroke Gold Plus Elite."

Your accomplishments during the past year have been remarkable. I hope you take tremendous pride in what you have achieved.

The challenges in 2020 due to COVID-19 have demonstrated your deep professional commitment to saving lives and healing our community. You have all done extraordinary things including being the eyes and ears of our patients when they could not speak for themselves and their family could not be present. You are our heroes and we honor you. I am confident as we look to the future and embrace our new normal that Einstein Nursing will continue to embrace any challenge before us.

Percival Magat, BSN, RN, CRRN, WCC
Chair of Network Council & Clinical Nurse:
MossRehab at Jefferson Bucks Hospital

Dear Colleagues,

My name is Percival Magat, BSN, RN, CCRN, WCC and I am a Clinical Nurse at MossRehab Jefferson Bucks Hospital. In October 2018, I was pleased to accept the role as your Network Nursing Council Chairperson. On behalf of Nursing, I want to thank our Immediate Past Chairperson, Trish Brown, BSN, RN, for her leadership and contributions to the Council and Nursing Staff.

I have been a nurse for 18 years, and I completed my Bachelor of Science degree in Nursing at the University of Santo Tomas in Manila, Philippines, in 2002. My clinical background includes Med-Surg, Nursing Home Administration, Wound Care, and Rehabilitation Nursing, where I currently work. I have been working at MossRehab since 2010, and it has been a great experience to be part of a Magnet Institution.

During my career here, I have been actively engaged in shared governance, and I was the rehab Cluster Chair for a year. I am very thankful to Nursing Leadership for allowing us to practice shared governance. I believe that shared governance gives bedside nurses like me the chance to have an equal voice in the decision-making process. Shared Governance motivates us to take ownership in delivering the best nursing care based on evidence, which improves patient and employee satisfaction simultaneously. With the guidance from our CNE Gina Marone, Network Council was successful in enhancing communication between nursing staff in different clusters, and ensuring that we are providing person-centered care and evidence-based care across our network.

Thank you to all nursing staff from leadership to frontline nurses. Your kindness, dedication, and healing touch is what makes the nurses in this institution stand out. Thank you for continually putting our patients first and treating them with empathy and compassion. Thank you for being a rock when waters get rough. Today, I am more grateful than ever to be a part of a strong organization with empowered nurses who put themselves at risk daily and dedicate long hours of work in fighting the ravages of this pandemic. Keep up the great work!

Sincerely,





Table of Contents

Albert Einstein Medical Center (AEMC)

- Our Nursing Theory
- AEMC's Mission, Vision, and Values
- Locations

Transformational Leadership

- Nursing's Mission, Vision, and Values
- Nursing's Strategic Plan
- Nursing's Philosophy
- Mother Baby Exemplar
- National Pressure Ulcer Advisory Panel

Structural Empowerment

- Nurse Residency Program
- Surgical Smoke Safety
- SCI Patient Education Video
- COVID-19 Response
- Certified Nurses
- Nursing Recognition & Awards

Exemplary Professional Practice

- Professional Practice Model and Care Delivery System
- MossRehab NDNQI Award Winner
- Stroke Care Excellence
- Multimodal Behavior Plans for TBI Patients
- Nurse-Driven Protocol on Indwelling Urinary Catheters
- Calibrated Drapes in Labor and Delivery
- Sensory Room

New Knowledge, Innovations & Improvements

- QSEN Competencies
- Baby Friendly
- Cell Phone Containment
- Neonatal Abstinence Syndrome

Empirical Outcomes

- Magnet® Recognition

Our Nursing Theory

In 2005, the registered nurses on the network Nursing council selected Watson's Theory of Human Caring as the framework for nursing. The theory was chosen for multiple reasons. First was the relevance of caring across multiple practice settings. Second, values in this theory were ones the nurses wanted to adopt, promote, and advance. The key principles of the theory as defined by Watson were closely aligned with many of our organizational values and culture. For example, two tenets of the theory are the formation of a humanistic-altruistic system of values and sensitivity to self and others. This directly relates to the mission and vision of the hospital and the core values of respect, affinity, and empathy.

After the theory was selected and in the process of being advanced, a dialogue was held at the November 2007 network Nursing council meeting. The purpose was for the group to envision what they wanted nursing practice to look like in the future. Key concepts were identified for incorporation into the mission, vision, and philosophy of nursing. During the January 2008 strategic planning retreat, further input was obtained from the nursing leadership team and the Mission, Vision and Philosophy was created.

In October 2010, Einstein Healthcare Network was invited by Dr. Jean Watson to become a Watson Caring Science Institute (WCSI) Affiliate based on formal presentations by a select group of Einstein Healthcare Network registered nurses and leaders at the October 2010, International Caritas Consortium on how the theory lives within our organization. The only criteria missing was an official site visit from Dr. Watson. The site visit was March 2011, and Einstein Healthcare Network has been successfully re-designated in 2012 and 2013. As registered nurses began to understand, integrate, and practice the theory at a deeper level they recognized a need to have a Mission, Vision and Philosophy that was aligned with Watson's (2008) revised theory, Nursing: The Philosophy and Science of Caring. The revised Mission, Vision, Philosophy was created with input from registered nurses across Einstein Healthcare Network in October 2013. We have transitioned from being a WCSI Affiliate in 2018, but we continue to practice Watson's Caring Theory.

Albert Einstein Medical Center

Mission, Vision, and Values

Vision:

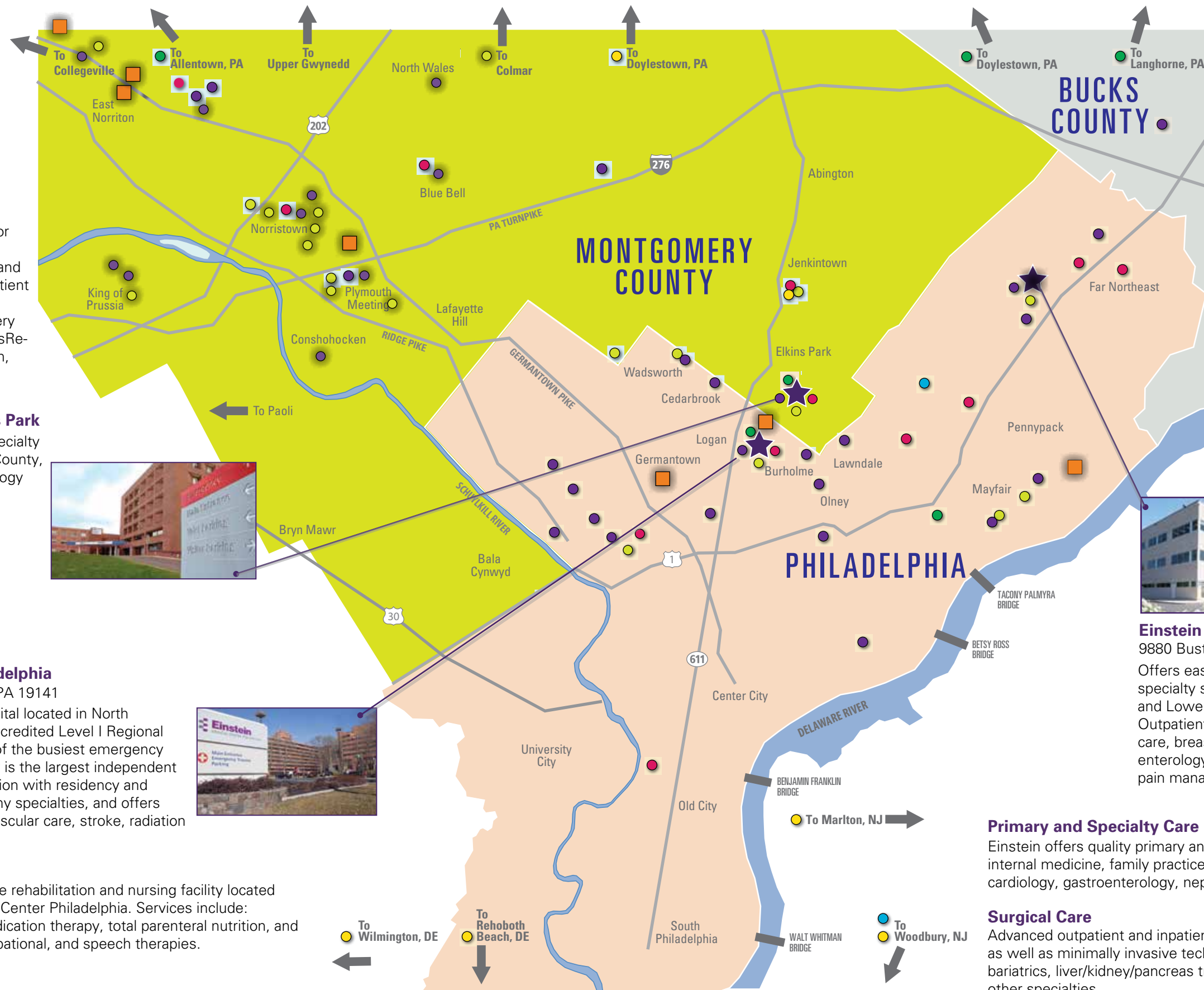
Einstein Brilliance and Compassion
in All We Touch.

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.



KEY

- Einstein Healthcare Network Main Locations
- Primary Care
- Specialty Care
- MossRehab Clubhouse Programs
- MossRehab Driving Program
- MossRehab Inpatient Locations
- MossRehab Outpatient Centers
- Ambulatory Care Centers

MossRehab
 World-renowned for inpatient and outpatient rehabilitative programs for brain and spinal cord injury, stroke, neurological disorders, amputation and orthopedic conditions. It offers inpatient and outpatient services at locations throughout Philadelphia, Montgomery and Bucks Counties, including MossRehab Bucks, MossRehab Doylestown, MossRehab Frankford, MossRehab Tabor, and MossRehab Elkins Park.

Einstein Medical Center Elkins Park
 Full-service medical and surgical specialty hospital in suburban Montgomery County, offering orthopedics, bariatrics, urology and other services.
 Both at 60 Township Line Road
 Elkins Park, PA 19027



Einstein Medical Center Philadelphia
 5501 Old York Road, Philadelphia, PA 19141
 772-bed tertiary-care teaching hospital located in North Philadelphia. The hospital has an accredited Level I Regional Resource Trauma Center and one of the busiest emergency departments in Philadelphia. EMCP is the largest independent academic medical center in the region with residency and fellowship training programs in many specialties, and offers advanced treatment in heart and vascular care, stroke, radiation oncology, breast health and more.



Willowcrest
 Hospital-based short-term sub-acute rehabilitation and nursing facility located on the campus of Einstein Medical Center Philadelphia. Services include: diagnostic testing, intravenous medication therapy, total parenteral nutrition, and transfusion therapy, physical, occupational, and speech therapies.



Einstein Center One
 9880 Bustleton Avenue, Philadelphia, PA 19115
 Offers easy access to primary care and specialty services in Northeast Philadelphia and Lower Bucks and Montgomery Counties. Outpatient surgery services include cancer care, breast surgery, ophthalmology gastroenterology; general surgery; orthopedics; pain management; and urology.

Primary and Specialty Care
 Einstein offers quality primary and specialty services, including internal medicine, family practice, obstetrics/gynecology, pediatrics, cardiology, gastroenterology, nephrology, orthopedics and others.

Surgical Care
 Advanced outpatient and inpatient surgical care, using traditional as well as minimally invasive techniques in cardiology, orthopedics, bariatrics, liver/kidney/pancreas transplantation, neurosurgery and other specialties.

Transformational Leadership

Nursing's Mission, Vision, and Values

Our Vision:

Advancing the art and science of Nursing. Through that vision, we aspire to bring to our patients and community Einstein Brilliance and Compassion in All We Touch, which is the vision for Albert Einstein Medical Center.

Our Mission:

The mission of Nursing is a commitment to creating caring, healing environments with authenticity and intentionality for all we reach and touch through practice excellence, innovation, scholarship, and expressions of caring practices.

With humanity, humility and honor, to heal by providing exceptionally intelligent and responsive healthcare and education for as many as we can reach is the mission of Albert Einstein Medical Center. The mission is grounded in the Jewish concept of repairing and healing the world. In doing so, we respect the opportunity to be involved in our community and in people's lives.

We Value:

- Each other as our greatest resource in achieving our mission.
- Professionalism in our discipline.
- Diversity for enriching our communities.
- A culture of safety that protects our patients and ourselves.
- Teamwork which supports and strengthens interdisciplinary collaborative practices.
- Our patients and their families as active participants in their care.

- Creating a superior experience for our patients, families, and communities.
- Caring science, innovative models of care delivery, and integration of research and evidence-based practices.
- Peer review as necessary for professional growth and development.
- Education and lifelong learning.
- Change and the opportunities it creates.



Nursing's Strategic Plan

Our Core Purpose Statement:

To provide exceptional nursing care that honors the humanity and dignity of each person while advancing nursing as a profession.

