NURSING













39000 Bob Hope Drive, Rancho Mirage, CA 92270







2020 Nursing Annual Report Special Edition

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"Success is not final. Failure is not fatal. It is the courage to continue that counts."

Dear Eisenhower Nurses,



Our annual report is usually based upon the accomplishments and achievements that have occurred in the previous year. However, to use this format when we have just survived the extraordinary pandemic year of 2020 would be to belittle the extraordinary resilience, strength and courage of Eisenhower nurses as we made our way through two surges of suffering and personal sacrifice that will never be erased.

This year of our lives was not like any other natural disaster that was time-limited, like a tornado or earthquake. This was more like a "war" that created trauma, fear and despair for many. In spite of this, nurses from every clinical area are the heroes of this "war," saying to patients, "I will be here for you." We "soldiered on," working to exhaustion, sometimes using only muscle memory, flexibility and ingenuity to get through some very hard days.

The rewards were there though: seeing a patient smile at hearing a loved one on the phone, or more recently, hearing "Here Comes the Sun" as one of our COVID-19 patients is discharged from the hospital. Nurses provided dignity and honor for patients who survived and for those who did not survive as well.

We dedicate this annual report to all Eisenhower nurses. I hope you will enjoy the many snapshots of our remarkable nurses displaying grit, gratefulness and gumption. My personal gratitude and acknowledgement of your relationship-based caring will not be forgotten. I share in the pride of Eisenhower Nursing.

Always,

Ann Mostofi, MSN, RN, NEA-BC

Vice President, Patient Care Services and Chief Nursing Officer

Nursing Biennial Report



Message from Martin Massiello
President and Chief Executive Officer

Over the course of the last year, our nurses have been challenged in ways none of us have experienced in our years working in health care. I personally take enormous pride in the care our nurses give every day, but I feel even greater gratitude now for the courageous and steadfast perseverance they have demonstrated since the day in early March 2020 when we received our first patient infected with COVID-19.

This past year has highlighted for me what a strong organization with a cohesive team can accomplish even during the hardest of times. This is especially true of our nursing teams who have come together time and time again during this pandemic, adapting to rapidly changing circumstances, making critical decisions about best practices in patient care, and demonstrating extraordinary care for patients who were unable to have the comfort of loved ones when they were most vulnerable. Very few people will ever understand the great lengths our nurses have gone to during this pandemic to care for patients, keep their colleagues and themselves safe, and also take care of their own loved ones. It has required a level of dedication and strength I am honored to have witnessed and for which I'll be forever grateful.



Message from Alan Williamson, MD Vice President, Medical Affairs

The profession of nursing has never been easy – helping people heal, comforting patients in pain and witnessing end of life are all part of a nurse's commitment to patient care. COVID-19, of course, created a new, more intense reality – one that called for the courageous act of putting one's own health at risk to focus on the needs of our patients.

The level of commitment to patient care has never been greater. The pandemic has required our nurses to be present physically and emotionally for their patients who were isolated from friends and family, offering comfort to patients who were sick and even dying without their loved ones by their side.

I am one among many who has witnessed the courage of our nurses who came to work every day, despite being physically and emotionally drained, to ensure that we continued to provide outstanding care and comfort for our community during the pandemic. I extend my gratitude for their professional and clinical excellence.











Eisenhower Health Achieves Magnet® Recognition for the Second Time

Eisenhower Health has attained Magnet recognition again — a testament to its continued dedication to high-quality nursing practice. The American Nurses Credentialing Center's Magnet Recognition Program® distinguishes health care organizations that meet rigorous standards for nursing excellence. This credential is the highest national honor for professional nursing practice.

Receiving Magnet recognition for the second time is a great achievement for Eisenhower Health as it continues to proudly belong to the global community of Magnet-recognized organizations. Just 520 U.S. health care organizations out of more than 6,300 U.S. hospitals have achieved Magnet recognition. Eisenhower Health is the only hospital in the Coachella Valley to earn this distinction and one of only 35 hospitals in California.

