Models of Nursing Excellence
2008 Nursing Annual Report
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### Design

Cynthia Bugwadia & Steven Portera
HSS Digital Media Center

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May, 2009

Dear Nursing Colleague,

I am pleased to share with you Hospital for Special Surgery’s Nursing Annual Report, *Models of Nursing Excellence*. This report is intended to highlight our Professional Practice Model that includes a new paradigm for care delivery. The “Redesign of Care at the Bedside” paradigm facilitates key processes that are congruent with the nursing vision to transform conventional practice towards the improvement of patient outcomes.

In 2008, based on scientific evidence, we redesigned care delivery to address challenges associated with increased care complexity, organizational growth, increased technology and a greater awareness of the RN role related to patient outcomes. The “Redesign of Care at the Bedside” framework includes changes in the following:

- Job Responsibilities
- Shift Accountabilities
- Career Ladder Development
- Shared Governance
- Orientation Processes
- Graduate Nurse Residencies

“Models of Nursing Excellence,” describes activities that demonstrate a commitment to patient care by the Nursing staff at Hospital for Special Surgery and summarizes the significant accomplishments of our high-caliber nursing workforce.

I send you my congratulations for a job well done in 2008 and my encouragement to keep up the stellar work in the year ahead.

Sincerely,

Stephanie J. Goldberg, MSN, RN, NEA-BC
Vice President Patient Care Services and Chief Nursing Officer
Dear Nursing Colleague:

Each and every day, hundreds of patients come to us to receive care. They come to us for many different reasons but they also have many things in common. They have sought out HSS for their care. They all have some type of musculoskeletal problem and need help regaining their mobility. They have high expectations for the level of care they will receive and most will have some part of their care provided or influenced by a member of our Nursing family.

Nurses are part of the foundation of the healthcare industry. At HSS, our Nurses and Nursing support staff are an extraordinarily important part of what allows us to do such an outstanding job taking care of the so many patients who come to us for care. From the New Graduate Residency programs and the Redesign of Care at the Bedside to service excellence and the recruitment and retention of quality Nursing staff, The Models of Nursing Excellence demonstrated by our Nursing staff every day help our patients regain their mobility and enables HSS to have the reputation of being the best hospital in the world for musculoskeletal health care.

While we have had many great accomplishments this year, we still have much work to do. I am looking forward to working with all of you as we continue on our journey to ensure we improve on our foundation of excellence and continue to build upon our reputation locally and around the world. All of your work...what you do each and every day to take care of our patients and the work you are doing to improve our patient outcomes and best practices will position us for continued success.

Thank you for everything you do for our patients and for our hospital.

With great appreciation,

Louis Shapiro, FACHE
President and CEO
Dear Nursing Colleague:

The Nursing staff at Hospital for Special Surgery is one of the most outstanding in the world. The dedication, professionalism, humanism and skills provided to the patients who come to HSS by our nursing staff are crucial to their smooth recovery. Nurses are there to help from the time patients enter our hospital as out-patients until their discharge from the hospital.

Our nurses care for patients before their surgery, in the operating room and as they recover in the PACU and inpatient floors.

The medical staff is proud of the excellence of our Nursing staff and the recognition of their accomplishments as a Magnet Nursing Service. HSS would not be the outstanding institution it is today without our great Nursing staff.

Sincerely,

Thomas P. Sculco, MD

Thomas P. Sculco, MD
Surgeon-in-Chief

Dear Nursing Colleague:

Simply said, HSS nurses are the best of the best and centrally important and key reasons why HSS is number one. That is because, while on the front line of care 24/7, they deliver sensitive and thoughtful care that is world class. Their dedication to assuring that care is coordinated between all members of the HSS healthcare team guarantees that nothing about the patient falls through the cracks, a mandatory step in maintaining zero tolerance for mistakes at the bedside and in the operating room. Special Surgery is made so much more Special because of our nurses, whether it relates to their clinical care, research or education.

Sincerely,

Stephen A. Paget, MD
Physician-in-Chief
Models of Nursing Excellence

The theme of this 2008 Nursing Annual Report is Models of Nursing Excellence. During this past year, Nursing leaders at Hospital for Special Surgery (HSS) reviewed and modified conceptual models considered to be best-in-practice to serve as a foundation for work environment transformation. First and foremost, HSS utilizes the Magnet Model as a framework for Nursing Care excellence. A time-tested, framework for organizational management, the Magnet Model serves as a blueprint to attract and retain competent Registered Nurses and is associated with positive patient and nurse outcomes. HSS successfully enculturated the essential tenets of this model to achieve the Magnet Recognition Award for Nursing Excellence in 2002 and has since celebrated redesignation in January, 2007. This prestigious distinction continues to provide a primary impetus to build upon the ongoing delivery of quality patient care.

In addition to the Magnet Model, the 2008 Annual Report describes a revitalized care delivery system within a restructured professional practice paradigm. Throughout this report the many accomplishments of Nursing are detailed.
Professional Practice Model

The IHSS Practice Model is a system that supports RN control over the delivery of care and the environment in which care is delivered through five subsystems. Adapted after the model described by Wolf and Greenhouse (2007), these subsystems include:

1. Professional values
2. Management or governance
3. Professional recognition and rewards
4. A care delivery model
5. Professional relationships

Wolf and Greenhouse, 2007
**Professional Values**

**HSS Nursing Mission**
To implement a high-performing innovative professional practice model that:
- Facilitates the translation of theory and scientific evidence to practice
- Addresses the needs and desires of patients
- Uses resources efficiently
- Demonstrates measurable improvement in patient satisfaction and quality outcomes
(Kimball, Joynt, Cherner and O’Neil, 2007)

**HSS Nursing Vision**
- To transform conventional practices and improve patient outcomes
- To enculturate caring as a principle component of the HSS organizational philosophy

**HSS Nursing Values**
The core elements of our Professional Practice Model include:
- Transformational Leadership
- Transpersonal Caring
- Forces of Magnetism
- Culture of Safety
Management or Governance

Oversight Councils
The Oversight Councils provide direction, guidance and support to the unit-based councils. Members consider the overall HSS Strategic Plan, Nursing Department goals and objectives, the Magnet Forces, and Watson’s Caring Model in the development and implementation of plans and directives. The Councils provide a centralized forum for the discussion, review and implementation of specific programs and strategies. New and revised standards and other projects are reviewed and approved by assigned councils.

Executive Nursing Council
The Executive Nursing Council (ENC) provides leadership and direction to the work of the oversight councils.

Nursing Research Council
The primary objective of the Nursing Research Council is to strengthen and facilitate nursing involvement in research.

Innovations in patient care and nursing practice are the hallmark of organizations receiving Magnet recognition (ANCC, 2008). HSS continuously strives to seek out or develop fresh ideas toward improved practices that foster effective and efficient care delivery. In 2008, in the spirit of transformational change in professional practice, the ENC included nursing research as part of the areas targeted for structural changes intended to support the care delivery redesign. Though fluent in research utilization, particularly in the area of crafting practice standards, as well as an established proficiency in the conduct of nursing research, the department lacked a framework to guide research activities with emphasis on the role of the bedside nurse.