Envisioned Future Goal:

The Nursing Service Organization will drive the recognition of Albert Einstein Medical Center (AEMC) as the premiere network by being a leader in nursing innovation, caring science, scholarship, and community integration.

Vivid Descriptions:

- AEMC Nursing will be recognized as an influential determinant for choice of care within the community.
- The Nursing Service Organization will be a major contributor to clinical excellence and the financial goals of Albert Einstein Medical Center
- Continuing to use evidence-based practices and caring science, AEMC nurses will be trusted leaders in the optimal delivery of patient-centered care.
- Our Nursing Service Organization will attract and retain nurses committed to exemplary professional practice and the cultivation of the next generation of nurse leaders.

Nursing's Philosophy

At Albert Einstein Medical Center, we believe Nursing is both a discipline and a 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.

Watson's Theory of Human Caring is the overarching nursing theory that informs the mission, vision, philosophy and professional practice model for the Nursing Service Organization.

The conceptualization of our philosophy is based on Caritas Process™ 4 Developing and Sustaining a Helping Trusting Caring Relationship. Relationship includes relationship to self, relationship with colleagues, relationship with patients, and relationship with community.

To allow for caring moments, we need to have an authentic presence, seek genuine human connection, listen to hear the story of another, and be present for another.

Mother Baby Exemplar

The City of Philadelphia is home to some of the most recognized medical institutions in the nation, yet its citizens are among the poorest and sickest in the state and country. There are deep pockets of poverty and significant health disparities affecting minority communities. Since 1997, the Philadelphia region has seen 19 hospitals end maternity services. Philadelphia's infant mortality rates reflect this crisis course. The infant mortality rate in Philadelphia of 8.3% is the highest among large cities and substantially higher than the national rate of 5.9%. Philadelphia also has one of the highest rates of infant deaths from unsafe sleeping practices.

As one of the six remaining hospitals providing obstetrical care in Philadelphia, Albert Einstein Medical Center (AEMC) has shouldered the burden for many of the area's deliveries. We are successfully impacting pregnancy and mortality outcomes through a number of initiatives and interventions.

Einstein Medical Center Philadelphia is one of three Healthy Start sites in Philadelphia that has agreed to form one Community Action Network to work across the city with various stakeholders to reduce infant mortality. The purpose of Healthy Start is to improve pregnancy outcomes and reduce infant mortality. Einstein's Healthy Start program 1) screens pregnant women and non-pregnant women during pre-conception and inter-conception to identify psychosocial stressors before, during and after pregnancy, 2) connects those women with positive screens to services and communi-

ty resources that can help them address these issues before, during, and after pregnancy and 3) provides group healthcare services for women during pregnancy (Centering Pregnancy®) and to their babies (Centering Parenting®) so that women are supported in a way that increases their caregiving abilities, promotes personal empowerment, and builds community.

Additionally, we have an epidemiologist on staff in OB, and we have two outpatient social workers in both OB and Pediatrics to assist patients with insurance, intimate partner violence and housing instability, and food insecurity. We are also part of the Pennsylvania Perinatal Quality Collaborative, focusing on Maternal Mortality, Opioid Use Disorder, and Neonatal Abstinence Syndrome. AEMC uses Baby Friendly practices that help and teach mothers to make informed feeding choices, and as members of the Penn Safe Sleep Collaborative, we provide parents and caregivers with education on Back to Sleep.

In March 2019, USA Today published the severe complication rates for all maternity hospitals in 13 states, including Pennsylvania. The paper used hospital billing data and the formula created by the U.S. Centers for Disease Control and Prevention to calculate overall rates, plus those for African American women and low-income (Medicaid) patients. The median rate of severe complications for the 13 states was 1.4 percent. Pennsylvania's median rate is 1.1 percent. Einstein Medical Center Philadelphia has the lowest overall severe complication rate of Philadelphia maternity hospitals, 0.5 percent.

During the time measured by USA Today, Einstein Medical Center Philadelphia had 11,162 deliveries. The Philadelphia Inquirer notes: "Most of Einstein's maternity patients are African American or low income, or both, but there is no significant disparity between their rates and the overall rate." Einstein Medical Center Philadelphia's rate for low-income mothers is 0.5 percent, and for black mothers it is 0.6 percent.



National Pressure Ulcer Advisory Panel

An Interdisciplinary Approach to Creating the Pressure Injury Prevention Plan 2.0

Incomplete data and lack of standardization of clinical practice and accountability had been contributing factors for static outcomes in our hospital acquired pressure injury (HAPI) rates for years.

An interdisciplinary committee co-led by Director of Nursing Quality Lisa Rodzen, DNP, MBA, RN, NEA-BC and Wound Care Nurse Specialist Patricia Hayes, MSN, RN, CWCN, and sponsored by Chief Nurse Executive Gina Marone, MSN, RN, NEA-BC was formed to review current practice and review best practice in the literature. Based upon the committee's findings, the Pressure Injury Prevention Plan 2.0 was created. The Iowa model was utilized to guide this performance improvement project.

HAPI incidence for fiscal year 2019 (July 1, 2018- June 30, 2019) decreased compared to fiscal year 2018, following implementation of the Pressure Injury Prevention 2.0 Plan. Compared to FY2018, the organization achieved a 17.49% organizational reduction in HAPI incidence. The critical care and step down divisions demonstrated a 29.1% and 25.4% decrease in HAPI incidence respectively. Additionally, there was a 25.3% reduction in medical device related pressure injuries.

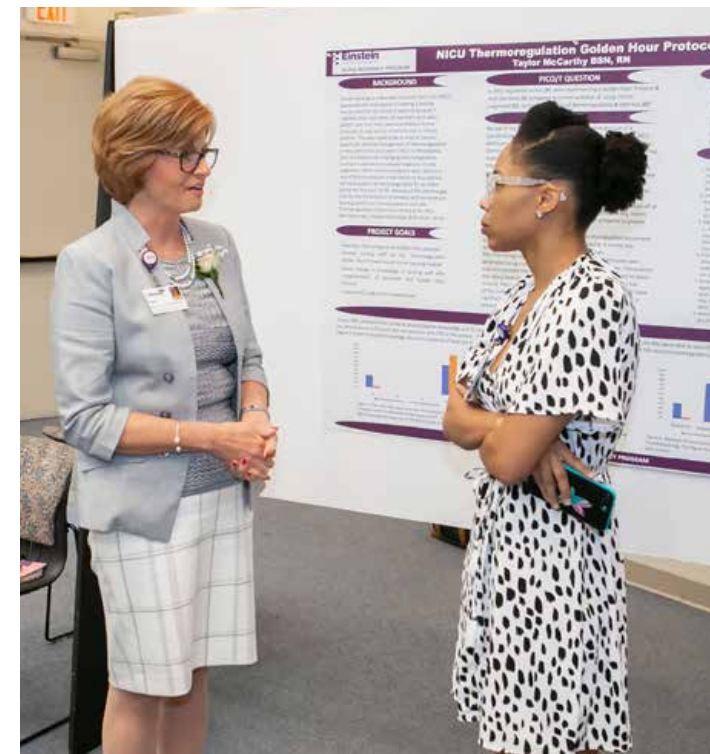
The results of this performance improvement project supported the emphasis on a leadership-supported, accountability-guided, standardized clinical approach utilizing incidence data to decrease HAPIs in the acute care population.



Structural Empowerment

Nurse Residency Program

The 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. During the 12-month program, Nurse Residents develop clinical nursing leadership abilities at the point of care through skill lab practicums, critical thinking, prioritization and delegation exercises. Additionally, they develop a knowledge base to support excellence in care delivery and positive patient outcomes. Our renowned simulation center offers Nurse Residents the opportunity to enhance their technical skills through interactive experience. We also foster inter-professional collaboration and networking through work on evidence-based practice projects. Importantly, Nurse Residents receive the type of mentoring and support that is imperative for successful personal and professional development.



Surgical Smoke Safety

The Association of periOperative Registered Nurses recognizes that surgical smoke is unsafe and recommends the use of smoke evacuators. Inhalation of surgical smoke can cause hazardous effects equivalent to smoking 27-30 cigarettes daily. OSHA reports that over 500,000 workers are exposed to surgical smoke annually, however OSHA does not currently regulate electrosurgical smoke. This affects the entire surgical team. Recently, OR personnel have linked their newly diagnosed illnesses to environmental hazards of the Operating Room. Still, many healthcare institutions do not have policies in place that enforce best practices.

A novice OR nurse with support from management and an Educator developed an education program to inform OR personnel about the dangers of surgical smoke, encourage safer electrocautery practices, and promote better health for surgical patients and staff. A literature review was done to investigate the effects of surgical smoke. Current practices and methods for reducing harm were also investigated.

A meeting was held with the primary investigator, OR Nurse Manager, and OR Director. During the meeting, concerns about creating a

safer environment were discussed. The use of recommended smoke evacuator systems was not within the current budget.

A multidisciplinary pre- and post-survey was developed and distributed. The pre-survey was given prior to an informational session with facts about surgical smoke and safer smoke practices. A total of 42 surveys were completed. In the pre-survey, 69% of participants answered incorrectly when asked about OSHA's standards for surgical smoke practices. Although many team members knew surgical smoke was dangerous, they assumed that the institution was compliant with a specific standard set by OSHA.

As a result of this initiative, the team created supportive evidence to gain administrative approval to obtain the smoke evacuation systems.

Desiree Grant, BSN, RN shared her evidence-based practice work "When the smoke clears: A closer look at surgical smoke safety" at the Association of Operating Room Nurses Global Surgical Conference and EXPO in Nashville, TN in May 2019.

SCI Patient Education Video

One of the Spinal Cord Injury (SCI) Unit's educational videos, "Managing Emotional Health after a Spinal Cord Injury," was selected in May 2019 as the Bronze winner of the prestigious Telly Award in the general-non-broadcast health and wellness category. Established in 1979, The Telly Awards is the premier award honoring video and television across all screens, receiving over 12,000 entries from all 50 states and 5 continents.

The Spinal Cord Injury (SCI) Unit at MossRehab Elkins Park created a series of ten educational videos for its SCI Patient Education Videos Project addressing medical, emotional and social topics of SCI care. The purpose of this

free online "Living with a Spinal Cord Injury" series is to help individuals and their caregivers learn to not only adapt, but to thrive, when faced with the daily challenges of living with an SCI. The videos showcase individuals with SCI sharing their personal stories and life experiences while our own clinicians provide education and expertise on how to navigate the sometimes scary and complex challenges that many people face on a daily basis after sustaining a SCI.

In April 2019, Moss Elkins Park held a "red carpet" event to celebrate the release of the video series. More than 50 attendees celebrated the official release of the videos through our website and social media.

Beth W. Jacobs, RN, CCM, CRRN, MossRehab Spinal Cord Coordinator worked with a multidisciplinary committee on 1 North and a video production company, Imageworks Film & Video, to create the videos with help from a generous gift from David & Barbara Loeb and their family. In 2019, the Commission on Magnet highlighted an exemplar of the series.