"Now more than ever, Eisenhower Health is honored to achieve Magnet recognition as our nurses demonstrate their tremendous commitment to delivering the highest quality care to our community," says Ann Mostofi, MSN, RN, Chief Nursing Officer, Vice President, Patient Care, Eisenhower Health. "To earn Magnet recognition once was a great accomplishment and an incredible source of pride for our nurses. Our repeated achievement of this designation underscores the foundation of excellence and values that drive our entire staff to strive harder each day to meet the health care needs of the people we serve."

Research demonstrates that Magnet recognition provides specific benefits to health care organizations and their communities, such as:

- Higher patient satisfaction with nurse communication, availability of help and receipt of discharge information.
- Lower risk of 30-day mortality and lower failure to rescue rates.
- Higher job satisfaction among nurses.
- Lower nurse reports of intentions to leave their positions.

The Magnet Model provides a framework for nursing practice, research, and measurement of outcomes. Through this framework, ANCC evaluates applicants across a number of components and dimensions to gauge an organization's nursing excellence.

The foundation of this model comprises various elements deemed essential to delivering superior

patient care. These include the quality of nursing leadership and coordination and collaboration across specialties, as well as processes for measuring and improving the quality and delivery of care.

To achieve initial Magnet recognition, organizations must pass a rigorous and lengthy process that demands widespread participation from leadership and staff. This process includes an electronic application, written patient care documentation, an on-site visit, and a review by the Commission on Magnet Recognition.

















"No man is an island, entire of itself;
every man is a piece of the continent, a part of the main.
If a clod be washed away by the sea,
Europe is the less, as well as if a promontory were,
as well as if a manor of thy friend's or of thine own were.
Any man's death diminishes me,
because I am involved in mankind;
and therefore never send to know for whom the bell tolls;
it tolls for thee."

DONNE, J. (2006). MEDITATION XVII, FROM DEVOTIONS UPON EMERGENT OCCASIONS. 1624.





Donations Support Nursing Education and Beyond

Whether it is day-to-day patient care or a worldwide pandemic, nurses are on the frontline and responsible for providing care for all types of patients. In this past year, our nurses couldn't have done what they do and continue to do without the generous support of Eisenhower Health's incredible donors.

In addition to the many local restaurants who donated food throughout this past year, a number of our donors supported Eisenhower nurses in 2020 in so many amazing ways, including:

- Brinson Foundation Nursing CareerDevelopment and General Operations
- The Coeta and Donald Barker Foundation –
 The Nurse Residency Program
- Greg and Stacey Renker Guthy-Renker gift bags
- John Stauffer Charitable Trust To establish the new Center for Innovation In Learning
- Phyllis and Dennis Washington \$150 restaurant gift cards for nurses







Nurse-Sensitive Indicators

Nurse-Sensitive Indicators

Nurse-sensitive indicators are the elements of patient care directly affected by nursing care. The history of nurse-sensitive indicators in its earliest form is linked to Florence Nightingale's quest to improve the quality of nursing care. In 1999, the American Nurses Association officially defined nurse-sensitive indicators and developed the National Database of Nursing Quality Indicators (NDNQI) in order to provide a comparison to measure outcomes.

Eisenhower Health nurses proudly participate in the data collection, assessment and evaluation of nurse-sensitive indicators such as fall rates, hospital-acquired pressure ulcers, central line-associated blood stream infections, catheterassociated urinary tract infections and ventilatorassociated pneumonia/ventilator-associated events. Each indicator is compared to the NDNQI benchmark with similar organizations. Any increase in rates leads to examination of evidence-based nursing practice. Resolutions are developed that are best practice and lead to positive outcomes. Nurses examine results on a monthly basis, and continually adapt their care to provide the best possible experience and outcome for every patient across the continuum of care. Despite the numerous challenges faced by nurses

during the global COVID-19 pandemic in 2020, they were relentless in their pursuit of nursing excellence.

Nursing Quality Impacts Outcomes at Eisenhower

Falls

Preventing patients from falling while in the hospital is a priority and involves everyone's participation on the health care team. Eisenhower has a very active Fall Prevention Team that is engaged in the design and ongoing evaluation of the many elements involved with fall prevention. Fall Prevention Team nurses have focused on prevention with the development of several initiatives such as the No Pass Zone and the Yellow Gown — utilizing the entire health care team to increase the care and attention for meeting all patients' needs to prevent a fall. Global awareness has impacted the fall rate by decreasing falls; this demonstrates to our patients the power of teamwork. These are several examples of the many activities that have resulted in Eisenhower's Annual Falls with Injury Rate outperforming the NDNQI database mean for the last four consecutive years. (Figure 1).