The Nursing Research Council spent the latter part of 2008 strengthening the structure of this self-governance forum to support advances in nursing research at HSS. In 2008, the following changes were made to foster nursing research under the direction of this council:

- Membership expansion to include the HSS Librarian and Institutional Review Board (IRB) RN representative
- A systematic structure for monthly journal club
- Adoption of the IOWA Model (Tillett, 2001) for evidence-based practice to guide research initiatives
- A part-time position and search for an academic, doctorally prepared nurse researcher

- Research related role expectations of the Clinical Nurse III as part of the care delivery redesign
- Formal training in evidence-based practice for the Clinical Nurse III
- Evidence-based pathway to facilitate real application of this aspect of research under the guidance of the Research Council
- Regularly scheduled Research Grand Rounds

In addition to these structural changes, the Research Council endorsed two nurse-driven studies that will be completed in 2009:

“Exploratory Study Using Queuing Theory to Improve Nurse Staffing”
and
“The Relationship Between Health Literacy, Health Knowledge and Adherence to Treatment in Patients with Rheumatoid Arthritis”
**Recruitment & Retention Council**
The Recruitment and Retention Council is committed to developing strategic goals and activities that enhance staff satisfaction and engagement. Issues are identified and solutions are proactively pursued. Members collaborate with HSS nurse leaders to examine recruitment methodologies and create solutions to attract and retain a highly skilled RN workforce who are committed to excellence on all levels.

**Professional Practice Council**
The purpose of the Professional Practice Oversight Council (PPOC) is to ensure quality coordination of care across the continuum. The Council members review, approve and maintain nursing processes including structure standards, protocols, procedures, guidelines, care plans and clinical pathways. The Council provides the forum for maintenance of our electronic method of clinical communication, CliniCIS, to improve the effectiveness of patient care. PPOC maintains an open communication with other councils by serving as a forum for the discussion of referred issues and making recommendations for practice, or changes in practice with related education and training. During 2008, the Council created, revised and reviewed several policies surrounding safe practice. Employing Watson’s theory of caring, PPOC focused on standardizing practice across all areas and contributed to the Redesign of Care at the Bedside.

**Education & Quality Council**
This Council provides a forum for communication and decision-making regarding matters related to education, training, and development of nursing staff. It also serves as a forum for the coordination of the nursing quality improvement program. The Council members identify competencies and clinical privileges required for practice. The Council oversees school affiliations, externships and residency programs. The Council membership also formulates data driven, evidence-based strategies to improve patient outcomes.

**Patient Education Council**
The Patient Education Council is a multidisciplinary team led by nurses to provide oversight to the provision of patient education. This includes ensuring that written and audiovisual information is current, consistent, approved by the clinical service and delivered across clinical settings. Other initiatives include providing pre-operative classes on Total Hip, Knee and Spine Surgery; the ongoing development of diverse multimodal strategies to increase patient access to web-based education, and follow-up by patient educators during the hospital stay.
**Unit-Based Councils**

The Unit-Based Councils are active decision making bodies that focus on clinical care and work environment relating to specific areas of practice. The work of these councils address each of the four service environments: Inpatient, Post Anesthesia Care Unit (PACU), Perioperative and Ambulatory Care Services. Councils are largely comprised of RNs at the bedside level of care in the respective service environment.

**Inpatient Nursing Council**

The Inpatient Nursing Council is largely comprised of RNs who work in the different acute patient care areas. The focus in 2008 was to improve patient and employee satisfaction. Several important initiatives included hourly rounding (to anticipate patient care needs) and the implementation of the Kardex (a standardized reporting tool) to improve the communication of patient information.

The team also was instrumental in communicating patient preferences to improve the admission process and overall patient flow. Through collaborative effort with the Department of Radiology, patient transport and interdepartmental communication improved. The handoff communication process continues to be a work in progress between the Inpatient and PACU care areas.

**Post Anesthesia Care Unit (PACU) Nursing Council**

Council membership is represented by RNs across all of the PACU settings. Several initiatives were launched in 2008 which included enhancement of the post anesthesia care competency training, creation of outpatient Pediatric Magnetic Resonance Imaging (MRI) order sets, protocols for IV push medications and for management of arterial and central venous pressure lines.

**Perioperative Nursing Council**

Council members revised and improved multiple perioperative policies and analyzed perioperative performance measures. Other highlights include improved Operating Room documentation and increased interdisciplinary group membership. This Council also served as a platform to disseminate information to all Operating Room nursing staff.

**Ambulatory Care Nursing Services Council**

In 2008, the Ambulatory Care Services Nursing Council established goals which included: enhancement of the falls prevention program, review and evaluation of Ambulatory Care Standards, participation in the development of presentations for national and local conferences, and the fostering of specialty certification attainment.

The Council created and implemented an evidence-based Falls Prevention Protocol specific to ambulatory care patients. The Falls Review Form was updated to reflect Ambulatory Care Practices and fall prevention literature. Signage was revised in all treatment areas.

The Council reviewed the American Academy of Ambulatory Care Nursing (AAACN) Standards and compared them with HSS standards of care. An online education program was created for Ambulatory Care RNs to learn about the standards and implications for practice. The project was accepted as a poster presentation for the 2009 AAACN Annual Conference.
Redesign of Care at the Bedside

The goals of this care delivery model are as follows:
- Create a new approach that enhances the quality of direct patient care
- Create efficient patient-centered care teams
- Increase communication and coordination
- Enhance the patient-family experience
- Increase nurse satisfaction

The framework of the redesign model is based on Jean Watson’s Attending Nurse Caring Model®, (Watson, 2003) which serves to operationalize the transpersonal caring theory. Caring theory is embedded in the HSS Nursing philosophy. The HSS care delivery model also incorporates several key Forces of Magnetism which includes:
- Interdisciplinary Relationships
- Image of Nursing
- Autonomy
- Quality of Care
- Professional Models of Nursing
- Nurses as Teachers

The Redesign of Care demonstrates a transformational change in the way nursing staff delivers care. Several elements were redesigned:
- The clinical ladder program
- Roles and accountabilities for the Registrar, Nurse Technician/Patient Care Assistant and Registered Nurse
- PACU, OR and Inpatient Residency programs
- Nursing orientation
- The governance structure
**HSS Patient Care Areas**

At HSS nursing care is delivered across a number of diverse patient services. A brief description of each service is as follows:

**Perioperative Services**

In 2008 HSS expanded to a total of 28 operating rooms. The 4th floor has 17 rooms and is known as the “Main OR”. The 9th floor Ambulatory Surgery Center has 8 rooms and the Hand and Foot Center located on the 1st floor has 3 operating rooms. This expansion of the OR facilities was a contributing factor to the 12% increase in case volume.

The Perioperative Nurse Residency Program was a key strategy that accommodated the increased demand in surgical volume. Six nurses graduated from the program in 2008 and are presently functioning independently in all of the operating rooms.

The Central Sterile Processing department is contained in a 10,933 square foot area dedicated to the support of all operating rooms in Surgical Services. The department is comprised of three distinct services that together allow the operating rooms to function efficiently and effectively.

The sterilization process is automated with all details of this process recorded and stored by the tray tracking system. Monitoring of equipment and the sterilization processes exceed all national regulatory requirements.

The Central Sterile Processing Department is staffed 24 hours a day. Approximately 525,000 instruments are processed and sterilized every month. In 2008, 5,747,300 instruments were processed to support over 22,000 surgical procedures.