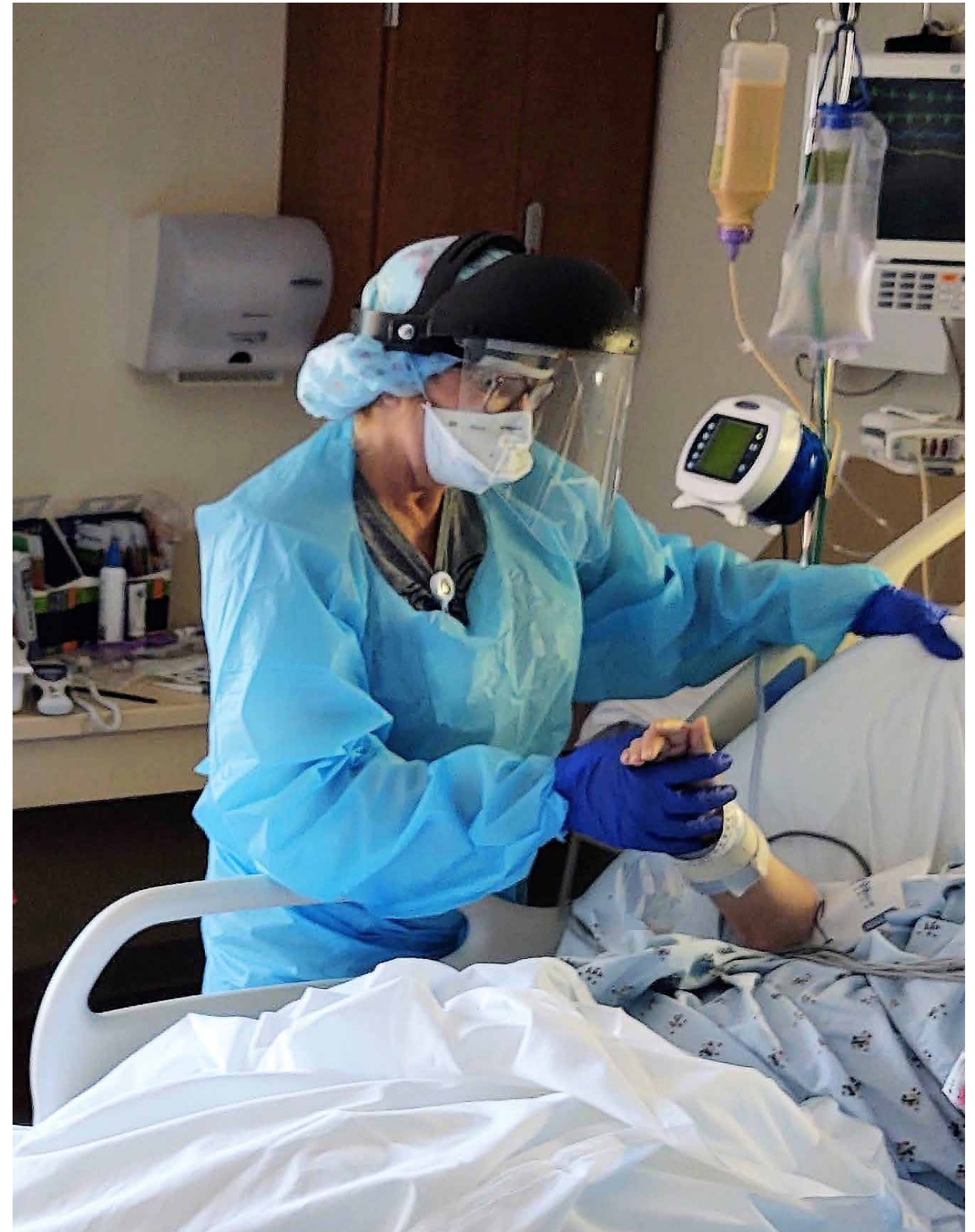
COVID-19 Response

In early 2020, our nurses began preparing for the global pandemic COVID-19 to hit our community. Challenges included keeping our nurses safe from this highly infectious disease, preventing the potential spread of COVID-19 to our other patients, and determining how to address the same supply shortages that healthcare providers across the country and around the globe were facing. Nursing knew

that Albert Einstein Medical Center needed to be prepared for an extremely sharp increase in patients seeking testing, treatment and intensive care.

As of March 30, 2020, our community is still days away from reaching the peak level of coronavirus cases but the excellence in nursing we have demonstrated time and time again makes our team well-prepared to respond.

#EinsteinStrong



Certified Nurses

*As of March 2020

Name	Certification
Griffin, Charlene A.	ACNS-BC (Adult Health CNS)
Thomas, Elizabeth	ACNS-BC (Adult Health CNS)
Accordino, Ashley	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)
Gibson, Patricia	CBC (Certified Breastfeeding Counselor)
Gonzalez, Sonia	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)
Martinez, Bianca	CBC (Certified Breastfeeding Counselor)
Masterson, Colleen	CBC (Certified Breastfeeding Counselor)
Mattioli, Maria	CBC (Certified Breastfeeding Counselor)
McCrumn, Faye	CBC (Certified Breastfeeding Counselor)
McLaughlin, Kerriane	CBC (Certified Breastfeeding Counselor)
Miller, Amy	CBC (Certified Breastfeeding Counselor)
Nuñez, 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)

Name	Certification
Simonis, Melissa	CBC (Certified Breastfeeding Counselor)
Som, Jenny	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)
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)
McGrath, Nancy	CBN (Certified Bariatric Nurse)
Albertson, Diane	CCRN (Critical Care RN)
Axelrod, Anthony	CCRN (Critical Care RN)
Benjamin-Mlynarczuk, Susan	CCRN (Critical Care RN)
Benrov, Rachel	CCRN (Critical Care RN)
Booth, Gwynne	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)
Cleave-Milillo,Carolynn	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)

Name	Certification
Gerard, Kristen	CCRN (Critical Care RN)
Grant, Kathryn	CCRN (Critical Care RN)
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)
Jacobson, Carolyn	CCRN (Critical Care RN)
Janse Van Rensburg, Febe	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)
Lech, Ashley	CCRN (Critical Care RN)
Leva, Anita	CCRN (Critical Care RN)
Losowski, Taylor	CCRN (Critical Care RN)
Luhn, Gregory	CCRN (Critical Care RN)
Markey, Mary	CCRN (Critical Care RN)
McKay, Dana	CCRN (Critical Care RN)
Miller, Teresa	CCRN (Critical Care RN)
Molloy, Patricia	CCRN (Critical Care RN)
Molloy, Patrick	CCRN (Critical Care RN)
Murray, Dara	CCRN (Critical Care RN)
Nesbitt, Latoya	CCRN (Critical Care RN)
Olyansky, Gregory	CCRN (Critical Care RN)
Ouch, Sundaly	CCRN (Critical Care RN)
Pasos, Jennifer	CCRN (Critical Care RN)
Patel, Kaval	CCRN (Critical Care RN)
Poindijour, Myriam	CCRN (Critical Care RN)
Powroznik, Marie	CCRN (Critical Care RN)
Rabena, Chelsea	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)

Certified Nurses

*As of March 2020

Name	Certification
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)
Toczylowski, Jacqueline	CCRN (Critical Care RN)
Vanore, Catherine	CCRN (Critical Care RN)
Weber, Mary Ellen	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)
Griffin, Charlene A.	CCTN (Certified Clinical Transplant Nurse)
Storbrauck, Rebecca	CDE (Certified Diabetes Educator)
Abbamondi, Jennifer	CEN (Certified Emergency Nurse)
Banberger, Raelynne	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)
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)

Certified Nurses

*As of March 2020

Name	Certification
Harmon, Marilyn	CEN (Certified Emergency Nurse)
Hurwitz, Beth	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)
Maher, Kimberly	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)
Regan, Stephanie	CEN (Certified Emergency Nurse)
Renfro, Cassie	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)
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)
Trojcki, 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)
Dougherty, Jane	CLC (Certified Lactation Consultant)
Gervasoni, Pamela	CLC (Certified Lactation Consultant)
Benjamin-Mlynarczuk, Susan	CMC (Cardiac Medicine Certification)

Name	Certification
Stone, Lisa	CMC (Cardiac Medicine Certification)
Alex, Soumya	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, Rose-ann	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)
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)
Grant, Carolyn	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)
Luu, Chau	CMSRN (Certified Medical-Surgical RN)
Mangoni, Evelyn	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)

Name	Certification
O'Hagan, Patricia	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)
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)
Santos, Ruby	CMSRN (Certified Medical-Surgical RN)
Schwoebel, Marguerite	CMSRN (Certified Medical-Surgical RN)
Simmons, Santana	CMSRN (Certified Medical-Surgical RN)
Simoes, Ines	CMSRN (Certified Medical-Surgical RN)
Smith, June	CMSRN (Certified Medical-Surgical RN)
Sweet, Jamie	CMSRN (Certified Medical-Surgical RN)
Uzdevenes, Terri L.	CMSRN (Certified Medical-Surgical RN)
Valentine-Charles, Reynalese	CMSRN (Certified Medical-Surgical RN)
Zanine-Gauss, Denise	CMSRN (Certified Medical-Surgical RN)
Simon, Holly	CNL (Clinical Nurse Leader)
Hudson, William	CNML (Certified Nurse Manager and Leader)
Quirong-Jones, Nida	CNN (Certified Nephrology Nurse)
Alessandroni, Stephen	CNOR (Certified Nurse Operating Room)
Baker, Theresa	CNOR (Certified Nurse Operating Room)
Chavez, David	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)
Samuel, Sheejamol	CNOR (Certified Nurse Operating Room)
Schwartz, Karen	CNOR (Certified Nurse Operating Room)
Sebastian, Sherly	CNOR (Certified Nurse Operating Room)

Name	Certification
Shepherd, Barbara	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)
Gillard, Colleen	CPN (Certified Pediatric Nurse)
Burke-Markley, Christine	CPPS (Certified Professional in Patient Safety)
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)
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)
Gutierrez, Maria	CRRN (Certified Rehabilitation RN)
Ha, Jeong	CRRN (Certified Rehabilitation RN)
Hart, Kara	CRRN (Certified Rehabilitation RN)
Hicks, Lorraine	CRRN (Certified Rehabilitation RN)

*As of March 2020

Certified Nurses

Certified Nurses

*As of March 2020

Name	Certification
Irlich, 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)
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)
McStravock, Colleen	CRRN (Certified Rehabilitation RN)
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)
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)
Rigous, Rachelle	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)

Name	Certification
Schultz, Maureen	CRRN (Certified Rehabilitation RN)
Shleyfer, Marina	CRRN (Certified Rehabilitation RN)
Sincavage, Lisa	CRRN (Certified Rehabilitation RN)
Slook, Andrea	CRRN (Certified Rehabilitation RN)
Stone, Patrice	CRRN (Certified Rehabilitation RN)
Suong, Aureore	CRRN (Certified Rehabilitation RN)
Taylor, Carol	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)
Crocker, Patricia	MNN (Maternal Newborn Nurse)
Joseph, Philomina	MNN (Maternal Newborn Nurse)
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)
Eckenrode, Michael	NE-BC (Nurse Executive)
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)

Name	Certification
Benjamin-Mlynarczuk, Susan	NPD-BC (Nursing Professional Development)
Hopkins-Pepe, Loraine	NPD-BC (Nursing Professional Development)
Hannon, Mary	OCN (Oncology Certified Nurse)
McLaughlin, Christine	OCN (Oncology Certified Nurse)
O'Brien, Margaret	OCN (Oncology Certified Nurse)
Simoese, Ines	OCN (Oncology Certified Nurse)
Arocena, Mary Lou	PCCN (Progressive Care Certified Nurse)
Benny, Raji	PCCN (Progressive Care Certified Nurse)
Bish, Catherine	PCCN (Progressive Care Certified Nurse)
Difranco, Theresa	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)
Javardian, Maria	PCCN (Progressive Care Certified Nurse)
Koshy, Maneejo	PCCN (Progressive Care Certified Nurse)
Lombardi-Snyder, Catherine	PCCN (Progressive Care Certified Nurse)
McCullum, 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)
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)
Dolan, Christine	RN-BC (Medical-Surgical Nursing)
Eluwa, Susan	RN-BC (Medical-Surgical Nursing)
Farber, Cheryl	RN-BC (Medical-Surgical Nursing)

Certified Nurses

*As of March 2020

Name	Certification
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, Angelia	RN-BC (Psychiatric-Mental Health Nursing)
Zheng, Hanling Wang	RN-BC (Psychiatric-Mental Health Nursing)
Brill, Theresa	RNC-OB (Inpatient Obstetric Nurse)
Byrd-Jerry, Kimberly	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)
Ramos, Linsay	RNC-OB (Inpatient Obstetric Nurse)
Rice, Joyce	RNC-OB (Inpatient Obstetric Nurse)
Shields, Dana	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)
Difranco, Theresa	SCRN (Stroke Certified RN)
Hushen, Patricia	SCRN (Stroke Certified RN)
Palacios, Sarah	SCRN (Stroke Certified RN)
Gilmore, Kristen	TCRN (Trauma Certified Registered Nurse)
Markey, Mary	TCRN (Trauma Certified Registered Nurse)
Reeves, Turena	VA-BC (Vascular Access Certification)
Magat, Percival	WCC (Wound Care Certified)
Sieruc, Barbara	WCC (Wound Care Certified)

Nursing Recognition & Awards



2019 Caring Spirit Awards

Critical Care

- Susan Ackiewicz, MSN, RN - NSU
- Michael Su, RN - Levy 4
- Melissa Frazier, PCA - SSU
- Jessica Sciarrone, BSN, RN - SICU - **T. Campbell Caring Spirit Award**
- Surgical ICU Staff - **Caring Spirit Team Award**

Heart and Vascular

- Kristen Gerard, BSN, RN - CCU
- Lilibeth Witner, BSN, RN - CCU
- Minh Nguyen, BSN, RN - Telemetry
- Cody Falatko, RN - Telemetry
- Tyra Tucker Davis, BSN, RN - Telemetry - **J. Joseph Caring Spirit Award**

- Tim Robbins, BSN, RN & Carrie Malaczewski, BSN, RN - VAD - **Caring Spirit Team Award**

Medical/Surgical

- Catherine Matthews, RN - Levy 7
- Karen Martin, PCA - Tower 4
- Michelle Braga, RN - 5th floor
- Danielle Robinson, RN - Tower 6



Subacute/LTC

- Courtney Hunt, BSN, RN - Willowcrest
- Alaina Leslie, LPN - Willowcrest
- Aparna Roney, CNA - Willowcrest
- Marquita Corbin-Lane, HUC - Willowcrest

Women and Children's Cluster

- Miranda Lorman, BSN, RN - Labor and Delivery
- Angel Acevedo, BSN, RN - NICU
- Terri Jasner, BSN, RN - Lifter 3/4
- Annitia Gilliam, RN & Katrina Dunlap, OBT - Labor and Delivery - **Caring Spirit Team Award**
- Cynthia Porchea Craig, BSN, RN - Labor and Delivery - **M. Webb Caring Spirit Award**