Annual Falls with Injury Rate per 1,000 Patient Days Figure 1 2.40 2.00 1000 Pt Days 1.60 Injury Fall Rate per 1.20 0.80 0.40 0.00 2020 2016 2017 2018 2019 Annual Injury Fall Rate 0.56 0.48 0.45 0.36 0.53 NDNQI Benchmark 0.55 0.56 0.53 0.45 0.65

Eisenhower Health's annual falls with injury rate has outperformed the NDNQI database mean for the last four consecutive years.

Hospital-Acquired Pressure Injuries

A pressure injury, sometimes called a bedsore, is damage to the skin or underlying tissue, caused by pressure, friction and moisture. These injuries often occur when patients have limited mobility and can't change positions in bed on their own. All patient care providers are trained in pressure injury prevention. Providing good skin care, regularly

assisting patients to change positions in bed, and using pressure-reducing cushions, mattresses and other devices are some of the many techniques used to prevent pressure injuries.

An aggressive prevention injury program (PIP) was implemented in the second quarter of 2007 in response to an increased incidence of skin injuries. This evidenced-based program was developed by

a nurse-led team of expert skin care specialists and front line staff. As a result, the incidence improved dramatically to about one percent (1%) annually.

Bimonthly journal club article reviews, combined with continual surveillance and reinforcement of all prevention elements help drive the incidence down. In 2013, the team developed an early mobility program. This team embodies exemplary nursing practice that has led to five consecutive years where Eisenhower's hospital-acquired pressure injury rate has outperformed the NDNQI benchmark mean (Figure 2).

Figure 2 **Annual Hospital-Acquired Pressure Injury Rate** (Prevalence Study - Greater than Stage 2) 2.40 2.00 1.60 ⊣API Rate % Stg 2 or 1.20 0.80 0.40 0.00 2016 2017 2019 2020 2018 Annual HAPI Rate Stg 2 or Greater 0.56 1.15 1.01 1.18 1.13 NDNQI Benchmark 1.55 1.55 1.64 1.89 2.28

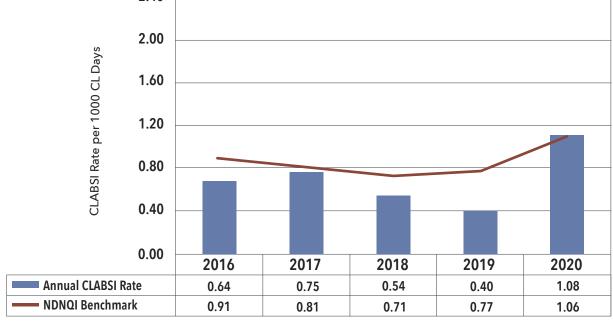
Eisenhower Health's hospital-acquired pressure injury rate has outperformed the NDNQI database mean for five consecutive years.

Central Line-Associated Blood **Stream Infections**

Central lines, or central venous catheters, are most often inserted in the neck, chest or arm. These lifesaving catheters may be used to provide medications and fluids to severely ill patients and may remain in place for several weeks. A central line-associated blood stream infection (CLABSI) occurs when germs in or on the catheter enter the bloodstream. These infections can lead to serious complications, even death, especially for critically ill patients.

In 2012, an upward trend was indicated in these types of infections. A nurse-led team convened and examined evidence-based nursing practice and potential opportunities to standardize practice. A program utilizing a de-clotting agent and standardized cleansing processes was implemented. As a result, Eisenhower Health's performance has exceeded the goal of being below the National Health Care Safety Network (NHSN) and NDNQI benchmarks for four of past five consecutive years (Figure 3).