**Inpatient Services**

Inpatient Services are provided on four nursing units, 5 East, 6 East, 7 East and 8 East with a total capacity of 162 patient beds. Several initiatives were introduced in 2008 and include:

- Initiated post discharge patient phone call
- Designed Nurse Residency Program for graduate nurses
- Implemented hourly rounding to assure 3Ps: patient positioning, personal needs and pain management
- Redesigned the 7 East physical layout
- Initiated Kardex tool
- Decentralized per diem staff
- Implemented shared transport responsibilities with Radiology
- Created yearly competency day for registered nurses

**PACU Services**

The first floor PACU is comprised of 14 bays and an isolation room. The ninth floor Ambulatory Surgery PACU is comprised of 13 holding area rooms and 25 PACU bays. The fourth floor PACU is comprised of 41 PACU and 8 Step Down bays. Several initiatives were introduced in 2008 and include:

- Implemented registered nurse’s participation in Rapid Response Calls
- Initiated registered nurse monthly competency review
- Collaborated with physicians to develop education for nursing staff
- Extended patient visitation for family members
- Implemented “time out” site verification procedures
Ambulatory Care Services
Ambulatory Care Nursing Services are provided in the Ambulatory Care Center, the Rheumatology Division, Infusion Therapy, Private Physician Practices and Pre-Surgical Screening. A combined total of 240,000 MD visits and 232,000 ancillary visits occurred during 2008.

Ambulatory Care Center Overview
The Ambulatory Care Center (ACC) provides care to patients in 43 different clinics in 153 monthly sessions. These include Hip, Knee, Sports and Shoulder, Spine, Rheumatology, Psychiatry, Hand, Foot and Ankle, Metabolic Bone, Skeletal Dysplasia, Pain Management, Club Foot, Muscular Dystrophy, Pediatric Sports, Scoliosis, Adult and Pediatric Limb Lengthening, and Medical Clearance. The number of new and “revisits” increased in 2008 by 17%.

Private Ambulatory Physician Practice Overview
Nursing Support was provided to 92 physician practices in 2008. A wide variety of orthopedic and sub-specialties, rheumatology, and related medical specialties such as endocrinology, sports medicine, psychiatry and neurology, are accessible to patients in these areas. 220,000 MD visits occurred in Private Ambulatory Center during the course of the year.

Pre-Surgical Screening Overview
The Pre-Surgical Screening Department works in close collaboration with physician offices and Patient Access to schedule patients for a series of required preoperative activities. This multi-faceted process is coordinated to provide the patient with a program that fits into their own schedule. On average, 60 patients are seen every day. In 2008, 11,197 patients went through the Pre-Surgical Screening Department, an increase in volume of 15%.

Infusion Therapy Unit Overview
The Adult Infusion Therapy Unit consists of eight treatment bays. The Pediatric Infusion Therapy Unit consists of two treatment bays. The population served includes adult and pediatric rheumatologic and orthopedic patients requiring infusion therapy on an ambulatory basis. The Infusion Unit experienced a 29.6% increase in volume in 2008.

Rheumatology Unit Overview
Ambulatory Rheumatology provides services to adult and pediatric patients with a variety of rheumatologic and autoimmune diseases. Approximately 33,000 patient visits were conducted in 2008.
Quality Outcomes of Care Delivery

The outcomes of care that are highlighted in this report include:

- **Pressure Ulcers**
- **Patient Falls**
- **Patient Satisfaction with Nursing Care**
- **Nursing Job Satisfaction.**

**Pressure Ulcers**

All HSS patients are considered to be at risk for the development of pressure ulcers. Pressure ulcer prevention is an integral part of the treatment plan. The HSS rate of nosocomial pressure ulcers was 0.24 in 2008. This is below the 2007 rate of 0.40, and well below the national benchmark.

Pressure ulcer prevalence studies are conducted quarterly by the HSS Nursing Documentation Team. Results of the prevalence study are submitted to the National Database for Nursing Quality Indicators (NDNQI), and are benchmarked against our Magnet Peer Group. HSS maintains a quarterly pressure ulcer prevalence rate that is well below the peer group mean, with an average rate in 2008 of 1.81.

**Falls**

Efforts of the interdisciplinary falls team, coordinated by the Nursing Division have included an increase in weekend staffing, implementation of hourly rounding, and enhanced patient education. Improved communication, including standardized shift-to-shift reports, debriefing post-fall, and unit-based report cards have also assisted in a steady reduction of the inpatient fall rate at HSS.

There was a steady decrease in the rate of inpatient falls, from 3.2 during the 1st quarter, to 2.0 in the 4th quarter of 2008. The rate of patient falls with injury is very low, and was consistently below 1% for each quarter of 2008.
Scores on Press Ganey Satisfaction Surveys showed improvement in all areas of nursing care in 2008. Nursing-specific responses on the survey include:

- Friendliness/Courtesy of the RN (91.6%)
- Promptness of RN response to calls (83.8%)
- RN attention to special/personal needs (86.3%)
- RN attitude toward requests (88.6%)
- RNs kept the patient informed (85.4%)
- Skill of the Nurses (91.0%)

The overall rating of nursing care increased 1.9 points in 2008, from 85.8% to 87.7%.

HSS RN satisfaction rate in 2008 was 55.77%.

This is above the average of all comparison hospitals and teaching facilities in the Magnet cohort.
Professional Development to Support Care Delivery

Nursing Education

The office of Professional Development provided on-site education to 7,686 nursing staff in 2008. New RN orientation (202)
Continuing Education programs (93)
Perioperative Patient Safety in-service initiatives (3,947)
Unit-based pilot programs (451)
CPR Heartsaver/BLS recertification training (265)
Grand Rounds presentations (104)
Inpatient Patient Safety in-service initiatives (2,533)
Redesign of Care at the Bedside training (91)

Nursing staff also attended several national conferences in 2008, which include,
National Association of Orthopedic Nurses
American Operating Room Nursing Association
ANCC Magnet Recognition Conference
National Nursing Staff Development Organization
American Society of Peri-Anesthesia Nursing

Redesign of the Clinical Ladder

The initiative to “Redesign Care at the Bedside” was the driving force behind the decision to revise the existing clinical ladder program. A committee comprised of staff nurses from all areas of practice met weekly to define the new roles, rewrite job descriptions, and outline the application process, qualification criteria, and panel process for the CNII and CNIII positions.

The career ladder serves to enhance nursing leadership, improve quality of nursing care, and foster professional development. The responsibilities of the CNII and CNIII include: mentoring staff, coordinating patient care, and ensuring quality and safety.
A new Graduate Residency Program was developed to accommodate the new graduate RN who desires to work in the Acute Care setting. This program is coordinated by a Clinical Nurse Specialist (CNS) who supports the new graduate Nurse for 3 months during the transition from student to novice. The curriculum links theory to practice and highlights physical assessment, critical thinking and the development of other individualized skill sets. John Thomas Frankelis RN (5 East), Caroline Luke RN (8 East), Sarah Metz RN (5 East), Jenna Rosenberg RN (8 East), and Chrissie Teran RN (7 East) began the program in September and are now well integrated on their respective units.

The Post Anesthesia Care Residency (PACU) Program continued to attract new graduate RNs from Schools of Nursing throughout the Tri-State area. Marres Acha RN, Erin Gehrmann RN, Diana George RN, Kriezl Lardzibal RN, Nancy Lau RN, Svetlana Lemza RN, Reni Marianthy-Papananias RN, John Opilac RN, Ianina Supontsky RN, and Julie Uberoi RN, completed the program successfully and are thriving in their new roles as novice PACU nurses.