Behavioral Health

- Shinzy Mathew, BSN, RN - Levy 9
- Karimah Armstrong, BHA - Tower 7
- Hanling Zheng, BSN, RN - Tower 7
- Charles Leach, BHA - Crisis Response Center
- Wanda Darby-Jones, RN, Kia Durham, RN, Dan Mooney, RN, Reena Raju, RN, Denise Richardson, RN - LTSR - **Caring Spirit Team Award**

Rehab

- Juan Valentin, BSN, RN, CRRN - 2TIPS
- Dian Wint, CNA - MossRehab
- Lindsay Barainyak, BSN, RN, CRRN - 3rd Fl CRU
- Lisa Magee, RN, CRRN - MossRehab Bucks
- 2 TIPS Evening CNAs - 2TIPS - **Caring Spirit Team Award**

Emergency

- Lynne Garlotta, RN - ED EMCEP
- Kim Kane Schmid, BSN, RN - ED EMCEP
- Lucy King, Environmental Services
- Ruby McCafferty, HUC - ED EMCEP
- Deborah Hodgdon, MSN, RN - ED EMCEP - **M. Smith-Catanzaro Caring Spirit Award**

Surgical Services

- Maureen Aitken, BSN, RN - PACU EMCEP
- Santashe McGough, ASN, RN - GI Suite
- Margaret Dennison, HUC - PACU
- Denise Zanine-Gauss, RN, CMSRN - SPU

SPU - EMCP - **Caring Spirit Team Award**

Shared Governance Leadership Award

Maryann Malloy, MSN, RNC-NIC

Nursing Prism Award

Acute Care Rehab Teams at EMCP & EMCEP

Nursing Community Service Award

Willowcrest Cluster

V. Hawkins Sellers RN Excellence Inspiration Award



Nursing Achievements

Professional Organizations

Susan McCulley, MSN, RN, NE-BC was elected as a member at large to the 2019/2020 Board of the Southeastern Pennsylvania Organization of Nurse Leaders (SEPONL).

Loraine Hopkins Pepe, PhD, RN, NPD-BC, CCRN-K has been elected into the Fellowship of The College of Physicians of Philadelphia. Dr. Hopkins Pepe will be formally inducted into the Fellowship in either May or November of 2020. The College of Physicians provides various programs and lectures, including current topics in medicine, the biomedical sciences, and general public health issues.

Publications

Loraine Hopkins Pepe, PhD, RN, NPD-BC, CCRN-K, Director of Nursing Education and Professional Development and **Gerry Altmiller, EdD, APRN, ACNS-BC, FAAN**, Faculty Consultant had their manuscript *Why Quality and Safety Education for Nurses (QSEN) Matters in Practice* published as the editorial in the Journal of Continuing Education in Nursing in May 2019.

Podium Presentations

Loraine Hopkins Pepe, PhD, RN, NPD-BC, CCRN-K, Director of Nursing Education and Professional Development gave a podium presentation *A Feasibility Study of a QSEN-based Orientation Program for Newly Hired Registered Nurses* at the 2019 QSEN International Forum in Cleveland, OH in May 2019.

Agnes Salvador, MD, Manuel Peregrino, MD, David Schutzman, MD, Gail Cameron, MD, Michael Janeczko, MD, **Maryann Malloy, MSN, RNC-NIC, NEA-BC**, Uvaraj Periasamy, **Dorothy Wyatt, NNP, DNP**, and Kathleen Lechowicz, PA were selected to give a podium presentation *Impact of Apnea Countdown on Premature Infants' Length of Stay* at the Eastern Society of Pediatric Research in Philadelphia, PA in March 2020.

Gerry Altmiller, EdD, APRN, ACNS-BC, ANEF, FAAN had an abstract accepted for a podium presentation *Working with Multi-generational Teams: Unlocking Agency* at the 2020 ANCC National Magnet Conference in Atlanta, GA in October 2020.

Poster Presentations

Lisa Rodzen, DNP, MBA, RN, NEA-BC and **Gina Marone, MSN, RN, NEA-BC** presented a poster *Medical Device Related Pressure Injuries: Incidence Data Enables Prevention* at National Pressure Ulcer Advisory Panel (NPUAP) in St. Louis, MO in March 2019.

Nicole Pecoraro, BSN, RN, CMSRN and **Dee Morrison, MSN, RN, ACNS-BC** presented their work *Hemodialysis Central Venous Catheters: Increase Surveillance, Speak Up!* at the National Association of Clinical Nurse Specialists Conference in Orlando, FL in March 2019.

Sharon Sauer, BSN, RNC-NIC, Maryann Malloy, MSN, RNC-NIC, NEA-BC, Dorothy Wyatt, Ph.D. NNP-BC, Nazli Kuter, MD & Agnes Salvador, MD FAAP gave a poster presentation *Comparison of traditional Finnegan Neonatal Abstinence Scoring Tool (FNAST) with the Maternal Opioid Treatment Human Experimental Research (MOTHER) NAS Scale* at the 2019 Eastern Society for Pediatric Research Scientific meeting in Philadelphia, PA in March 2019.

Sharon Sauer, BSN, RNC-NIC, Maryann Malloy, MSN, RNC-NIC, NEA-BC, Dorothy Wyatt, Ph.D. NNP-BC, Nazli Kuter, MD & Agnes Salvador, MD FAAP gave a poster presentation *Comparison of Traditional Finnegan Neonatal Abstinence Scoring Tool (FNAST) with the Maternal Opioid Treatment Human Experimental Research (MOTHER) NAS Scale* at the Pediatric Academic Societies 2019 conference in Baltimore, MD in April 2019.

Desiree Grant, BSN, RN shared her evidence-based practice work *When the smoke clears: A Closer Look at Surgical Smoke Safety* at the 2019 Association of Operating Room Nurses Global Surgical Conference and EXPO in Nashville, TN in April 2019.

Simone Nicholson, MSN, RN, BSN, RN, CNOR, OR Nurse Manager and **Barb Shepherd, DNP, MSN, RN, CNOR**, GI Suite Nurse Manager presented their poster *Standardization of Endoscopic Cleaning Procedures: A quality improvement project* at the 2019 Association of Operating Room Nurses Global Surgical Conference and EXPO in Nashville, TN in April 2019.

Robert Haney, BSN, RN, CAPA, Rob Levin, MSN, RN, RRT, CNOR and **Maureen McClellan, RN** presented their poster *OR Shared Governance Helps Eliminate Cleaning of Foley Bags Post Discharge Nationwide* at the 2019 Association of Operating Room Nurses Global Surgical Conference and EXPO in Nashville, TN in April 2019.

Robert Haney BSN, RN, CAPA presented *The B-Link System: A British Best Practice Becomes a Nursing-Led Innovative Program in the United States* at the American Society of PeriAnesthesia Nurses conference in Nashville, TN in May 2019.

Maryann Malloy, MSN, RNC-NIC, NEA-BC, and **Sharon Sauer, BSN, RNC-NIC** of Neonatal Intensive Care Unit presented *Implementing Best Practices to Advance the Care of Infants with Neonatal Abstinence Syndrome* at the International Association of Human Caring (IAHC) 40th Annual Conference at Clemson University Greenville, SC in May-June 2019.

Maryann Malloy, MSN, RNC-NIC, NEA-BC and **Sharon Sauer, MSN, RNC-NIC** of Neonatal Intensive Care Unit presented their research study outcomes *Comparison of Traditional Finnegan Neonatal Abstinence Scoring Tool (FNAST) with the Maternal Opioid Treatment Human Experimental Research (MOTHER) NAS Scale* at the Academy of Neonatal Nursing Conference in Orlando, FL in September 2019.

Carla Cleary, MSN, RN, CEN, Clinical Educator, Emergency Department presented *Increasing Sepsis Bundle Compliance with the Use of a Sepsis Bedside Tool in the Emergency Room Setting* at the Emergency Nursing 2019 Conference in Austin, TX in September-October 2019.

Maryann Malloy, MSN, RN, NEA-BC and **Sharon Sauer, RNC-NIC, BSN** presented their poster *Implementing Best Practices to Advance the Care of Infants with Neonatal Abstinence Syndrome* at the 24th International Caritas Consortium in San Francisco, CA in October 2019.

Elaine Flynn, MSN, RN, CRRN, Tricia Golbitz, MSN, RN, and **Lisa Pinder, BSN, RN, CRRN** presented their poster *Challenge Accepted: TBI Unit's Response to Hospital-Associated CAUTI's* at the Association of Rehabilitation Nurses REACH Conference in Columbus, OH in November 2019.

Flo Gallagher, MSN, RN, CRRN, Lisa Magee, RN, CRRN and **Lisa Pinder, BSN, RN, CRRN** presented their poster *Inpatient Care Collaboration: Keep it Simple by Standardizing* at the 2019 Association of Rehabilitation Nurses REACH Conference in Columbus, OH in November 2019.

Maryann Malloy, MSN, RN, NEA-BC and **Sharon Sauer, RNC-NIC, BSN** presented their poster *Implementing Best Practices to Advance the Care of Infants with Neonatal Abstinence Syndrome*, which was awarded 3rd place, at the EBP & Research Symposium in Hunt Valley, MD in November 2019.

Safiya Hosein, MD, Priscilla Nuñez, MSN, RN, MPH, CBC, Clinical Educator in Women and Children's Services, **Andrew Paoletti, MS**, **Kate Stamper, DO**, and **Elizabeth Gurney, MD** had a poster presentation on an interdisciplinary education initiative related to contraception and breastfeeding that was accepted at the 2020 CREOG and APGO Annual Meeting in Orlando, FL in February 2020.

Lisa Rodzen, DNP, RN, MBA, NEA-BC, Patricia Hayes, MSN, RN, CWCN, Parese Fasciocco, BSN, RN, CWON and **Gina Marone, MSN, RN, NEA-BC** had a poster *An Interdisciplinary Approach to Creating the Pressure Injury Prevention Plan 2.0* accepted and presented at the National Pressure Injury Advisory Panel (NPIAP) 2020 Annual Conference in Houston, TX in February 2020.

Sharon Sauer, MSN, RNC-NIC, Maryann Malloy, MSN, RNC-NIC, NEA-BC and **Agnes Salvador, MD** were selected to give their poster presentation *Antibiotic Stewardship in the NICU* at the Eastern Society of Pediatric Research in Philadelphia, PA in March 2020.

Beth Hurwitz, MSN, AGCNS-BC, CEN was selected to give her poster presentation *Content Validation for ED Falls Tool* at the National Association of Clinical Nurse Specialists in Indianapolis, IN in March 2020.

Beth Hurwitz, MSN, AGCNS-BC, CEN and **Raelynne Bamberger, BSN, RN, CEN** were selected to give their poster presentation *Trauma Documentation PI Process* at the New Jersey Emergency Nurses Association Conference in March 2020.

Nurse Residents **Rachel Garraway, BSN, RN** and **Brittany Pembleton, BSN, RN** had their poster *Use of Calibrated Under-Buttocks Drapes to Improve Estimation of Postpartum Blood Loss in Vaginal Deliveries* accepted to the 2020 Vizient/AACN Nurse Residency Program Annual Conference in New Orleans, LA in March 2020

Raelynne Rowlett, BSN, RN, CEN and **Beth Hurwitz, MSN, AGCNS-BC, CEN** had an abstract accepted for a CE poster presentation *Evaluation of Trauma Documentation using Peer Review Process* at the Society of Trauma Nurses (STN) 2020 Annual Conference in Atlanta, GA in April 2020.

Parese Fasciocco, BSN, RN, CWON, Patricia Hayes, MSN, RN, CWCN and **Lisa Rodzen, DNP, MBA, RN, NEA-BC** had an abstract selected for a CE poster presentation *Taking a Deep Dive into Standardizing Pressure Injury Processes* at the Wound, Ostomy and Continence Nursing (WOCN) Annual Conference in Cleveland, OH in June 2020.

Donna Moser, BSN, CHFN, **Charlene Choate, MSW**, **Tim Robbins, BSN**, and **Behnam Bozorgnia, MD** had their work *Reducing Heart Failure Readmissions Utilizing ReDS™ Technology* accepted for a poster presentation at the American Association of Heart Failure Nurse's (AAHFN) National Conference in Boston in June 2020. The abstract will also be included in their professional magazine "Heart and Lung".



Dr. Joyce M. Black Presentation

Gina Marone, MSN, NEA-BC, RN, Vice President and Chief Nurse Executive welcomed Joyce M. Black, PhDm RN, FAAN in January 2019 in Gouley Auditorium where 120 Einstein nurses and clinical partners gathered to listen to Pressure Injury in Vulnerable Patients: Evidence for Prevention. Dr. Black an expert well-known for her work with the National Pressure Ulcer Advisory Panel on staging wounds and deep tissue injury is a member of the American Academy of Nursing. Dr. Black's presentation spanned prevention; documentation, staging, culture, and health and economics.