Annual Central Line-Associated Blood Stream Infections Figure 3 per 1,000 Central Line Days 2.40 2.00

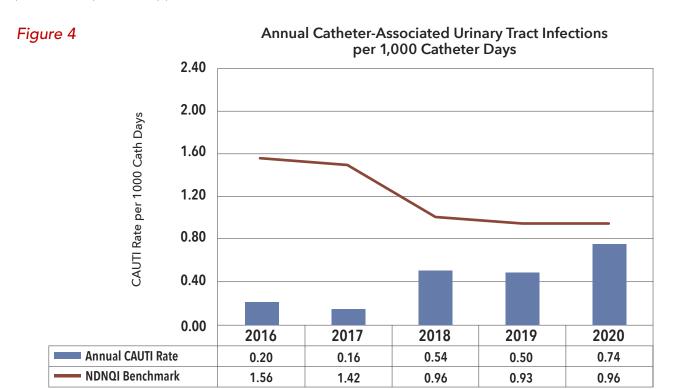


Eisenhower Health's central line-associated blood stream infection rate has outperformed the NDNQI database mean for four of the past five consecutive years.

Catheter-Associated Urinary Tract Infections

A urinary catheter is a thin tube placed in the bladder to drain urine into a bag. Catheter-associated urinary tract infections (CAUTIs) are infections caused by bacteria that have entered the urinary tract during the catheter's insertion, through the catheter tube, or through the catheter's external surface.

In 2012, it was noted that there was an upward trend in these types of infections. A nurse-led team convened and examined evidence-based nursing practice and potential opportunities to standardize practice. A program called *X-Foleyate* was developed utilizing standardized hygiene protocols, attention to early removal, and closed catheter systems, standardizing care throughout the health center. In 2019, a "Nursing Standardized Procedure: Indwelling Urinary Foley Catheter Removal" was implemented, permitting nurses to remove indwelling urinary catheters for patients who no longer meet indwelling urinary catheter criteria. As a result of these measures, Eisenhower Health has outperformed the NDNQI database mean for five consecutive years (Figure 4).



Eisenhower Health's catheter-associated urinary tract infection rate has outperformed the NDNQI database mean for five consecutive years.

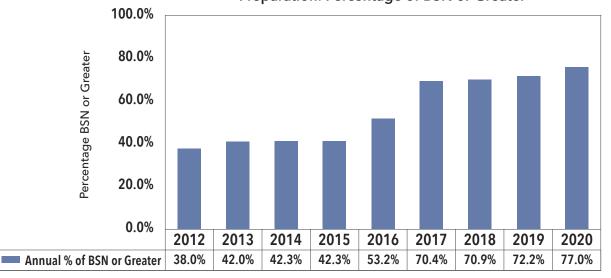


Eisenhower Nurses Pursue Baccalaureate and Graduate Nursing Degrees

During the past decade, a number of factors have converged to radically alter the environment in which health care is provided, subsequently changing the nature of the role and responsibilities of nurses. In October 2010, the Robert Wood Johnson Foundation and the Institute of Medicine (IOM) jointly released The Future of Nursing: Leading Change, Advancing Health, referring to the report as a blueprint for transforming the American health system by strengthening nursing care and better preparing nurses to help lead reforms. The report calls for increasing the percentage of nurses holding the Bachelor of Science in Nursing (BSN) degree or higher to 80 percent by 2020. Eisenhower Health has made the BSN a requirement for entry level employment and supports the BSN for all nurses.

Nursing at Eisenhower Health is both an art and a science, incorporating many aspects of patient care and the spirit of caring based on current and relevant research and evidence-based practice. Enhancing critical thinking skills is a prerequisite to continuously providing and improving patient care. Professional responsibility and educational advancement is encouraged. Coaching, mentoring, flexible schedules and tuition reimbursement are strategies utilized to facilitate a nurse's return to school for educational advancement. The percentage of clinical nurses with a baccalaureate and higher nursing degree increased from 38 percent in 2012 to 77 percent in 2020. The current national percentage for nurses with a BSN or higher degree is 56 percent (Campaign for Action, 2019).