All three Residency Programs offer new graduates relationship building opportunities, introductions to professional behavior experiences; working with interdisciplinary team members, the development of critical thinking and assessment skills, and last but not least, a passion to deliver excellent patient care. New nurses work side by side with RN preceptors who are the experts in their respective care settings. All three programs offer a unique, hands-on, interactive approach to the teaching-learning process. The HSS Department of Nursing is committed to supporting new Nurses with rich and rewarding educational and patient care experiences.
Professional Relationships

**Advanced Practice Nursing at HSS**
Advanced Practice Nurses (APNs) at HSS collaborate with nursing leadership to provide expert consultation, education and counseling to patients, families, nursing staff and other health team members. The role of the APN includes the initiation and support of clinical research; serving as a change agent to promote and enhance quality patient care. APNs are an integral part of the interdisciplinary team across the continuum of care. They work in varied areas such as ambulatory care, inpatient, pain management and occupational health services. The Nurse Practitioner (NP) role has brought continuity of care to the patient from the pre-operative phase through discharge. The Clinical Nurse Specialist (CNS) role functions as an education resource for staff and patients. The Certified Registered Nurse Anesthetist (CRNA) role works collaboratively with the Department of Anesthesia to provide intra-operative services. This Annual Report highlights the NPs role in the Post Anesthesia Care Unit (PACU) – Step-Down Unit (SDU).

**A day in the life of a PACU-SDU Advanced Practice Nurse**
The role of the NP is a relatively new one to the PACU/SDU at HSS. Cheryl Conwell, ANP-BC pioneered the role that incorporates advance nursing assessment and consultation for patients and staff. Michele Mangini ACNP-BC came to HSS in 2008. Both NPs bring many years of critical care experience to the team.

A typical day in the life brings a variety of interesting challenges and rewarding clinical experiences in a 49 bed setting that addresses 50 to 60 post surgical patients per day. Some patients require extended monitoring or are transferred from inpatient areas to evaluate, treat and manage acute post operative events. NPs are frontline care givers and managers of clinical issues that arise. They serve as resources to nurses, physicians, patients, and their families. The NP in the PACU/SDU utilizes creative time management and prioritization skills as in the following examples:

- A call comes in from an inpatient unit with information about a patient in “distress.” The case is quickly reviewed with members of the interdisciplinary team and they prepare for a transfer/admission.
- Chest pain is the predominant symptom precipitating a PACU transfer and the team prepares for a patient experiencing a potential myocardial infarction.
- Upon arrival to the PACU-SDU, the NP inserts an arterial line to monitor the patient’s blood pressure and provide access for blood specimens. Medications and treatments may then be prescribed.

- Lab values and x-rays are analyzed; families and significant others are contacted and supported.
- Patients and their family members are educated about disease and surgical processes as well as interventions.

In addition to delivering patient care, the PACU-SDU NPs provide on-going critical care nursing education at the bedside for the staff. They are evaluating evidenced based practice and developing topics and opportunities for research. As the redesign of care at the bedside model continues to evolve, the role of the APN at HSS will continue to be another integral component of the Nursing team.

**Nursing Informatics: Technology Today and in the Future**
Clinical informatics systems make information processing a critical component in the delivery of cost-effective, high-quality health care. Information technology promotes patient safety as it allows nurses and other clinicians to receive pertinent patient data at the point of care.

Our clinical informatics system (CliniCIS) went
live in July 2007. In this first phase of implementation we introduced Computer Prescriber Order Entry (CPOE), laboratory and radiology results as well as limited clinical documentation of electronic medication administration record (e-MAR), vital signs, and intake and output. Staff nurses participated in the initial planning sessions for the design of the system. The input and feedback was instrumental in the building and testing process as well as in the success of the “Go-Live.”

In 2008 the CliniCIS team focused on system maintenance and initial upgrades after “Go-Live.” The CliniCIS resource nurses became active members of the Clinical Content Board (CCB) and Clinical Informatics Committee (CIC), two multidisciplinary oversight panels that address clinical issues and their relationship to informatics. Further, the CliniCIS resource nurses performed bi-monthly CliniCIS training for new nursing staff in addition to providing additional in-services as needed. On a team level, the group is anticipating the roll-out of CliniCIS in the outpatient areas, and we are currently in the planning phase of monitor interfacing in all PACU areas. Our future goals include automating the medication reconciliation process, Sunrise Medication Manager (a system that will directly link the pharmacy system with CliniCIS), knowledge-based charting, and knowledge-based medication administration (bar coding) in an effort to provide efficient, error-free quality patient care.

**Private Duty Initiative**

Early in 2008, a position was created to act as a liaison between Access Private Duty Nursing Services and the HSS Department of Nursing. This role ensured adherence with all applicable policies, protocols and procedures, and monitored compliance with standards of care and regulatory requirements. During 2008, 6,442 shifts of private duty care were provided by Access staff, serving a total of 1,234 patients. Patient satisfaction improved from 67% (very good to excellent) to 90% in 2008.

**Pain Management**

Pain management is at the heart of Nursing practice. In 2008, we formalized and instituted initiatives designed to enhance the HSS patient experience. There are four specialty areas of nursing practice that comprise the HSS Pain Management Service: Acute, Recuperative, Chronic Pain Services and Interventional/Outpatient Pain Management. Together with nurses trained in the implementation of alternative therapies, the pain management staff provides care, education and resources to our patients, their families and the clinical staff across the care continuum.

**Statistics:**

- **Acute Pain Service:** Over 11,000 patients on Patient Controlled Analgesia (PCA) were cared for representing a 9% increase.
- **Recuperative Pain Service** celebrated its first year in 2008. During the year, 881 patients benefited from this Service and were assisted in the transition from epidural/IV analgesia to oral analgesics.
- **Chronic Pain Service** had a record high 478 inpatient referrals, representing a 13% increase.
- The Interventional/Outpatient area cared for over 5000 patients during the year.

**Patient Education and Services provided include:**

- Pain Management Discharge Booklet was finalized and distributed in April 2008. The booklet outlines vital information regarding pain management following discharge, and managing side effects of opioid medications.
- Pain Helpline was established in early 2008. The purpose of the Helpline is to provide patients with a resource to have questions answered regarding their pain management regime.
- Pain Management FAQ Booklet was written and distributed in late 2008. This booklet is currently available online, in the patient waiting areas and in the patient education classroom. The purpose is to provide answers to some recurrent concerns expressed by our patients.
- Pain Management FAQ website. The same previous FAQs are now also posted on our website—www.hss.edu

**Pastoral Care Department**

In 2008, Pastoral Care Chaplains conducted 8,625 visits to admitted patients. These visits add to the high quality of patient care in 2008. Pastoral Care:

- Collaborated with nursing staff, community groups and all religious organizations.
- Advocated and supported hospital staff and families during memorial services.
- Developed Intercultural/inter-religious and educational programs, conferences, research and community activities.
- Participated in a Shadowing Program – In conjunction with Aquinas High School, bringing together students with doctors, nurses and physical therapists.
- Facilitated conferences and panels on a variety of topics, particularly on the relationship of body, mind and spirit.
- Honored Barbara Wukovits, RN with the Wholeness of Life Award
- Celebrated Nursing Week with the Blessing of the Hands and Reiki for the nursing staff.

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In Memoriam
We remember those who passed on in 2008.

Susan Bangtson, RN
Susan Bangtson, RN, dedicated over 20 years of her professional nursing career to Ambulatory Care Services. Susan’s career as a nurse was just one part of her nurturing personality. A consummate professional, Susan critically evaluated patients and situations and was a tremendous asset to patient care. Her wit and intelligence made her an invaluable member of the nursing team.