2019 Certification Recognition

Gina Marone, MSN, RN, NEA-BC, VP and Chief Nurse Executive welcomed Einstein Nurses with specialty certifications to the annual Certification Recognition Session in Gouley Auditorium in March 2019. Nurses at Center One, EMCP, EMCEP, MossRehab, and Willowcrest hold 420 certifications from certifying specialty nursing boards. Brenda Douglass, DNP, APRN, FNP-C, CDE, CTTs, Director of the Doctorate of Nursing Practice Program at Drexel University was guest speaker.

Unit/Cluster/Site

In 2019 and 2020, **MossRehab** was named a "Top Workplace" by The Inquirer and Daily News.

On May 2, 2019 Einstein Medical Center's **Surgical Unit Safety Program (SUSP)** was awarded a Pennsylvania Patient Safety Authority I AM PATIENT SAFETY award. Our EMCEP Surgical Program was one of only 11 winners from Pennsylvania healthcare facilities from 153 nominations in this annual prestigious contest.

Beth Hurwitz, MSN, AGCNS-BC, CEN, Steve Chapman, MS, MBA, BSN, RN, Chuck Belmont, BSN, RN-CEN, Monica Miller, BSN, RN-CEN, Michael Kowalski D.O., Sarah Misuro, BSN, RN-CEN, Marlies Meinhold, BSN, RN, and Jyll Kurczewski, BSN, RN applied for Einstein's Emergency Department to be considered for the

Emergency Nurses Association (ENA) Lantern Award, which will be selected by early June 2020.

Grants

Gina Marone, MSN, RN, NEA-BC, VP & Chief Nurse Executive is the project leader for an innovative program Bridging the Gap in Providing Intimate Partner Violence Services that was awarded an Einstein Society Innovative Program Grant.

Amina Harris, MSN, MBA, RN, Director of Nursing, Willowcrest is a project team member for the Willowcrest Transitional Suite innovative program that was recently awarded an Einstein Society grant.

Angela Cantwell, MSN, RN, Clinical Director, Behavioral Health is a project team member for Bridge to Recovery: CPS Navigator for Psychiatry Hospital Discharges which was just awarded an Einstein Society innovative grant.

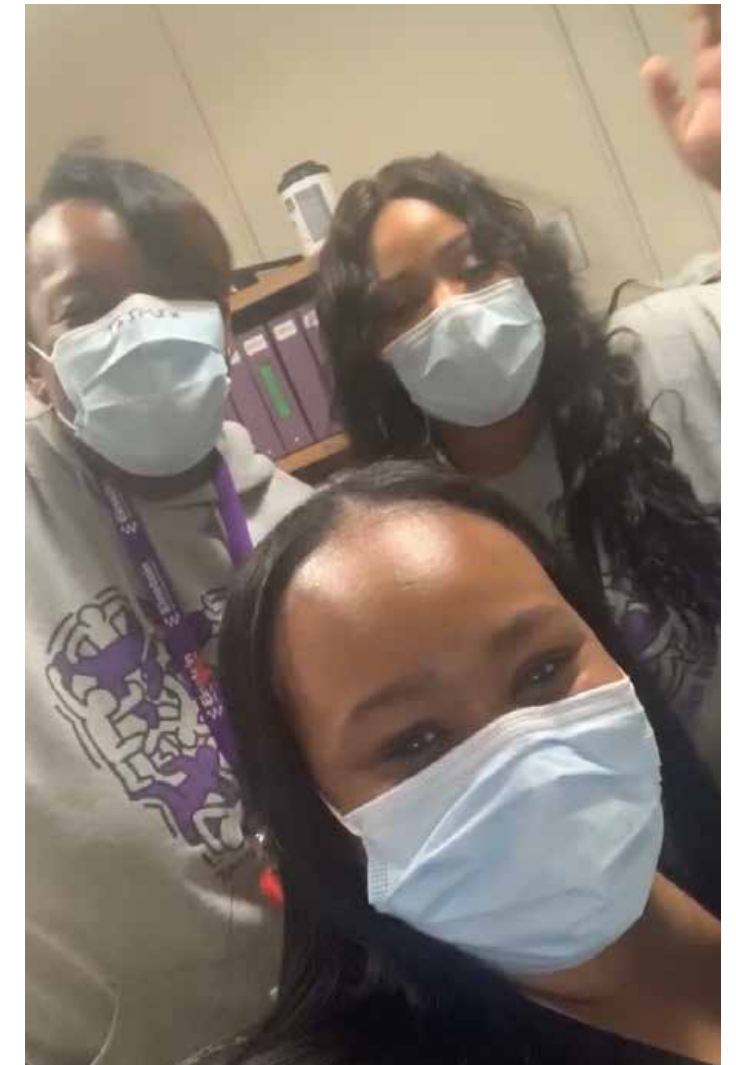
Nurse Residency Program

Nurse Resident **Johnna Pogwist, BSN, RN** tied for 1st place in Einstein's Research week (2019) poster presentation for her evidence-based practice initiative Implementation of a Turning Clock for Pressure Injury Prevention.

In 2019-2020, the Nurse Residents from cohorts (#4, #5 & #6) of our Nurse Residency Program, headed by NRP Coordinator **Susan Benjamin-Mlynarczuk, MSN, RN, NPD-BC, CCRN-CMC**, completed and implemented a total of 33 evidence-based practice initiatives throughout the network.

Celebrate Caring Award

Kem Giron, BSN, RN from Tower 5 was chosen to receive Independence Blue Cross Celebrate Caring Award. Kem was among the few recognized from more than 1,000 nominations. Kem was recognized for her work on shared governance, community service, and peer support.



Community Involvement

Stop the Bleed Program

In January 2019, Cathy Markey, MSN, RN, CCRN, CEN, TCRN and Stephanie Sailes, BSN, RN conducted a Stop the Bleed program at Gratz College. That same month, Carla Cleary, MSN, RN, CEN and Cathy Markey also conducted Stop the Bleed Program training for 36 Parole Officers at the PA Board of Probation and Parole Office in Philadelphia. In September 2019, Cathy Markey presented to the 7th Police District Advisory Board meeting on Injury Prevention and Stop the Bleed.

Wash 'N Tune Event

In April 2019, Beth Jacobs, RN and a number of PTs provided support for the Spinal Cord Specialty Program's 4th annual Wash 'N Tune event to clean and complete minor repairs to wheelchairs for individuals living in the community. Twenty-nine participants and 19 volunteers participated in the 2 ½ hour event held in our Moss Outpatient Center at Tabor Road. Three team members of the Spinal Cord Specialty Program are on the board of directors for The Greater Philadelphia Chapter of the United Spinal Association.

National Walk to School Day

In October 2019, Cathy Markey represented Einstein along with colleagues from St. Christopher's Hospital in this outreach program for children at Cauyga Elementary School.

Southeastern PA Health Literacy Month Symposium

In October 2019, Cathy Markey participated as a speaker in a panel discussion on Health Literacy at Doylestown Health.

Out of Darkness Walk

In October 2019, the staff of Tower 7 and Levy 9 at EMCP organized and participated in a walk for Suicide Awareness (NAMI- National Alliance

Mental Illness) at The Philadelphia Museum of Art, Philadelphia, PA.

Heart Walk

In November 2019, as part of its ongoing partnership with the American Heart Association, Einstein Heart & Vascular celebrated our collective efforts in the fight against heart disease. Einstein raised more than \$82,000 to support heart disease and stroke research in the Greater Philadelphia area through Heart Walk t-shirt sales and individual donations. More than 16,000 walkers and participants attended the annual event.

Annual Day of Remembrance Service

In November 2019, Women's and Children's Services staff at EMCP raised funds and held the 22nd Annual Day of Remembrance Service.

Project Home

In November 2019, staff from Willowcrest collected and donated supplies to the homeless in conjunction with "Project Home" at 1515 Fairmount Ave, Philadelphia, PA.

Julia Ward Howe School

In November and December 2019, all the Med-Surg units at AEMC collected and donated gloves, hats, scarves, and packaged snacks for this school at 5800 North 13th Street, Philadelphia, PA.

Stenton Family Manor Holiday Caring Project

In November and December 2019, Network Council (AEMC Nurse Shared Governance Leadership) collected and donated toys and supplies for Stenton Family Manor, a homeless shelter for families and children at 1300 E Tulpehocken St, Philadelphia, PA.

Domestic Violence Shelter

In December 2019, Women's and Children's Service staff at EMCP collected and donated supplies for families of the Domestic Violence shelter and collected knit hats and blankets for patients on the Mother/Baby unit for the holidays.

Think First for Teens Program

In February 2020, Cathy Markey, MSN, RN, CCRN-K, CEN, TCRN and Donna Long, M.Ed., CTRS, CBIS presented a Think First for Teens program to 90 high school students at Mastermann High School.

Colon Cancer Awareness Month

The GI suite celebrated Colon Cancer Awareness month in March 2020. Outside of the cafeteria, GI tech staff, nursing staff and Kathleen Jaffe, RN, MSN, GI Nurse Manager EMCP set up a table and handed out information to the staff and visitors of Albert Einstein Medical Center regarding criteria for colon cancer screening. The staff were there to answer any questions and to provide additional information to all that stopped by the table. A banner was on display for the entire month of March addressing colon cancer awareness.





2019 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.

BSN Candidates:

Theresa Ragazzone, RN, CCU EMCP

Jane Dougherty, RN, IBCLC, CCE, Mother Baby Unit

MSN Candidates:

Timothy Daley, BSN, RN, Nurse Manager Tower 7

Jaclyn Jandrisevits, BSN, RN, CRRN, 1 West MossRehab

Annette Yerkes, BSN, RN, CNOR, Nurse Manager EMCEP Surgical Services

Tiju Thomas, BSN, RN, 2 TIP MossRehab

Patricia O'Hagan, BSN, RN, CMSRN, PCU EMCEP

Carolyn Cleave-Milillo, RN, BSN, CCRN, SICU

DNP/PhD Candidates:

Maryann Malloy, MSN, RNC-NIC, NEA-BC, Nurse Manager Neonatal Intensive Care Unit

Exemplary Professional Practice

Professional Practice Model and Care Delivery System



Professional Practice Model:

At Einstein, our Nursing Professional Practice Model reflects how we communicate, practice, collaborate, and develop, while integrating mission, vision, values, philosophy, and nursing theory with our practice. Watson's Theory of Human Caring serves as the foundation of our nursing practice, education, and research, encircling and infusing all we do. The Caritas Processes™ give a voice and language to specific practices as we connect with patient, self, family, colleague, or community.

Care Delivery System:

We aim to provide exceptional nursing care that honors the humanity and dignity of each person, while advancing nursing as a profession. Our nursing care delivery system, "Dynamic Team Nursing," reflects concepts from Jean Watson's Theory of Human Caring/ Caring Science, including the cultivation of sensitivity to one's self and to others, the development of a helping-trust relationship, the systematic use of the scientific problem-solving method for decision making, and the promotion of interpersonal teaching-learning. There are eight essential features of Dynamic Team Nursing: Caring, Relationship, Influences, Holistic, Effective, Accountable, Quality, and Evidence-Based Practice.



MossRehab NDNQI Award Winner

MossRehab Nursing received the 2019 NDNQI (National Database of Nursing Quality Indicators) Award for Outstanding Nursing Quality. This annual award is given to the best performing hospital in each of seven categories including rehabilitation. MossRehab achieved this distinction by reaching the 95th percentile for each reporting period for the award year in NDNQI. Press Ganey award winners are recognized and honored at the Press Ganey

National Client Conference, which took place in November 2019 in Orlando. Kara Hart, BSN, RN, CRRN, Clinical Nurse on 1West, MossRehab, Elaine Wible, BSN, RN, CRRN, Clinical Nurse on 1West / Network Nursing Council Chair-Elected, MossRehab, and Susan McCulley, MSN, RN, NE-BC, Director of Nursing MossRehab/Acute Inpatients Einstein Medical Center Elkins Park attended the conference. Magnet appraisers had also spotlighted MossRehab earlier in the year for best practice in nursing in education of patients and family and culture.



Stroke Care Excellence

The American Heart Association and American Stroke Association recognized Einstein Medical Center Philadelphia with 2019 "Get with the Guidelines Stroke Gold Plus Elite" status. Einstein Medical Center Philadelphia is also the first organization in Pennsylvania and the first in the country outside of the pilot program to earn the Joint Commission's advanced certification as a Thrombectomy-Capable Stroke Center (TSC) in collaboration with the American Heart Association/American Stroke Association (AHA/ASA).

Multimodal Behavior Plans for TBI Patients

In the inpatient rehabilitation setting, the care of the complex traumatic brain injury (TBI) patient requires a comprehensive assessment, careful consideration of individualized cognitive and physiological needs, and a team approach to provide consistent and focused care. The behavioral sequelae of TBI presents challenges for the patient care team to maintain safety while assisting the patient to productively participate in therapy.

On our 30-bed Brain Injury Unit at MossRehab at Elkins Park, the patients emerging from Post-traumatic Amnesia (PTA) and those with co-morbidities of cognitive or psychological issues often exhibit alterations in behavior such as: verbal and physical aggression,

agitation, poor safety awareness, and behavioral outbursts.