Eisenhower Health Registered Nurses' Educational Preparation: Percentage of BSN or Greater



Source: Campaign for Action, February 13, 2019

https://campaignforaction.org/new-resource-highlights-nurses-heeding-the-call-to-earn-their-bsn/

Also: US Nurses in 2020

https://www.nursingcenter.com/ncblog/may-2020/u-s-nurses-in-2











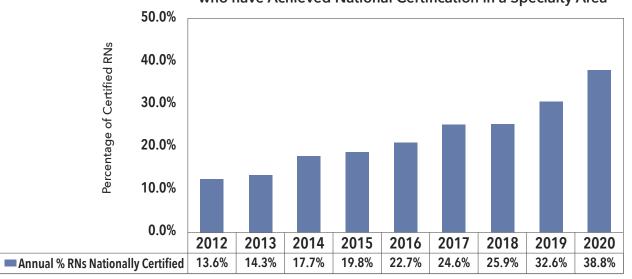


Eisenhower Nurses Pursue Professional Nursing Certification in Specialty Areas

Certification is the formal process by which a certifying agency validates a nurse's knowledge, skills and abilities in a defined role and clinical area of practice, based on predetermined standards. Nurses achieve certification credentials through specialized education, experience in a specialty area, and a national qualifying exam. It is a profession's official recognition of achievement, expertise and clinical judgment and a mark of excellence that requires continued learning and skill development to maintain. The nursing organization at Eisenhower Health encourages and supports national board certification for all professional nurses.

The value of certification in a nursing specialty in influencing the delivery of safe and effective care is undeniable. While licensure measures entry-level competence of a new nurse, certification validates a nurse's specialty knowledge, experience, clinical judgment and critical thinking. The percentage of nurses with national certification in a specialty area increased from 13.6 percent in 2012 to 38.8 percent in 2020. The current percentage for American nurses with specialty certification is 40 percent (Nurse.com, 2018).

Percentage of Eisenhower Health Registered Nurses' who have Achieved National Certification in a Specialty Area



What percentage of nurses are certified? 40%

According to a 2018 Nurse.com report, 40% of American nurses are certified. March 14, 2018 https://www.nurse.com/blog/2018/03/14/enjoy-the-perks-of-nurse-certification/

#:~:text=According%20to%20a%202018%20Nurse,more%20than%20a%20cute%20puppy.















Professional Nursing Certification Nursing Advancement at Eisenhower Health

Please join us in congratulating our nurses who have achieved national certification:

Accredited Case Manager (ACM)

Janette Koop, ACM Dee Panasuk, ACM Sue Stypulkowski, ACM Traci Thomas, ACM

Advanced Oncology Clinical Nurse Specialist (AOCNS) and Certified Hospice and Palliative Nurse (CHPN) Barbara Bigelow, AOCNS, CHPN

Ambulatory Care Nursing Certification (AMB-BC)

Jamie Burnett, AMB-BC

Bone Marrow Transplant Certified Nurse (BMTCN)

Alyssa McLaughlin, BMTCN

Certified Ambulatory Perianesthesia Nurse (CAPA)

Lori Freeman, CAPA Debbie Hiestand, CAPA

Certified Cardiac Device Specialist (CCDS)

Mark Baglien, CCDS Diana Sanchez (CCDS)

Certified Cardiac Rehabilitation (CCDS)

Florgilyn Cadang, CCRP

Certified Care Coordination and Transition Management (CCCTM)

Doris Velasquez, CCCTM

Certified Case Manager (CCM)

Carla Abell, CCM
Mary Afunugo, CCM
Allen Cortez, CCM
Gregory Dejong, CCM
Azucena Dominguez, CCM
Colleen Gould, CCM
Cynthia Jones, CCM

Keegan Pomije, CCM Hamza Rehman, CCM Rainee Sawtell, CCM

Certified Clinical Research Coordinator (CCRC) / Professional (CCRP)

Stephanie Farrell, CCRC Patty Garcia, CCRC Sharon Kunic, CCRP

Certified Critical Care Nurse (CCRN)

Clandes Acacio-Sum, CCRN
Veronica Aguirre, CCRN
Ruth Ah Siu-Gandy, CCRN
Elaine Alexander, CRRN
Cindy Balch, CCRN
Sara Bonthron, CCRN
Travis Burks, CCRN
Zacharie Cyrus, CCRN