Tawana Callender
Tawana Callender was a great woman who shared her life here with us as a Registrar on 4 East for 8 years. Her courage and strength was inspirational to all. Her gentle spirit illuminated patients and staff.

Delores Griffith, LPN
Delores Griffith, LPN was a dynamic, dedicated nurse who worked in the inpatient areas for 40 years. She lived life to the fullest and was a fountain of joy whose contagious spirit uplifted us all. She imparted a sense of ease and comfort to both patients and colleagues, and her legacy lives on in everyone who had the good fortune to know and work with her.

Mary Ann Steller, RN, ONC
Mary Ann Steller, RN, ONC, was a nurse at HSS for over 30 years. She was truly loved by all the patients, doctors, and fellow employees. Working with the hundreds of patients for the multiple physicians in the area she was always professional, caring, compassionate, and never forgot a name or face. She was the warm smile that would meet the patient time and again always adding a personal warm comforting word for all. In addition she would have the ability to remember their family, and events both happy and sad actively listening to each and every person with patience and empathy. Losing Mary Ann prematurely last year left a void and to this day she is missed and remembered.
Scholarship Programs

Gigi Viellion is honored for her long time commitment to orthopaedic nursing. During her career she mentored nurses, physicians and other health care professionals to achieve excellence in their practice. She was an advocate for orthopaedic nursing as a nursing specialty and served on the Board of Directors of the first professional organization for orthopaedic nursing in the 1970's, the Orthopaedic Nurses Association (ONA). Gigi was a charter member of the National Association of Orthopaedic Nurses (NAON) and an active participant in the local chapter, Orthopaedic Nurses of New York (ONNY). She was a strong supporter of orthopaedic nurse certification (ONC) and was one of the first to become certified in 1988. Even after her “retirement” she remained active by being involved in orthopaedic research as a Trustee of the NAON Foundation.

In her honor the HSS Alumni Association has established the Georgette “Gigi” Viellion, RN Orthopaedic Nursing Education Endowed Scholarship Award to celebrate the life and legacy of one of the most highly regarded orthopaedic nurse leaders and her dedication to the education and the advancement of nursing practice. Funds from this endowed scholarship will be awarded annually to provide the opportunity for a nursing professional to attend career-advancing seminars, such as the NAON Congress and Annual Meeting of the American Academy of Orthopaedic Surgeons (AAOS).

The NAON Foundation has also established the Gigi Viellion Memorial Evidence-Based Practice Scholarship to advance orthopaedic nursing practice through the integration of evidence-based knowledge into practice. The scholarship provides up to $3000 to attend the “Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice” (EBP) conducted by the Department of Nursing Services and Patient Care at the University of Iowa Hospitals and clinics. For more information visit www.naonfoundation.org

Nurse Excellence in Action

HSS honored 20 Nursing staff at the 2008 Nurse Excellence awards held on May 7, 2008. The honorees included: Amy Tieng, CNI (9th Floor OR), Anna Dominger, CN II (9th Floor Holding area), Kathy Urban, CN II (9th Floor PACU), Neftir Tiroli, CNI (8 East), Anne Swido, APRN (8 East), Mary Murphy, CNI (7 East), Don Makowski, CNI (Rheumatology per-diem), Reggie Fernandez, CNI (6 East), Katelyn O’Grady, CNI (5 East), Deepa Mathew, CNI (PACU), Maureen Sampson, LPN (4th Floor SDS), Elizabeth Amarillo, CNIII (Main OR), Scott Meyers, CNIII (Main OR), Anna Liza Anton, CNI (ACC), Vicki Hernandez, CNII (Hand and Foot Center), Kathy Chebotar, CNI (OHS), Ann Bienstock, CNII (OHS), Mei Jen Huang, CCM (Case Management), Josephine Fitzgerald, CNI (Belaire 2 PAP) and Janice Minucci, RN, MSed (Manager of Nurse Recruitment and Retention).

Edward Parrish, MD received the second annual “Friend of Nursing” award for his support and collaboration with HSS Nursing Team members.

Twelve of the 2008 recipients joined the Assistant Vice President of Perioperative Services, Ron Perez, in attending the 2008 ANCC National Magnet Conference held in October in Salt Lake City, Utah.

2008 Magnet Conference Attendees

2008 Nurse Excellence Award Recipients
Other Awards and Recognition

Eileen Finerty, MSN, RN, CIC, FNP, Hope McLeod, MSN, RN-BC, NE-C, ONC and Mary McDermott, MSN, APRN, NE-C were inducted into the Sigma Theta Tau National Nursing Honor Society.

Jose Fuentes, OR Unit Assistant was the first recipient of the Recruitment and Retention Council’s Nursing (SWAT Team) staff appreciation award.

Shanaz Mooddeen, BSN, RN, CNIII was awarded Employee of the Month in January, 2008.

Barbara Wukovits, BSN, RN, C, LNC, Director, Acute Pain Services was the recipient of the 2008 Wholeness of Life Award.

The Infusion Therapy Unit was featured in a book titled, “Infusion Centers Across America.”

Linda Leff, RN, BC was a Special Honoree at an award dinner held by “Creaky Joints” and appeared in the “Creaky Joints” video, Another Hope: RA Infusion Therapy.

Certifications

Amarille, Elizabeth, BSN, RN, CNOR
Clinical Nurse III, Main Operating Room

Bruder-Argento, Cynthia, BSN, RN, ONC
Clinical Nurse III, Post Anesthesia Care Unit

Autz, Lisa, BSN, RN, CNOR
Director, Ambulatory Surgery Center

Bautista, Corazon, BSN, RN, CNOR
Clinical Nurse II, Hand and Foot Center

Belcourt, June, BSN, RN, ONC
Clinical Nurse I, Ambulatory Care

Bohne, Carol, RN, CRNA
Nurse Anesthetist, Perioperative Services

Bosco, Barbara J., BSN, RN, CCRC
Manager, Clinical Review Panels

Bourne, Melissa J., AAS, RN, ONC
Clinical Nurse I, 6E Inpatient Unit

Briskie, Lisa M., BSN, RN, ONC
Educator, Patient Education

Brizard-Lubin, Yolene, BSN, RN, CCRN
Clinical Nurse I, Ambulatory Surgery Center

Bunting, Lula, RN, ONC
Clinical Nurse II, 6E Inpatient Unit

Burgess, Carolyn E, MSN, RN, CNOR, ONC
Nurse Educator, Infection Control

Byrne, Sheila, AAS, RN, ONC
Clinical Nurse III, Post Anesthesia Care Unit

Cacciatore, Patricia, MPA, RN, CCM
Case Manager

Caliwara, Elizabeth, RN, CRNA
Nurse Anesthetist, Perioperative Services

Campbell, Susan, RN, ONC
Clinical Nurse I, Pre-Surgical Screening

Yahirl “Ja” Andrade, Equipment Coordinator was awarded Employee of the Month in October, 2008.