When addressing alterations in cognition and behavioral changes following a TBI, the care team merges the unique needs of each patient with systematic, organized strategies to provide patient-centered behavior plans to provide care and support. The multimodal interventions may include formal PTA assessment/protocol implementation; team behavioral rounds; video monitoring system; one-on-one patient care companions; safety alarms; and team communication of behavioral strategies and outcomes. The rehabilitation nurse is an important part of the treatment team due to the constant interaction with the patient and direct observation of patient responses to interventions.

Behavioral plans are shaped to meet the immediate behavioral needs of patients but may be tailored as the patient status improves and the care of the patient evolves. When designing individualized behavior plans, it is necessary that each piece of the puzzle is included so the "big picture" clearly communicates the interventions, expectations, and goals to allow for consistent implementation.

On November 6-9, 2019, Karyn Kling, BSN, RN, CCRN presented her poster *Multimodal Behavior Plan Development for Complex TBI Patients* at the 2019 Association of Rehabilitation Nurses REACH Conference in Columbus, OH.

Nurse-Driven Protocol on Indwelling Urinary Catheters

Nurses at Albert Einstein Medical Center are empowered through the nurse-driven protocol for removal of indwelling urinary catheters to reduce urinary catheter dwell time and potentially reduce the risk of catheter acquired urinary tract infections.

A research initiative was launched to provide education to the Telemetry nurses to increase awareness of the nurse-driven protocol and to increase perception of nurses' empowerment to discontinue indwelling catheters. This project would determine if using additional written education would decrease the knowledge gap in using the indwelling urinary catheter protocol.

An initial survey was provided to the Tower 5 Telemetry nursing staff to identify a baseline knowledge gap regarding the nurse-driven indwelling catheter protocol. Education was provided to the staff in the form of a brochure, highlighting the important points of the

nurse-driven protocol. A repeat survey was distributed approximately 16 weeks after the initial survey to evaluate the effectiveness of the education presented.

To assess nurses' general awareness of the nurse-driven protocol, respondents were asked whether they could locate the nurse-driven protocol. Pre-education data revealed that 76.9% of nurses knew where to find the protocol, compared to 95.7% of nurses post education. Both before and after education, approximately 21% of staff responded that they would prefer the physician order removal versus using a protocol. Although 66.7% of the staff responded that they are no more or less likely to use the protocol, 33.3% of respondents reported that they are more likely to use the nurse-driven protocol post education.

Stanley Boc, BSN, RN and Alisa Behari, BSN, RN Tower 5 Telemetry presented their evidence-based practice quality project *Nurse driven protocol on indwelling Urinary Catheter* at the 2nd Cohort of Nurse Residents graduation on Feb. 19, 2019.

Calibrated Drapes in L&D

A research project on the Labor and Delivery (L&D) Unit at Einstein Medical Center Philadelphia (EMCP) showed that using calibrated under buttocks drape with patients undergoing a vaginal delivery helps provide a more accurate determinant of blood loss compared to the traditional visual estimation methods used on the L&D Unit.

Postpartum hemorrhage is the world's leading cause of maternal morbidity and mortality. Studies show that accurate calculation of blood loss decreases rates of maternal morbidity and mortality by early initiation of lifesaving interventions. Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) recognizes quantified blood loss (QBL) methods as the most effective way to measure postpartum blood loss.

Due to current evidence-based practice recommendations, a project was formulated to introduce a more quantified method using calibrated under buttocks drapes during vaginal deliveries. Under buttocks drapes are an inexpensive and simple tool that can be

used to increase the accuracy of blood loss measurement until a unit has the time and resources to implement the full QBL approach.

An assessment was conducted to evaluate the accuracy of visual EBL. Five commonly used items were soaked with a predetermined amount of simulated blood. Participants were asked to visually estimate the amount of blood on each item and record it. The difference between the estimation and actual amount was calculated for each provider and each item, and the sum of the difference was compared to the cumulative amount of simulated blood of all five items (900mL). In contrast, when using the calibrated drape for EBL, the provider estimation was within 100mL of the actual quantified measurement.

The majority of providers at these deliveries noted that the calibrated drape was easy to use and that they preferred using it over the ones without graduated markings. Overall, ongoing use of the calibrated drape is feasible in the L&D of EMCP and its use significantly improved the ability of the provider to more accurately estimate postpartum blood loss.

BACKGROUND

The Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) (2015) noted that postpartum hemorrhage (PPH) continues to be one of the most common complications of vaginal and cesarean births, making it the world's leading cause of maternal morbidity and mortality. Many studies have established that accurate calculation of blood loss decreases rates of maternal morbidity and mortality by early initiation of lifesaving interventions (Tison, Boucard, Ferryman, Dawson, & Sagot, 2011). Furthermore, accurate calculation of blood loss helps prevent reoperation of blood loss, which can result in anxiety and costly treatments that are often unnecessary (AWHONN (2015)). Recognizing quantified blood loss (QBL) methods as the most effective way to measure postpartum blood loss however, on the Labor and Delivery Unit (L&D) at Einstein Medical Center Philadelphia (EMCP), the visual estimation of blood loss (EBL) is the method used. Due to current evidence-based practice recommendations, a project was formulated to introduce a more quantified method using calibrated under buttocks drapes during vaginal deliveries. Under buttocks drapes are an inexpensive and simple tool that can be used to increase the accuracy of blood loss measurement until a unit has the time and resources to implement the full QBL approach (Leffenzamploong, Laptinogor, Lemberger, Hildebolt, & Owen, 2016).

METHODS

A review of the literature revealed that visual estimation is 31% less accurate than using a under-buttocks drape to objectively measure (Leffenzamploong, et al. 2016). A randomized control trial by David et al. (2006) showed the drape method highly accurate after showing a high level of correlation between the under-buttocks drape method and the gold standard of spectrophotometry, a method used in chemistry to quantify molecules. The proven effectiveness of the under buttocks drape in addition to its responsive cost and ease of use makes it a practical alternative to visual estimation. An assessment was conducted to evaluate the accuracy of visual EBL in the L&D at EMCP. Five commonly used items were soaked with a predetermined amount of simulated blood. Participants, which included resident physicians, registered nurses, and medical students, were asked to visually estimate the amount of blood on each item and record it on a piece of paper along with the number of years they have been estimating blood loss in clinical practice. The difference between the estimation and actual amount was calculated for each provider and each item, and the sum of the difference was compared to the cumulative amount of simulated blood of all five items (900mL). These results are shown in Figure 1.

The calibrated under-buttocks drape shown in Figure 1 was purchased and used to replace the under buttocks drapes currently in use that do not have graduated markings. Deliveries were selected based on a convenience sample of patients assigned to the primary investigators of this project. Pads, sponges, and other patient care items were weighed prior to delivery to obtain dry weights. The drape was placed underneath the patient at time of delivery. Once the baby was delivered, the QBL was determined by weighing blood-soaked pads and subtracting the dry weight from the saturated weight. The basic conversion of grams=ml was used. The drape amount was recalculated by taking the final markings on the bag and subtracting it by the amount of amount fluid in the bag before the baby was delivered. Amounts were added together to get the final QBL amount in mL.

Physicians at delivery continued to use visual estimation, but were told the amount of blood collected on the under-buttocks drape to help them make a more accurate assessment. Physicians were not made aware of amount quantified. Data was then used to compare the amount visually estimated by the provider with the drape to the amount of QBL for each individual delivery.

RESULTS (Continued)

- There was no correlation between number of years of practice and the ability of providers to closely estimate the correct amount of predetermined simulated blood loss.
- There was a wide range of answers ranging from 100mL to 1750mL away from the correct amount of predetermined simulated blood loss.
- Providers overestimated blood loss 58% of the time, and underestimated blood loss 42% of the time.
- Providers' estimations were inaccurate by an average of 485mL.

Provider	Years of Practice	Estimated Blood Loss (mL)	Actual Blood Loss (mL)	Difference (mL)
Provider 1	10	100	100	0
Provider 2	15	150	150	0
Provider 3	20	200	200	0
Provider 4	25	250	250	0
Provider 5	30	300	300	0
Provider 6	35	350	350	0
Provider 7	40	400	400	0
Provider 8	45	450	450	0
Provider 9	50	500	500	0
Provider 10	55	550	550	0
Provider 11	60	600	600	0
Provider 12	65	650	650	0
Provider 13	70	700	700	0
Provider 14	75	750	750	0
Provider 15	80	800	800	0
Provider 16	85	850	850	0
Provider 17	90	900	900	0
Provider 18	95	950	950	0
Provider 19	100	1000	1000	0
Provider 20	105	1050	1050	0
Provider 21	110	1100	1100	0
Provider 22	115	1150	1150	0
Provider 23	120	1200	1200	0
Provider 24	125	1250	1250	0
Provider 25	130	1300	1300	0
Provider 26	135	1350	1350	0
Provider 27	140	1400	1400	0
Provider 28	145	1450	1450	0
Provider 29	150	1500	1500	0
Provider 30	155	1550	1550	0
Provider 31	160	1600	1600	0
Provider 32	165	1650	1650	0
Provider 33	170	1700	1700	0
Provider 34	175	1750	1750	0
Provider 35	180	1800	1800	0
Provider 36	185	1850	1850	0
Provider 37	190	1900	1900	0
Provider 38	195	1950	1950	0
Provider 39	200	2000	2000	0
Provider 40	205	2050	2050	0
Provider 41	210	2100	2100	0
Provider 42	215	2150	2150	0
Provider 43	220	2200	2200	0
Provider 44	225	2250	2250	0
Provider 45	230	2300	2300	0
Provider 46	235	2350	2350	0
Provider 47	240	2400	2400	0
Provider 48	245	2450	2450	0
Provider 49	250	2500	2500	0
Provider 50	255	2550	2550	0
Provider 51	260	2600	2600	0
Provider 52	265	2650	2650	0
Provider 53	270	2700	2700	0
Provider 54	275	2750	2750	0
Provider 55	280	2800	2800	0
Provider 56	285	2850	2850	0
Provider 57	290	2900	2900	0
Provider 58	295	2950	2950	0
Provider 59	300	3000	3000	0
Provider 60	305	3050	3050	0
Provider 61	310	3100	3100	0
Provider 62	315	3150	3150	0
Provider 63	320	3200	3200	0
Provider 64	325	3250	3250	0
Provider 65	330	3300	3300	0
Provider 66	335	3350	3350	0
Provider 67	340	3400	3400	0
Provider 68	345	3450	3450	0
Provider 69	350	3500	3500	0
Provider 70	355	3550	3550	0
Provider 71	360	3600	3600	0
Provider 72	365	3650	3650	0
Provider 73	370	3700	3700	0
Provider 74	375	3750	3750	0
Provider 75	380	3800	3800	0
Provider 76	385	3850	3850	0
Provider 77	390	3900	3900	0
Provider 78	395	3950	3950	0
Provider 79	400	4000	4000	0
Provider 80	405	4050	4050	0
Provider 81	410	4100	4100	0
Provider 82	415	4150	4150	0
Provider 83	420	4200	4200	0
Provider 84	425	4250	4250	0
Provider 85	430	4300	4300	0
Provider 86	435	4350	4350	0
Provider 87	440	4400	4400	0
Provider 88	445	4450	4450	0
Provider 89	450	4500	4500	0
Provider 90	455	4550	4550	0
Provider 91	460	4600	4600	0
Provider 92	465	4650	4650	0
Provider 93	470	4700	4700	0
Provider 94	475	4750	4750	0
Provider 95	480	4800	4800	0
Provider 96	485	4850	4850	0
Provider 97	490	4900	4900	0
Provider 98	495	4950	4950	0
Provider 99	500	5000	5000	0
Provider 100	505	5050	5050	0

PROJECT GOALS

- Identify and evaluate the accuracy of visual estimation of EBL currently practiced on the unit
- Determine feasibility of implementing use of a calibrated under buttocks drape in shown in Figure 1 in every vaginal delivery
- Test the accuracy of the calibrated under-buttocks drape by comparing drape estimations to full QBL loss at delivery

PICO/T QUESTION

For patients in L&D undergoing a vaginal delivery (P), does use of a calibrated under-buttocks drape (I), compared to traditional visual EBL methods (C) help provide a more accurate determination of blood loss (O) during the immediate postpartum period (T)?

RESULTS

Figure 1. Mean estimated under buttocks drape (mL) as a percent of the under buttocks drape that was purchased and used for this project.

Figure 2. Mean of provider practice on different provider practice estimation and predetermined simulated blood loss (mL). This graph illustrates the years of experience of each provider and the actual amount of predetermined simulated blood loss (mL) used for this project.

NEXT STEPS

- Continue to use calibrated under-buttocks drapes to create a more accurate visual estimation until QBL can be implemented.
- Educate physicians and nurses on the unit on how to quantify cumulative blood loss at every delivery extending into the early postpartum period (Time of delivery until time patient is transferred to another baby unit).
- Implement cumulative QBL measurement as the only measurement method used in every vaginal and cesarean delivery.