Desiree Darling, CCRN Sheryl Davidson, CCRN Tess Doble, CCRN Sheenah Fernandez, CCRN Rose Garcia, CCRN Jaime Gonzalez, CCRN Hannah Grindeland, CCRN Heaven-Lee Heitritter, CRRN Starla Hess, CCRN Kedra Jingles, CCRN Aleth Mangosing-Ignacio, CCRN Dawn Master, CCRN Irma Leos, CCRN Charisse Losito, CCRN Dawn Master, CCRN Estela Milward, CCRN Teresita Parina, CCRN Jerry Park, CCRN

Samantha Pio, CCRN

Irene Rice, CCRN

Sarah Putvin St. John, CCRN

Dana Rome, CCRN
Eleanor Rose, CCRN
Venus Sayegh, CCRN
Jessica Schroeder, CCRN
Honor Van Gorp, CCRN
Matthew Vitorelli, CCRN
Geoffrey Voss, CCRN
Christina Wallum, CCRN
Dorothy Williams, CCRN
Danuta Wojnar, CCRN

Certified Critical Care Nurse with Cardiac Medicine Subspecialty (CCRN-CMC)

Teresita Parina, CCRN-CMC

Certified Critical Care Nurse with Cardiac Surgery Subspecialty (CCRN-CSC)

Honor Van Gorp, CCRN-CSC













Certified Diabetes Care and Education Specialist (CDCES)

Marielena Cid, CDCES Socorro Gonzalez, CDCES Melina Hurtado, CDCES

Certified Emergency Nurse (CEN)

Danielle Aarts, CEN Dulce Alaniz, CEN Tasha Anderson, CEN Kevin Bartow, CEN Meagan Beavers, CEN Junar Bohol, CEN Myra Casibang, CEN Jeff Contreras, CEN Allen Cortez, CEN John Dix, CEN Rhoda Fedelin, CEN

Rhiannon Gallasch, CEN Robert Johnson, CEN Jane Jimenez, CEN Agnes Jove, CEN Audora Macklin, CEN Lynne Mendez, CEN Cindy Niblo, CEN Erik Ofstedahl, CEN Natalie Ortega, CEN Dorothy Seitz, CEN Amanda Sellers, CEN Susan Veldey, CEN

Certified Flight Nurse (CFN)

Meagan Beavers, CFN

Certified Hospice and Palliative Care Nurse (CHPN)

Lisa Ingham, CHPN Sandra Rosen, CHPN

Certified Infection Control (CIC)

Mike Connors, CIC

Certified Medical Surgical Registered Nurse (CMSRN)

Savannah Alvarado, CMSRN Merlyn Byers, CMSRN Craig Eaton, CMSRN Carolyn Gladwell, CMSRN Doris Velasquez, CMSRN David Welch, CMSRN

Certified Nephrology Nurse (CNN)

Alison Abid, CNOR Robin Berkoff, CNOR Jody Cap, CNOR Claudia Carqill, CNOR Kenya Cleary, CNOR Joshua Draves, CNOR

Katharine Ellison, CNOR Crystal Vestal, CNOR Philip Gonzalez, CNOR Robyn Walker, CNOR Robert Hambly, CNOR Rick Westergard, CNOR Dorothy Jones, CNOR Cheryl Lefore, CNOR

Certified Oncology Nurse (OCN)

Bobbie Bachman, OCN Viola Boyle, OCN Christal Curry, OCN Arlene Delapaz, OCN Bo Dunn, OCN Elaine Colbert, OCN Bobbie Galindo, OCN Kathryn Goddard, OCN Melanie Lomibao, OCN Lynne Malestic, OCN Kristi Rossignol, OCN Vicki Koceja, OCN Abby Mata-Lopez, OCN Tijuana Parker, OCN

Julie Patterson, OCN Rebecca Pontiero, OCN Kelly Preston, OCN Clara Rocha, OCN Kristi Rossignol, OCN Nerissa Sac, OCN Joy Scarborough, OCN Cathy Tatlow, OCN Jasmine Zepeda Morales, OCN Jennifer Woltmann, OCN

Certified Pediatric Emergency Nurse (CPEN)