Rosa Dunston, NT was awarded Employee of the Month in November, 2008.
CANU-REYES, JULITA, RN-C  
Clinical Nurse II, Rheumatology

CAREY, KAREN, RN, CAPA, ONC  
Clinical Nurse III, Ambulatory Surgery Center

CHICO, SYLVIA, BSN, RN, COHC  
Clinical Nurse I, Ambulatory Care

CHIN-NG, WING-YEE, BSN, RN, CNOR  
Clinical Nurse II, Main Operating Room

CHOI, JAESUK, MPH, MSN, APRN-BC  
Clinical Nurse I, 8E Inpatient Unit

CIPOLLA, MARYANN, RN, ONC  
Nurse Clinician, Dr. Wickiewicz

COLMAN, ELIZABETH, RN, ONC  
Clinical Nurse I, 6E Inpatient Unit

CONCANNON, THERESA, BSN, RN, CNOR  
Clinical Nurse I, Main Operating Room

CONWELL, CHERYL A., MSN, APRN  
Nurse Practitioner, Post Anesthesia Care Unit

CROWLEY, CAROLANN, RN, SAFE, SAVI  
Case Manager

DAVID, VOLDY, BSN, RN, ONC  
Clinical Nurse I, 6E Inpatient Unit

DAVIS, JACK, MSN (c), RN, ONC  
Manager, Patient Education

DELA ISLA, EMELITA, MSN, RN, CNOR  
Clinical Nurse II, Ambulatory Surgery Center

DOMINGER, ANNA, BSN, RN, ONC  
Clinical Nurse II, Ambulatory Surgery Center

DRUMM, CATHERINE, MA, RN-BC  
Nurse Manager, Private Ambulatory Care Services

EISELE, MARYANN, BSN, RN, ONC  
Clinical Services Manager, Private Duty Liaison

FABRIZIO, LUCIA, MSN, RN, CPNP  
Nurse Practitioner, Pediatrics

FERNANDEZ, EMMA, MSN, RN-C  
Clinical Nurse I, Perioperative Services

FINERTY, EILEEN, MSN, RN, CIC, FNP  
Director, Infection Control & Occupational Health Services

FITZGERALD, JOSEPHINE, RN, ONC  
Clinical Nurse I, Private Ambulatory

FLORENZI, MARIE, MHA, BSN, RN, CCRN  
Nurse Coordinator, Nursing Administration

FORBES, VIRGINIA, MSN, RN, NE-C  
Director, Ambulatory Services

FRETTON, ROSITA, RN, C, ONC  
Clinical Nurse III, 5E Inpatient Unit

GARMA, JOCYLYN, BSN, RN, CNOR  
Clinical Nurse III, Hand and Foot Center

GATHERS, CASSANDRA, RN, ONC  
Clinical Nurse II, 6E Inpatient Unit

GITLIN, SUSAN, RN, C, ONC  
Clinical Nurse I, 6E Inpatient Unit

GOETZ, ELIZABETH, BSN, RN, CNOR  
Coordinator, Main Operating Room

GOLDBERG, STEPHANIE, MSN, RN, NEA-C  
Vice President Patient Care Services, Chief Nursing Officer

HARTLEY, ELLEN, BSN, RN, CNOR  
Clinical Nurse III, Ambulatory Surgery Center

HASIL, DONNA, RN, CRNA  
Nurse Anesthetist, Perioperative Services

HUANG, MEI JEN, MSN, RN, CCM, CCRN  
Case Manager

JAVELANA, ENNA, RN, C, ONC  
Clinical Nurse I, 6E Inpatient Unit

JOHNSON, DOREEN L., MSN, RN, ONC  
Educator, Professional Development

KAHN, BARBARA, RN, ONC  
Nurse Clinician, Drs. Figgie and Windsor

KARLICK, CLAIRE, RN, CRNA  
Nurse Anesthetist, Perioperative Services

KAUTZ, ELIZABETH, MA, RN, CCM  
Case Manager

KELLY, MARY, BSN, RN, C, ONC  
Pain Management Nurse Coordinator, Acute Pain Services
KROLL, MELINDA B., RN, ONC
Clinical Nurse III, Private Ambulatory

Kwon, MYOUNGSOOK, BSN, RN, ONC
Clinical Nurse I, 7E Inpatient Unit

Leff, LINDA, RN, BC
Nurse Manager, Infusion Therapy

Legaspi, Marilee, RN, ONC
Clinical Nurse I, 6E Inpatient Unit

Leone, CAROLINE, BSN, RN, CCM
Case Manager

Listokin, SARA, RN, CRNA
Nurse Anesthetist, Perioperative Services

Lizardo, SERAFIN, BSN, RN, ONC
Clinical Nurse III, 6E Inpatient Unit

Lucena-Ang, BSN, RN, C
Clinical Nurse I, Ambulatory Care Center

Mayher, MAY, RN, CRNA
Nurse Anesthetist, Perioperative Services

Mangini, MICHELLE, ACNP-BC
Nurse Practitioner, Post Anesthesia Care Unit

McCullagh, Eileen, BSN, RN, ONC, CCRC
Manager, Clinical Research Administration

McDermott, Mary, MSN, RN, APRN, NE-C
Assistant Vice President, Nursing

McGarry, Katileen, BSN, RN, CNOR
PerDiem, Perioperative Services

McLasky, BARBARA, RN, ONC
Clinical Nurse I, 8E Inpatient Unit

McLeod, Hope M., MSN, RN-BCC, NE-C, ONC
Manager, Professional Development

Meehan, Theresa, MSN, RN, C
Clinical Nurse I, 8E Inpatient Unit

Mendoza, Mariou, BSN, RN, CNOR
Clinical Nurse I, Main Operating Room

Meyers, Scott, BSN, RN, CNOR
Clinical Nurse III, Main Operation Room

Mooddeen, Shanaz, BSN, RN, ONC
Clinical Nurse I, 5E Inpatient Unit

Nigro, Lisa, RN, CRNA
Nurse Anesthetist, Perioperative Services

OBrien, Kim, RN, ONC
Clinical Nurse I, 5E Inpatient Unit

OBrien, Rie, RN, CNOR
Clinical Nurse I, Main Operating Room

ODonohue, Margaret, MSN, RN, CCRC
Clinical Nurse I, Infusion Therapy

Olsen, Sesile, RN, CRNA
Nurse Anesthetist, Perioperative Services

Park, IMSOO, BSN, RN, CNOR
Nurse Manager, Main Operating Room

Perez, Ronald, JD, RN, CNOR
AVP, Perioperative Clinical Services

Perlas, Niles, RN, CRNA
Nurse Anesthetist, Perioperative Services

Phillips, Brian, MSN, RN, FNP
Nurse Practitioner, Recuperative Pain Service

Piracha, Betty, BSN, RN, ONC
Clinical Nurse I, Ambulatory Care Center

Pollack, David, BSN, RN, CNOR
Nurse Educator, Professional Development

Quinlan, Patricia, DNSc (C), MPA, RN, CPHQ
Director, Nursing Education, Quality and Research

Radi, Myrna, BSN, RN, CCRN
Educator, Professional Development

Rakowicz, Ann Marie, RN, BC
Clinical Nurse I, Rheumatology

Ressler, Evelyn, RN, CNOR
Clinical Nurse II, Main Operating Room

Richardson, Patricia, BSN, RN, CCRN
Clinical Nurse III, Ambulatory Care Services

Robles, Josiebeth L., BSN, RN, ONC
Clinical Nurse I, Same Day Surgery

Ryan, Noreen, RN, ONC
Nurse Manager, Post Anesthesia Care Unit

Sallud, Mariou, MBA, BSN, RN, ONC
Clinical Nurse I, 5E Inpatient Unit

Sanders, Joanne II., BSN, RN, ONC
Clinical Nurse I, 5E Inpatient Unit
Saulog-Wendel, Penny S, BSN, RN, ONC  
*Nurse Clinician, Dr. Sculco*