REFERENCES

Available upon request



Rachel Garraway, BSN, RN and Brittany Pembleton, BSN, RN of Labor & Delivery presented their evidence-based practice quality project "Use of calibrated under-buttocks drapes to improve estimation of postpartum blood loss during vaginal delivery" at the 2nd Cohort of Nurse Residents graduation on Feb. 19, 2019.

Sensory Room

Patients often are admitted to the Tower 7 acute psychiatric unit in distress. Although there is a sensory room in the unit, it is underutilized. This room has the potential to provide a space for patients to experience relaxation, discover coping skills, and practice self-care. A review of the literature showed that patients' self-reported level of distress was reduced significantly after spending just 20 minutes in a sensory room.

An initiative was implemented on the acute psychiatric unit to give patients who express psychological distress access to a sensory room. Unit staff were informed of the sensory room initiative. For the project, patients were asked if they were interested in using the sensory room with staff for 20 minutes. Pre- and post-evaluations documented patients' responses when asked if they were experiencing psychological distress before entering the sensory room, and if their level of psychological distress was the same, better, or worse afterwards. They were also asked to

describe their feelings and what they found most helpful.

Eight patients utilized the sensory room over a 4-week period. Patients' self-reported feelings pre-intervention included anxiety, sadness, uncertainty, nostalgia, and fear. Post-intervention they reported feeling the same or better. One patient did not respond to the post-evaluation due to the acuity of their emotional state. Two patients who were unable to describe their feelings before using the sensory room were better able to afterward. The sensory room was described as having a "relaxing atmosphere" and providing "peace of mind." Talking 1:1 with staff, the touch and change, comfortable chair, essential oils, rattle, and wall color were reported to be most beneficial.

Kristin Raby, BSN, RN, Tower 7 presented her evidence-based practice quality project *Utilizing a sensory room in an acute adult psychiatry unit* at the 2nd Cohort of Nurse Residents graduation on Feb. 19, 2019.

BACKGROUND

In a 30-bed acute psychiatric unit, patients often are admitted in distress. Group therapy and leisure activities are offered almost every day. However, this is not always enough to keep patients engaged in their recovery. Patients recoil to their bedrooms due to disinterest in group activities or excessive stimulation in the unit. Patients often appear to be in distress, not knowing how to work through their emotions. Although there is a sensory room in the unit, it is underutilized. This room has the potential to provide a space for patients to experience relaxation, discover coping skills, and practice self-care.

LITERATURE REVIEW

Angus & Trevorrow (2018) describe sensory rooms as a safe space where patients can take a break from the busy unit environment, as well as the emotional distress felt within themselves. Their research shows sensory rooms allow staff to understand what triggers a patient's distress. This enhances staff-patient relationships, allows sensory preferences to be explored and individualized, and ultimately prepares patients for stressful events. According to Adams-Leask et al. (2018), patients who use sensory modulation report relief from boredom and distraction of their mind from distressing thoughts and feelings. It provides self-management strategies that can improve how patients handle anxiety and agitation at home. Wigglesworth & Farnworth (2016) reported that a patient's self-reported level of distress was reduced significantly after spending just 20 minutes in a sensory room.

RESULTS

8 patients utilized the sensory room over a 4-week period. Patients' self-reported feelings pre-intervention included anxiety, sadness, uncertainty, nostalgia, and fear. Post-intervention they reported feeling the same or better. No one reported feeling worse. One patient did not respond to the post-evaluation due to the acuity of their emotional state. Two patients who were unable to describe their feelings before using the sensory room were better able to afterward. The sensory room was described as having a "relaxing atmosphere" and providing "peace of mind." Talking 1:1 with staff, the touch and change, comfortable chair, essential oils, rattle, and wall color were reported to be most beneficial.

PROJECT GOALS

- Implement an initiative that gives patients who express psychological distress access to a sensory room in which their psychological distress can be alleviated
- Introduce patients to new coping strategies
- Encourage patients to use learned strategies in and out of the hospital

PICO/T QUESTION

In an acute adult psychiatric unit, will utilization of a sensory room for twenty minutes reduce a patient's self-reported level of psychological distress?

METHODS

Unit staff were informed of the sensory room initiative through a staff meeting, e-mail, and word of mouth. Patients were asked if they were interested in using the sensory room with staff for 20 minutes. A pre and post evaluation was created and kept in the sensory room cabinet for staff to complete with patients during this time. Patients were asked if they were experiencing psychological distress before entering the sensory room, and if their level of psychological distress was the same, better, or worse afterwards. They were also asked to describe their feelings and what they found most helpful.

RESULTS

8 patients utilized the sensory room over a 4-week period. Patients' self-reported feelings pre-intervention included anxiety, sadness, uncertainty, nostalgia, and fear. Post-intervention they reported feeling the same or better. No one reported feeling worse. One patient did not respond to the post-evaluation due to the acuity of their emotional state. Two patients who were unable to describe their feelings before using the sensory room were better able to afterward. The sensory room was described as having a "relaxing atmosphere" and providing "peace of mind." Talking 1:1 with staff, the touch and change, comfortable chair, essential oils, rattle, and wall color were reported to be most beneficial.

NEXT STEPS

The main barriers to this initiative were staff availability and patients declining the offer to use the sensory room. At this time another meditation room is being developed that patients will be able to utilize on their own. In this room they will have increased access to prayer books/rugs, as well as scenic art to experience. This will give patients around the clock access to therapy, and expectantly pique their interest in utilizing the current sensory room. If appropriate these rooms should be introduced to patients during unit orientation upon admission.

REFERENCES

Adams-Leask, K., Varma, L., Dux, C., Baddock, M., Garcia, A., & Muir-Cochrane, E. (2018). The benefits of sensory modulation on levels of distress for consumers in a mental health emergency setting. *Australian Psychiatry*, 1-6. doi:10.1177/1039856217731988

Angus, S.F., & Trevorrow, R. (2018). Sensory strategies in adult mental health: A qualitative exploration of staff perspectives following the introduction of a sensory room on a male adult acute ward. *International Journal of Mental Health Nursing*, 1-8. doi:10.1111/inm.12466

Wigglesworth, S., & Farnworth, L. (2016). An exploration of the use of a sensory room in a forensic mental health setting: Staff and patient perspectives. *Occupational Therapy International*, 21, 255-264. doi:10.1080/00207179.2016.1192149

New Knowledge, Innovations & Improvements

QSEN Competencies

In 2019, Loraine Hopkins Pepe, PhD, RN, NPD-BC, CCRN-K conducted a feasibility study of a Quality and Safety Education for Nurses (QSEN)-based orientation program for newly hired registered nurses. This feasibility study served two purposes: 1) to explore the feasibility of integrating the QSEN competencies into a nursing orientation program; and 2) to explore newly hired RNs' and nurse educators' perceptions of an orientation program framed by QSEN competencies.

As a prerequisite for this study, Gerry Altmiller, EdD, APRN, ACNS-BC, FAAN, Faculty Consultant, provided clinical nurse educators with four hours of continuing education to increase their understanding of the QSEN competencies and their application to nursing practice.

This study identifies evidence-based processes and strategies that can be used to invigorate orientation programs with quality and safety education. Findings identified effective methods to engage newly hired RNs. The structure of the QSEN competencies provided a process that enhanced the work of unit-based nursing education staff in supporting direct care RNs.

After study completion, Dr. Hopkins Pepe provided a podium presentation titled, "A Feasibility Study of a QSEN-based Orientation Program for Newly Hired Registered Nurses" at the 2019 QSEN International Forum in Cleveland, OH. Additionally, in May 2019, the Journal of Continuing Education in Nursing published an editorial co-authored by Dr. Hopkins Pepe and Dr. Altmiller titled, "Why Quality and Safety Education for Nurses (QSEN) Matters in Practice."

In 2020, Dr. Hopkins Pepe was selected again to provide a podium presentation at the QSEN International Forum scheduled to be held in Philadelphia in May 2020. Due to the national pandemic, it is being rescheduled for 2021. The title of the presentation was, "Enhancing Engagement of Clinical Nurse Educators: Using QSEN Competencies to Revitalize an Orientation Program in a Tertiary-care Academic Medical Center." This presentation will describe the strategies implemented to engage and update clinical nurse educators about the QSEN competencies so that they could transfer the knowledge, skills, and attitudes mastered to the instruction they provide new hires.



Baby Friendly

Einstein Medical Center Philadelphia earned the prestigious international recognition as a Designated Baby-Friendly hospital in 2018. The hospital's journey to "Baby Friendly" designation was a significant undertaking that spanned eight years. This coveted and hard-won achievement recognizes hospitals and birthing centers that offer an optimal level of care for breastfeeding mothers and their babies. The Baby Friendly distinction was introduced in 1991 by the World Health Organization and the United Nations Children's Fund.



Breastfeeding and Contraception Interdisciplinary Education Initiative

Interdisciplinary education: postpartum depot medroxyprogesterone acetate during lactation
Hosein S, Paoletti A, Nuñez P, Stamper K, Gurney EP
Einstein Medical Center Philadelphia
Department of Obstetrics and Gynecology

Background
Effective postpartum contraception is important to prevent short interval pregnancy and the associated morbidity and mortality

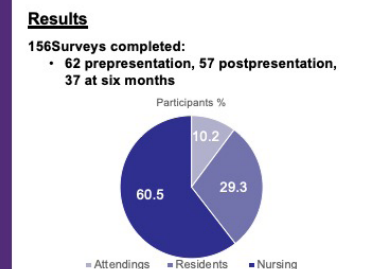
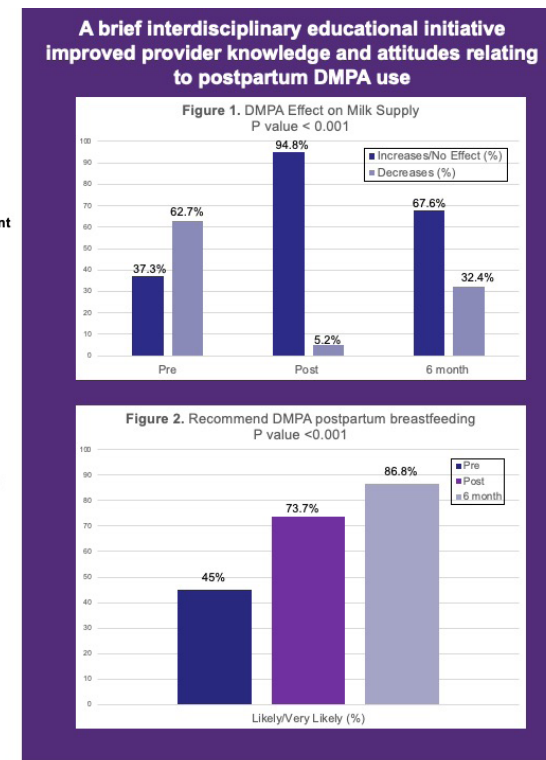
We identified a knowledge gap regarding the safety and efficacy of immediate postpartum depot medroxyprogesterone acetate (DMPA) for breastfeeding patients

Objective
Increase knowledge about DMPA injection for immediate postpartum contraception in breastfeeding patients through a multidisciplinary education session for physicians, nursing and lactation consultants.

Methods
Key physician and nursing stakeholders developed a 30-minute evidence-based interprofessional education session

Presented at OBGYN Grand Rounds and in 6 small group nursing sessions

A survey assessing knowledge and attitudes about postpartum DMPA was administered before and after the presentation, and at 6 months follow up.



After the session and at 6 months follow up, more participants:

Correctly knew CDC US Medical Eligibility Criteria category for DMPA (79.7% pre, 94.8% post, 91.9% 6 month; p=0.04)

Recognized optimal time for administration (65.6% pre, 93% post, 94.6% 6 month; p<0.001)

Conclusions
This brief educational initiative improved understanding of DMPA use in the postpartum period by physicians and nurses in our department.

Improvements were seen not just immediately, but were also sustained at 6 months follow up



Nursing leadership collaborated with Dr. Safiya Hosein and team on an interdisciplinary education initiative related to contraception and breastfeeding that was accepted for a poster presentation at the 2020 Council on Resident Education in Obstetrics and Gynecology (CREOG) and Association of Professors of Gynecology and Obstetrics (APGO) Annual Meeting in Orlando, FL in February 2020.

Cell Phone Containment

Reducing Bacteria in the Neonatal Intensive Care Unit

Infection control is a top priority for Neonatal Intensive Care Unit (NICU) nurses as they strive to protect their patients and improve patient outcomes. Infants in the NICU are at high risk for neonatal sepsis due to having underdeveloped immune systems. This risk is exacerbated even further due to the need for the life-saving, but invasive interventions that are commonly performed for this population.

One way to decrease risk of infection for NICU infants is to minimize exposure to potentially noxious bacteria in the environment. An extensive review of the literature revealed that cell phones are a reservoir for bacteria such as Staphylococcus aureus, Acinetobacter species, Escherichia coli, Klebsiella pneumoniae, Pseudomonas species, and Enterococcus species. Research that had been conducted showed that cell phones could be successfully decontaminated with the use of an alcohol based cleaning solution.