Agnes Jove, CPEN

Certified Professional Health Care Management (CPHM)

Cheryl Catlett, CPHM Leah Carbonneau, CPHM











Walter Ligman, CNOR

Joyce Liliyquist, CNOR

Patricia Lovato, CNOR

James Maderick, CNOR

Wanda Neufeld, CNOR

Mike Padilla, CNOR

Dayle Parrett, CNOR

Ruby Principe, CNOR

Melinda Race, CNOR

Patricia Romanella, CNOR

Jamie Reid, CNOR

Judith Tons, CNOR

David Torres, CNOR

Emanuele Monaco, CNOR





Certified Professional in Health Care Quality (CPHQ)

Leah Carbonneau, CPHM Cheryl Catlett, CPHQ Diana Contino, CPHQ Stephanie Farrell, CPHQ Mary Miller, CPHQ

Certified Radiology Nurse – Interventional Radiology (CRN)

Julie Davis, CRN

Certified Registered Nurse of Infusion (CRNI)

Tijuana Parker, CRNI

Certified Rehabilitation Registered Nurse (CRRN)

Rochelle Abiang, CRRN
John Basquez, CRRN
William Donnelly, CRRN
Julia Kim, CRRN
Raquel Larios-Duarte, CRRN
Christy Mackewen, CRRN
Darren Parada, CRRN

Certified Vascular Access Nurse (VA-BC)

Sheryl Davidson, VA-BC

Certified Vascular Nurse (RN-BC)

Mary Fakehany, RN-BC Brittany Lyon, RN-BC Lisa Fontes, RN-BC Family Nurse Practitioner Board Certified (FNP-BC) / Geriatric Nurse Practitioner Board Certified (GNP-BC) / Nurse Practitioner Board Certified (NP-BC) / Certified Family Nurse Practitioner (FNP-C) / Certified Nurse Practitioner (NP-C) / Adult Gerontology Nurse Practitioner Board Certified (AGNP-BC) / Advanced Oncology Certified Nurse Practitioner (AOCNP)

Fnu Alfandy, MSN, RN, APRN, ANP-BC, RN, CNRN, SCRN Megan Anderson, MSN, RN, FNP-BC Grace Angus-Amersbach, MSN, RN, NP-C Jessica Bates, MSN, RN, FNP Tiffany Bell-Davlantes, MSN, RN, FNP-C, MSQA, CPEN Angel Bjerke, NP-BC, ONC Randy Bloom, DNP, RN, FNP-BC Jon Colbert, MSN, RN, FNP-BC, **AAHIVS** Nancy Cordova, MSN, RN, NP-C, OCN, CPC Lin Fang, MSN, RN, FNP Jade Ferrante, MSN, RN, FNP Barbara Fulmer, MSN, RN, GNP BC, CWCN-AP, COCN, CCCN Donald Gardenier, DNP, FNP-BC, FAAN, FAANP Jill Hall-Crum, MSN, RN, FNP-C, SANE-A Kimberley Hancock, DNP, RN, FNP Laurie Hannan-Reagan, MSN, RN, FNP Pamela Henion, MSN, RN, FNP-BC Svetlana Hezkiya, NP-C

Tina Huff, DNP, RN, AGACNP-BC Ana Anguiano Jaimes, MSN, RN. FNP Cynthia Jovanov, MBA, DNP, RN, FNP-BC, ACNP-BC, CNS Ellen Kelley, MSN, RN, FNP-BC Alice Kraker, MSN, RN, FNP Rachel LeBrun, MSN, RN, OCN, FNP Heather Lewis, MSN, RN, FNP Lilia E. Lopez, MSN, RN, FNP Dana Lovorn, MSN, RN, FNP-BC Rosa Sue Lucas, MSN, RN, FNP-BC Aleth Mangosing-Ignacio, MSN, RN, FNP Carol Marietta, MSN, RN, FNP-BC Danne McLain, MSN, RN, FNP Flordeliza Santos Mendoza, MSN,