Schwartz, Rachelle, MA, RN, CCM  
*Director, Case Management*

Siscoe, Gabrielle, BSN, RN, ONC  
*Clinical Nurse II, Post Anesthesia Care Unit*

Slotte, Richard, MS, RN, C, ONC  
*Clinical Nurse II, 5E Inpatient Unit*

Smart, Selbourne, RN, ONC  
*Clinical Nurse I, 8E Inpatient Unit*

Strickland, Louise, RN, CNOR  
*Clinical Nurse II, Main Operating Room*

Sullivan, Roseanne, RN, ONC  
*Clinical Nurse I, Main Operating Room*

Swanson Socorro, Luna, BSN, RN, CNOR  
*Clinical Nurse I, Hand and Foot Center*

Ting, Elena, BSN, RNC  
*Case Manager*

Tolentino, Stella, BSN, RN, CNOR  
*Clinical Nurse III, Main Operating Room*

Tondel, Sharon Smith, DNP (C), NP-C, AHN-BC, CRNA, *Nurse Practitioner, Occupational Health Services*

Torcion, Astrid, BSN, RN, CNOR, ONC  
*Clinical Nurse II, Main Operating Room*

Unikrishnan, Sudhakaran RN, FNC  
*Clinical Nurse I, 6E Inpatient Unit*

Us, Maria, Christina, MSN, RN, CNOR  
*Perioperative Nurse Educator, Professional Development*

Villafaz, Dina, BSN, RN, CCRN  
*Nurse Coordinator, Nursing Administration*

Villafaz, Renee, BSN, RN, ONC  
*Clinical Nurse I, 7E Inpatient Unit*

Viscovich, Kristine, ANP, RN  
*Nurse Practitioner, Foot and Ankle Center*

Walsh, Elaine, RN, ONC  
*Clinical Nurse I, Post Anesthesia Care Unit*

Weber, Angela, MSN, BSN, APRN, ANP-BC  
*Clinical Nurse I, Post Anesthesia Care Unit*

Weintraub, Freda, BSN, RN, CNOR  
*Clinical Nurse I, Perioperative Services*

Wukovits, Barbara, BSN, RN, C, LNC  
*Director, Acute Pain Services*

Zadok, Aytan, BSN, RN, CCRN  
*Clinical Nurse I, Special Procedure Unit*

Zarraga, Aida P., BSN, RN, CCRN  
*Clinical Nurse I, Post Anesthesia Care Unit*

**Education Activities**

Anna Liza Anton, RN, CNI, Ambulatory Care Center, is pursuing an NP at Hunter College.

Docily Benn, NT, Private Ambulatory Practices is pursuing a Bachelor Degree in Business Administration.

Ann Bienstock, BSN, RN, Occupational Health Services, is pursuing an NP at Rutgers University.

Noel Chua, RN Inpatient, 7E is pursing a BSN at SUNY Downstate.

Christine Caligian, BSN, RN, CIS Resource is pursuing a Masters Degree in Nursing Informatics at New York University.

Julita Reyes-Cano, RN, CNI, Rheumatology is pursuing an NP at Hunter College.

Cynthia Cohen, RN, CN II, Private Ambulatory Practices, completed a BSN program at the University of Phoenix.

Jillian Coleman, RN, CNI, Hand and Foot Center, is enrolled in a BSN Program.

Jack Davis, BS, RN, ONC, Manager Patient Education is pursuing a MSN degree at the University of Phoenix.

Maria DeBenedetto, RN, CNI, Ambulatory Care Center is pursuing an NP at Pace University.

Kathy Doyle-Jones, RN, Inpatient 7E completed a BSN Program in May, 2008.

Alicia Fisher, BSN, RN, Manager, 7E is pursuing a MSN ACNP at New York University.

Stacey France, RN, Inpatient 7E is pursing a Post Bachelor's degree at Columbia University.

Ariel Gerber, RN, Inpatient 8E is enrolled in MSN/CNS Program at Hunter College.
Danielle Graham, Registrar 7E is pursuing a Nursing degree.

Brenda Green, BSN, RN Performance Improvement is pursuing a MSN at College of Mount St. Vincent.

Batannah Guerrant, RN, CNI, Private Ambulatory Practices is pursuing a BSN at the University of Phoenix.

Nicole Hoffman, BSN, RN, Nursing CIS Resource is pursuing a MBA in Health Care Administration at Florida Institute of Technology.

Katie Horan, BSN, RN, Inpatient 7E is pursuing a PCNP at Wagner College.

Elaine Huang, BSN, RN Inpatient 7E is pursuing a Post Bachelors degree at CUNY, City College.

Irina Ignat, BSN, RN, Inpatient 7E is pursuing a Masters ACNP at New York University.

Alexander Jacobs, BSN, RN, Hand and Foot Center is enrolled in a Masters Program at Columbia University.

Kristin Kenny, BSN, RN Inpatient 7E is pursuing a PCNP at Wagner College.

Myungsook Kwon, RN Inpatient 7E is pursuing a BSN at Dominican College.

Irene Lesko, NT, Inpatient 7E is pursuing a Nursing degree.

Ann Lorasso, RN, Director of Nursing is pursuing an MBA degree from Seton Hall University.

Caroline Luke, RN Inpatient 8E is accepted in the MSN/NP Program at Columbia University.

Kristi Marquis, NT, Inpatient 7E is pursuing a Nursing degree.

Melissa Martyn, NT, Inpatient 7E is pursuing a Nursing degree.

Chantale Jean Mary, NT, Inpatient 7E is pursuing a Nursing degree.

Jodi Masucci, NT, Inpatient 7E is pursuing a Nursing degree.

Janice Minucci, MSED, RN is pursuing a second Masters degree in Nursing at College of Mount St. Vincent.

Natalie Morgan, NT, became a certified phlebotomist with the National Phlebotomy Association.

Arelis Ortega, NT, Inpatient 7E is pursuing a Nursing degree.

Michelle Patterson, NT, Inpatient 7E is pursuing a Nursing degree.

Josephine Pirozzi, BSN, RN, Hand and Foot Center completed the BSN Program at the College of New Rochelle.

Patricia Quinnlan, DNSc(C), MPA, RN, CPHQ successfully defended her Doctoral Dissertation Proposal at Columbia University.

Monica Richey, RN, BSN, Rheumatology is pursuing an NP at Hunter College.

Kate Riva, NT, Inpatient 7E is pursuing a Nursing degree.

Janice Rivers, NT, Inpatient 7E is pursuing a Nursing degree.

Roche Rodriguez, NT, Ambulatory Care Center is pursuing a Nursing Degree at LaGuardia Community College.

Maureen Shannon, RN, Inpatient 8E is enrolled in a BSN Program at St. Francis College.

Patricia Shea, RN, Infection Control is pursuing her BSN at the University of Phoenix.

Patricia Spergl, BSN, RN, Hand and Foot Center is enrolled in a masters Program at Columbia University.

Paula Thomas, NT, Inpatient 7E is pursuing a Nursing degree.

Carolyn C. Tinio, MSN, RN, Senior Administrative Nursing Coordinator received her MSN in Nursing Administration/Case Management and is pursuing a Doctorate in Nursing Practice at the University of Medicine and Dentistry of New Jersey.

Alihia Tomkins, RN, CNI, Special Procedures/Hand and Foot Center is enrolled in a BSN Program at Mercy College.