Although there was no practice in place in the NICU for cleaning or containing bacteria on cell phones, research evidence suggests that cell

phones should be cleaned or restricted upon entering the NICU.

Based on this recommendation, an education module for NICU nurses was created to share information regarding the bacteria that live on cell phone surfaces and the recommended practices for how to clean and contain them.

After completion of the module, nurses were asked to initiate the practice of cleaning their phone with an alcohol wipe and placing it into a clear plastic bag. Random audits were completed over a one month span throughout all shifts to evaluate nurse compliance with the recommended practice change.

Forty-four NICU RNs completed the online learning module about cell phone bacteria. Of these, 38 were regular full time and part time staff and six were per diem employees. A total of 84 observations were performed and about 70% of RN staff observed complied with the practice of cleaning and containing their cell phone upon entering the NICU.

Sarah Doyle, RN, BSN presented her poster *Cell Phone Containment to Reduce Bacteria in the Neonatal Intensive Care Unit* at the 2nd Cohort of Nurse Residents graduation in February 2019.

Neonatal Abstinence Syndrome

Scoring Comparison of Infants with Neonatal Abstinence Syndrome (NAS) using Mother Scale and the Finnegan score

The Finnegan scoring tool is the most frequently used tool to assess for neonatal drug withdrawal. However, two concerns with the Finnegan tool are its length and the variability in the scoring due to subjective assessments of some of the items. The Mother NAS score is a modified version of the Finnegan score (FNAS) that has shown high correlation with the Finnegan tool. A team from Albert Einstein Medical Center decided to assess interrater reliability scoring with the Finnegan and the Mother scores.

As part of a multi-stage QI project, we re-educated all staff on the Finnegan score and on the new Mother tool using a multifaceted strategy:

- Interobserver reliability was used to validate the staff correct utilization of both tools
- Infants were scored utilizing both tools at the same time
- Staff added the infants' areas of concerns to handoff.

Interrater reliability included two nurses scoring the infant simultaneously. Each nurse was observed 3-5 times with a unit expert.

The team conducted 650 simultaneous observations of the Finnegan and the Mother scores over a 6-month period on a cohort of 19 infants. In the study, the infants' mean gestational age was 38.1 SD 2.2 weeks. The number of infants treated was 12 (63%).

Findings showed significant agreement between the Finnegan and the Mother Scale. The Mother Scale is 19 items compared to FNAS 31 items. Differences include items weighted differently than Finnegan scale, with some items eliminated and some items added. The staff perceive the Mother scale to be shorter and less subjective.

Sharon Sauer, BSN, RNC-NIC and Maryann Malloy, MSN, RNC-NIC, NEA-BC, Dorothy Wyatt, Ph.D. NNP-BC, Nazli Kuter, MD & Agnes Salvador, MD FAAP presented their poster *Comparison of traditional Finnegan Neonatal Abstinence Scoring Tool (FNAST) with the Maternal Opioid Treatment Human Experimental Research (MOTHER) NAS Scale* at the 2019 Eastern Society for Pediatric Research Scientific meeting in Philadelphia, PA in March 2019 and at the Pediatric Academic Societies 2019 conference in Baltimore, MD in April 2019.

Cell Phone Containment to Reduce Bacteria in the Neonatal Intensive Care Unit
Sarah Doyle, RN, BSN

BACKGROUND
Nurses working in the Neonatal Intensive Care Unit (NICU) aim to create a healing environment to ensure their most vulnerable patients are as safe and healthy as possible. Infants in the NICU are at high risk for neonatal sepsis due to having underdeveloped immune systems. This risk is exacerbated even further due to the need for the life-saving, but invasive interventions that are commonly performed for this population. These include insertion of central line access, use of ventilator support, and the need for diagnostic procedures performed under sterility (Kirby and Riggs, 2016). Because of the risk associated with these procedures and the susceptibility for infection of NICU patients, infection control is a top priority for NICU nurses as they strive to protect their patients and improve patient outcomes. One way to decrease risk of infection is to minimize exposure to potentially noxious bacteria in the environment. At a level III NICU in Philadelphia, current infection control practices include strict handwashing guidelines, visitor restrictions, and sterile fluid changes for central lines. However, a practice for cleaning or containing bacteria on cell phones is not currently in place. Research evidence suggests that cell phones should be cleaned or restricted upon entering the NICU. Based on this recommendation, NICU nurses should be educated regarding the bacteria that live on cell phone surfaces and the recommended practices for how to clean and contain them.

PROJECT GOALS
• Educate NICU nursing staff about the bacteria that reside on cell phones via an online learning module.
• Assess compliance with cell phone cleaning and containment after completion of an education module.
• Decrease the risk of infection for NICU infants.

METHODS
An extensive review of the literature (ROD) revealed that cell phones are a reservoir for bacteria such as those shown in Figure 2. The bacteria commonly found on phones included Staphylococcus aureus, Acinetobacter species, Escherichia coli, Klebsiella pneumoniae, Pseudomonas species, and Enterococcus species (Amala and Ejkema, 2015; Beckstrom, Cleman, Cassio-Ghavam, & Kamitoku, 2015; Davoud et al., 2017; Healy et al., 2015; Kirby and Riggs, 2016; Pal et al., 2015). Research conducted by Amala and Ejkema (2015) and Kirby and Riggs (2016) found that cell phones could be successfully decontaminated with the use of an alcohol based cleaning solution. The findings from the ROD were incorporated into an educational module for NICU RNs. After completion of the module, RNs were asked to initiate the practice of cleaning their phone with an alcohol wipe and placing it into a clear plastic bag. Random audits were completed over a one-month span throughout all shifts to evaluate nurse compliance with the recommended practice change.

RESULTS
Forty-four NICU RNs completed the online learning module about cell phone bacteria. Of these, 38 were regular full-time and part-time staff and six were per diem employees. A total of 84 observations were performed and as shown in Figure 3, about 70% of RN staff observed complied with the practice of cleaning and containing their cell phone upon entering the NICU.

NEXT STEPS
• Include physicians, health unit clerks, and visitors in the implementation of cleaning and containing cell phones upon entering the NICU.
• Measure compliance at 2 and 4 months post intervention.
• Track infection rates following full implementation of practice change.

REFERENCES
1. Jones, S.L., & Ejkema, J. (2015). Bacteria associated with the mobile phones of medical personnel. *Antonie van Leeuwenhoek*, 108(1-2), 101-105. doi:10.1007/s12220-014-9580-8
2. Beckstrom, A.C., Cleman, P.J., Cassio-Ghavam, F., & Kamitoku, N.C. (2015). Surveillance study of bacterial contamination of parents' cell phones in the NICU and the effectiveness of an anti-microbial gel in reducing transmission to health. *Journal of Perinatology*, 35, 960-963. doi: 10.1097/01.pnp.0000461010.91171.9
3. Davoud, A., El Ghannouchy, M., Bekheet, L., Akbar, M., Saeed, S., & Khalid, R. (2017). Study of bacterial contamination of mobile phones and application in neonatal intensive care unit. *International Journal of Pediatrics*, 6, 1178-1182. doi: 10.15696/ijp.2017.6108.1178
4. Healy, M., Lavelle, M., Akbar, A., Mahdavi, A., Sauer, H., Sauer, A., ... & Sauer, A. (2015). Microbiological contamination of mobile phones of clinicians in intensive care unit and neonatal care units in a tertiary hospital in Ireland. *BMJ Open*, 9, e006106. doi: 10.1136/bmjopen-2014-006106
5. Kirby, R., & Riggs, G. (2016). Cell phones in the neonatal intensive care unit: How to eliminate unwanted germs. *Advances in Neonatal Care*, 16, 464-468. doi: 10.1097/0112200000000000
6. Pal, S., Sanyal, S., Adhikari, S., Sharma, M., Prasad, A., Sharma, N., ... & Arora, A. (2015). Mobile phones: Reservoirs for the transmission of nosocomial pathogens. *Advanced Biomedical Research*, 4, 144-146. doi: 10.4153/abmr.1025

FIGURE 2: Bacteria on cell phones. This photo shows bacterial growth on four phones that had been transported out of the NICU. Photo credit: Sarah Doyle, RN, BSN.

FIGURE 3: Compliance with the practice of cleaning and containing cell phones in the NICU. Nurses complied with the recommended practice change about 70% of the time.

FIGURE 4: A NICU infant. The baby in this photo is on a ventilator and has IV access which makes her at her most vulnerable to infection. Photo released from <https://hospital.unl.edu/primary-and-secondary-care/childrens-hospital/neonatal-intensive-care-unit>.

PICO/ QUESTION
For NICU registered nurses (RNs) (P), does education regarding cell phone bacteria (I) increase nurse compliance with cleaning and containing cell phones upon entering the NICU (O)?

ALBERT EINSTEIN MEDICAL CENTER NURSE RESIDENCY PROGRAM



Empirical Outcomes

Magnet® Recognition

The Magnet Recognition Program is the highest national honor for nursing excellence. Administered by the American Nurses Credentialing Center, the program identifies health care organizations that provide the best in nursing care and professionalism in nursing practice.

June 1, 2018: AEMC Submits Magnet Document to ANCC

Albert Einstein Medical Center submitted to the American Nurses Credentialing Center (ANCC) all of the documentation, gathered over four years, that gives evidence to our nursing excellence.

May 21-24, 2019: Site Visit

Appraisers from the American Nurses Credentialing Center visited us for a rigorous, four-day assessment. During the site visit, the apprais-

ers interviewed nurses, physicians, hospital staff, patients, and community partners to clarify and validate the information presented in the application regarding exemplary professional practice, empirical quality outcomes, innovation, transformational leadership, and nurse structural empowerment and development.

Aug 19, 2019: Albert Einstein Medical Center Earns Magnet® Recognition

Gina Marone, MSN, RN, NEA-BC, VP & Chief Nurse Executive was notified that Einstein Medical Center Philadelphia, Einstein Medical Center Elkins Park, MossRehab, Willowcrest, and Einstein Center One achieved Magnet® designation by the American Nurses Credentialing Center's Magnet® Recognition Program. Magnet recognition is one of the benchmarks used to measure the quality of care patients receive and is considered the gold standard for nursing care. Nationally, approximately 8% of hospitals attain Magnet status.

September 2019: Magnet Celebration

On Sept. 16, 2019, we held a special two-hour event with food, music and remarks from senior leaders to celebrate our Magnet designation.



October 2019: Einstein Publicly Announced as Magnet Designated

Albert Einstein Medical Center was publicly announced as a new Magnet® Designated organization at the 17th Annual ANCC Magnet Conference®. Gina Marone, RN, MSN, NEA-BC, Vice President, Healthcare Services and Chief Nurse Executive, Dixie James, Vice President of Strategy and Service Line Operations, and 30 RNs—mostly direct care nurses—attended the conference.

November 2019: Magnet Pinning Ceremony

We held our AEMC Magnet® Pinning Ceremony for nurses on the morning of Nov. 22, 2019, followed by a special luncheon.



Behind every mask is a hero

Thanks to the Magnet Document Team!

Bill Hudson, MSN, RN, CNML, Magnet Program Director, coordinated all aspects of the document preparation and the writing process. In addition to Bill, members of our Magnet Document Writing Team include:

- Jill Stunkard, MSN, RN
- Angie Cantwell, MSN, RN
- Jen Rodriguez, BSN, MHA, RN
- Nancy Pokorny, MSN, MHA, RN
- Trish Brown, BSN, RN
- Frank Walsh, BSN, RN
- Amina Harris, MSN, MBA, RN
- Steve Chapman, MBA, MHA, BSN, RN
- Beth Hurwitz, MSN, AGCNS, RN, CEN
- Chuck Belmont, BSN, RN, CHEP
- Charissa Watt Cyrus, MSN, RN
- Maryann Malloy, MSN, RNG-NIC, NEA-BC
- Marcia Gray, MSN, RN, CCRN, SANE
- Flo Gallagher, BSN, RN, CRRN
- Loraine Hopkins Pepe, PhD, RN, NPD-BC, CCRN-K
- Patty Duddy Magee, BSN, RN
- Sue McCulley, MSN, RN, NE-BC
- Marilyn Pollock, BSN, MBA, RN, NEA-BC
- Rachelle Rigous, BSN, RN, CRRN
- Hazel Degale, MSN, RN
- Lisa Rodzen, DNP, MBA, RN, NEA-BC
- Myriam Poindijour, MSN, RN, AGCNS-BC, CCRN
- Charlene Griffin, MSN, APRN, ACNS-BC
- Siew Lee Grand-Clement, MSN, RN, CPHQ, CLSSBB
- Karen Schwartz, BSN, RN, CNOR
- Robert Haney, BSN, RN, CAPA
- Michael Golasa, MSN, MHA, RN
- Gina Marone, MSN, RN, NEA-BC, Vice President and Chief Nurse Executive