Farzaneh Mousavi, MSN, RN, FNP

RN, FNP Sheri J. Mitchell, MSN, RN, FNP Amanda Moyer, MSN, RN, FNP-BC Patricia Oscaris, MSN, RN, FNP Rebecca Ott. DNP. RN. PMHNP-BC Richard Pessagno, DNP, RN, FAANP Mary Ann Sanchez, MSN, RN, FNP Dilbir Sekhon, MSN, RN, FNP-BC Rhonda Sinclair, MSN, RN, FNP-BC Donna Smith, MSN, RN, FNP Cari Sudmeier, MSN, RN, FNP Nidia Torres, DNP, RN. AC/E/FNP Chito Uyanwune, DNP, RN, FNP-BC James Watson, MSN, RN, FNP

Monique Mester-Robinson, MSN,











RN, FNP





Carla Weafer, MSN, NP-BC Kathleen Wheeler, DNP, RN, FNP-BC Ervin Xhufka, DNP, RN, FNP-BC, CEN

Electronic Fetal Monitoring (C-EFM)

Amy Dietz, C-EFM

Gerontological Nurse (GERO-BC)

Florgilyn Cadang, RN-BC

Healthcare Accreditation Certification Program (HACP)

Anita Roberson, HACP

Inpatient Obstetric Nursing (RNC-OB)

Amy Dietz, RNC-OB Analisa Pittenger, RNC-OB

Nursing Administration Advanced and Nursing Administration (NE-BC)

Tasha Anderson, NE-BC
Dixon Bennett, NE-BC
Wendy Edwards, NE-BC
Bev Ingelson, NE-BC
Dorothy Jones, NEA-BC
Vicki Koceja, NEA-BC
Ann Mostofi, NEA-BC
Mary Ann McLaughlin, NE-BC
Sue Romkema, NE-BC
Ellen Nadeau, NE-BC
Christina Wallum, NE-BC

Nursing Informatics (RN-BC)

Craig Eaton, RN-BC Louis Rotondo, RN-BC

Nursing Professional Development (RN-BC)

Yvonne Matetich, RN-BC

Orthopedic Nurse Certified (ONC)

Arlene Arpuli, ONC
Kelly Burton, ONC
Tanya Crager, ONC
Shauna Elleman, ONC
Vernon Melchor, ONC
Anna Miller, ONC
Yasmine Ong, ONC
Nanette Pickowitz, ONC
Charlene Stephenson, ONC

Progressive Care Certified Nurse (PCCN)

Diana Evans, PCCN
Tess Doble, PCCN
Chris Freedman, PCCN
Stephanie Jones, PCCN
Aracelie Macapagal, PCCN
Yvonne Matetich, PCCN
Siena Picchi-Dobson, PCCN
Gloria Salcedo, PCCN
John Thompson III, PCCN

Sexual Assault Nurse Examiner – Adult (SANE-A)

Megan Berryman, SANE-A Amy Gendron, SANE-A Vicki Hanson, SANE-A Kelsey Jeffries, SANE-A Jennifer Matthews, SANE-A

Stroke Certified Registered Nurse (SCRN)

Israel Algazi, SCRN Jane Berardini, SCRN Andriyah Burgos, SCRN Zacharie Cyrus, SCRN Magdalena Derbigny, SCRN John Dix, SCRN Jose Dozal, SCRN Sharon Gallo, SCRN Mitzy Hernandez, SCRN Juma Kavai, SCRN Alba Lopez, SCRN Fernando Montelongo, SCRN Gabriela Munoz, SCRN Jody Pedersen, SCRN Richard Reagin, SCRN Sue Romkema, SCRN Mike Samu, SCRN Sushma Verma, SCRN

Wound Care Certification (WCC)
/ Wound Ostomy Continence
Nurse (WOCN) /
Certified Wound Care Nurse
(CWCN) / Certified Wound Ostomy Continence Nurse
(CWOCN) / Certified Wound Ostomy Continence Nurse Advanced Practice Nurse
(CWCN-AP)

Shauna Elleman, CWCN
Barbara Fulmer, CWOCN,
CWCN-AP, CCCN, GNP-BC
Diane Gordon, WCC
Whitney Henderson, CWOCN
Jeanne Johnson, WOCN
Dennis Kubert, WOCN
Oscar Salazar, CWCN, WOCN

















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