Sharyn Tondei, DNP(c), NP-C, AHN-BC, CRNA, Occupational Health Services is pursuing a Doctorate in Nursing Practice at Fairleigh Dickinson University.
Sandra Tucker, NT, Private Ambulatory Practices, completed a Masters in Health Administration.

Deysi Sula, BSN, RN CIS Resource Nurse is pursuing a MSN & FNP degree at Mount St. Mary College.

Jordana Velasco, RN, CNI, Private Ambulatory Practices is pursuing an NP and Master’s Program in Nursing Administration at Fairleigh Dickinson University.

Nicola Walters, NT, Inpatient 7E is pursuing a Nursing degree.

Magdalena Weight, NT, Private Ambulatory Practices is pursuing a Bachelor degree in Organizational Management.

Christine Zeeb, NT, Inpatient 7E is pursuing a Nursing degree.

**Professional Activities**

Jack Davis: Director, Orthopaedic Nurses Certification Board (ONCB)

Eileen Finerty: Contributing Editor, Emerging Infections Column, American Journal of Nursing (AJN).

Virginia Forbes: Vice President, Alpha Upsilon, Cornell Chapter of Sigma Theta Tau International Honor Society of Nursing and member of the American Academy of Ambulatory Care Nursing Special Interest Group on patient Education Advisory Board Member, Health TV

Mary Joy Garcia-Dia: Board Member of Philippine Nurses Association of America (PNAA)- Chair of Human Rights Committee; Immediate Past President/Advisor to Philippine Nurse Association of New York (PNA-NY)

Stephanie Goldberg: Senior Magnet Surveyor for the American Nurses Credentialing Center (ANCC)

Doreen Johnson: President, Orthopaedic Nurses of New York, (ONNY), Chapter #69 of the National Association of Orthopaedic Nurses (NAON); Class of 2009 Mentor, NYU Leadership for Black Nurses; Ambassador, ONCB Professional Public Relations Committee Member, NAON; Recertification Committee Member, ONCB; Adjunct Clinical faculty for College of New Rochelle and Adelphi University

Linda Leff: Board Member at several organizations including: Roche Nursing Faculty Advisory Board, Genetech Advisory Board, Centocor Nursing Advisory Board; Co-Facilitator, RA Education and Support Group Guest Editor, RA Educational Series sponsored by Roche Pharmaceutical; Guest Editor, Genentech, RN Speakers Bureau

Eileen McCullagh: Annual Meeting Planning Committee Member, Rheumatology Nursing Society (RNS)

Mary McDermott: Contributor and reviewer for “Medical Surgery Nursing Preparation for Practice” by Osborn, Wrang & Watson, Pearson Publishing in press for 2009


Janice Mincuc: Regional Board Member for Advance Magazine

Julie Pollino-Tanner: Member of Sigma Theta Tau International Honor Society and the Hillman Alumni Nursing Network

Patricia Quinnan: Magnet Surveyor for the American Nurses Credentialing Center (ANCC)

Julita Reyes-Cana: Co-Facilitator, Early RA Support Group

Richard Slotte: Member of National Review Panel for the National Council of State Boards of Nursing/National Council Licensure Examination (NCSBN/NCLEX)

Richard Slotte: “Medical mission work in Africa” lecture provided to graduating seniors at Philips Beth Israel School of Nursing.

Sharyn Tonder: Item writer, National Holistic Nursing Certification Board (NHNCB)

**Posters and Other Professional Presentations**


EILEEN FINERTY, “Bioterrorism” Presented at the Community Emergency Response Team.

VIRGINIA FORBES AND LINDA LEFF: “Bridging the Gap Between Standards and Practice: Bringing the AACN Standards to Life.” Contributors Shirley Clinton-Maldonado, Cindy Cohen, Doreen Johnson, Julita Reyes-Camu, Anna Liza Anton, Mindy Kroll, Jack Davis and JoAnn Stern, abstract approved for poster presentation at AACN, 2009 Annual Conference.

STEPHANIE GOLDBERG, “Magnet Journey” podium presentation at Kessler Institute, May, 2008.


SHARYN TONDEL, “The new you” presented at Nurse Practitioners Associates Continuing Education (NPACE )in NYC and American Holistic Nurse Convention in NH.


Catherine Drum, “The Other Side of the Shift”, Nursing Spectrum (September 2008)

Catherine Drum, “Competing in Your First Triathlon” RN Magazine (January 2008)


Catherine Drum, “Cairo, Egypt: Journey to the land of the pharaohs” LocumLife (October 15, 2008)

Catherine Drum, “The Best of Both Worlds-Nursing Education and Administration” Advance for Nurses (October 13, 2008)

Publications

Community Service

Jessenia Collazo, RN, BSN from PACU is a co-founder of a small non-profit organization called Sanctuary of Love (SOL). The group functions
as a subdivision of the Curtis Martin Job’ (pronounced JOE-B) Foundation. Their mission is to enhance the lives of disadvantaged children and adults in local communities and on the international scene.

Relationships were established with other mission organizations enabling them to go on medical missions around the globe. Dr. Jack Demos, founder of Surgicorps International, worked with Curtis Martin and Alexandra Hutchinson and put together a surgical mission trip to Vietnam which ultimately became a documentary.

During this trip, Surgicorps International worked predominantly on cleft lip/palate repairs, skin graft transfers for burn victims, and small reconstructive procedures. 48 surgeries were performed as the team worked Monday thru Friday at the hospital, 8 to 12 hours a day. On the weekend, they were able to catch a little “R & R.” They saw the Cuchi Tunnels, Mekong Delta River, hundreds of markets and had enough time to interact with locals in the town square. They were back to work on Monday, checking their post-ops, finalizing discharge instructions, and teaching about medication administration. Jesenia has been invited back on a mission to Bhutan and plans to present her nursing care experiences at a future Nursing Grand Rounds.

MARY BURKE, RN, CNI, Rheumatology volunteers for an organization for Battered Women and at the Dewitt Nursing Home.

WING-YEE CHIN-NG was in Ghana, Africa for Medical Mission with Dr. Boachie from Nov. 16 – Nov. 29, 2008.

EULALIE GREENE, RN, CN III, Rheumatology, volunteers at a Lupus Organization in Brooklyn

JACKIE GUERRIER, LPN in Private Ambulatory volunteers as a member of the Surrogate Decision-Making Committee, NY State Commission on Quality of care and Advocacy for persons with disabilities appoints volunteers every 2 years. As a committee member she makes decisions for those who have no representation.

JANET JAMES, Nurse Technician, Rheumatology, volunteers at Beth Abrahams Hospital.

LINDA LEFF, RN, BC, Nurse Manager, Infusion Therapy is a member of the Community Emergency Response Team (CERT)

NATALIE MORGAN, Nurse Technician, Rheumatology volunteers for the United Homeless Organization.

CYNTHIA REID, RN, CNIII, received an Award from the City Council and a Congressional Award for Community Service. She spearheads a program to feed the homeless every three months at her Church. Cynthia also supports the program financially. She is the Chair of the Board of Trustees at the Grace United Methodist Church where the program is held. She participates in the Holiday Party for the children of the community and the Church, donating toys and preparing food for over 100 children. The group also holds a shower for children born in prison in Bedford Hills Correctional Facility.

Military Service

MAJOR LEISHA BEDENBAUGH, BSN, RN, CNIII, Scoliosis/Pediatric Orthopedics Service had active military service with the 325TH Combat Support Hospital, COB Speicher, Tikrit, Iraq from June, 2007 to August, 2008.
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