



Cooper Bridges

A publication for nurses and healthcare professionals

FALL/WINTER 2011 ■ VOLUME 5, ISSUE 2



Nursing a *Community*





Table of Contents:

CNE Letter	3
Camp Oasis	4
Health Ministry.	5
Safe Kids.	5
Bootcamp for Paramedics.	6
Safer Steps	8
Childbirth Education	10
The Power of One: Clare's Cupboard	11
Community Health Fair	12
Critical Incident Stress Management	13
Mothers Matter	14
Reflections	15
Professional News.	16

Professional Calendar

DECEMBER 2011

- 1-2** • Critical Care Course 3
- 2** • Neonatal Resuscitation Program (NRP)
- 2** • It's How to Say It
- 8** • Pediatric Code Review Course
- 9** • Trauma Critical Care Course
- 12 & 13** • Critical Care Course 3
- 13** • Advanced Cardiac Life Support (ACLS) Renewal
- 14 & 15** • Advanced Cardiac Life Support (ACLS) Initial
- 15** • Wound Care Update
- 15 & 16** • Critical Care Course 3
- 21** • Advanced Cardiac Life Support (ACLS) Renewal
- 27** • 1st Five Minutes Course

EXECUTIVE EDITORS

Stacey Staman, RN, MSN, CCRN
Clinical Educator, Trauma

Kathleen Yhlen, RN, MSN, NE-BC
Clinical Educator

ASSOCIATE EDITOR

Mary Stauss, RN, MSN, APN, CEN
Clinical Educator II, Emergency & CDU

CONTRIBUTING EDITORS

Dianne S. Charsha RN, MSN, NEA-BC, NNP-BC
Chief Nursing Officer/Acting Chief Operating Officer



E-mail comments about Cooper Bridges to:
yhlen-kathleen@cooperhealth.edu

To add someone to this mailing list, or to correct your address please email:
yhlen-kathleen@cooperhealth.edu



World Class Care. Right Here. Right Now.

George E. Norcross, III, Chairman
Joan S. Davis, Vice Chairman
John P. Sheridan, Jr., President and CEO

From the Chief Nursing Officer

Dianne S. Charsha RN, MSN, NEA-BC, NNP-BC • Chief Nursing Officer/Acting Chief Operating Officer



Cooper opened its doors in 1887 to serve the Camden Community. Since that time, Cooper has not only provided high quality health care to residents of the Delaware Valley but has trained health care providers that have extended Cooper's reach to the nation and the world. Not only do we educate future providers, we also teach our patients about disease management and preventive care. In addition, Cooper has a long history of advancing the science of health care through our research endeavors. Through care, education and research, Cooper cares for our community which is why we have devoted this edition of *Bridges* to our community through the art and science of nursing.

The art and science of nursing occurs in numerous settings: our work places, our homes and the communities and world in which we live. It has been said that nursing is a work of heart. Indeed, there is a special quality among nurses who share themselves with the larger world. In this edition, you will read inspiring stories about nurses just like yourself, who are doing amazing things to change the world around them. Some of these nurses are leaders who participate in activities such as consultation, education, committee and board membership, peer review for journals, as well as using their nursing skills to detect potential health issues and create solutions. These nurses give of their time and talents and are rewarded in many ways. It might be a smile from a new mother or from a child who has learned how to safely ride a bike. It might be the wonderful feeling of having participated in improving someone's life. Or perhaps it might be gaining confidence from teaching a course or writing a proposal. There is no doubt that our communities benefit greatly from nursing involvement leading to healthier outcomes. Please join me in reading these stories and thanking these extraordinary nurses for embodying the true essence of nursing.

Dianne S. Charsha RN, MSN, NEA-BC, NNP-BC
Chief Nursing Officer/Acting Chief Operating Officer

Email comments to charsha-dianne@cooperhealth.edu

Cooper Bridges Mission Statement:

"To communicate and educate nurses and healthcare professionals to foster excellence in the delivery of patient care."

Cooper Nurses interested in authoring an article for a future edition of *Cooper Bridges* may obtain submission guidelines by contacting: Yhlen-kathleen@cooperhealth.edu



Camp Oasis

Christina Hunter, RN, BSN, OCN

On Sunday, June 12, 2011 the South Jersey Chapter of the Oncology Nursing Society held their fourth annual day at Camp Oasis. This one day outing is offered to children and teens that have a loved one with cancer. Children with loved ones who have cancer often feel frightened. Participating in this experience provides children ages 8 to 16 with an opportunity to meet other children who may be experiencing the same challenges and to realize they are not alone.

The day begins with the children meeting at designated sites in Camden, Gloucester and Burlington counties. They feel very special as limousines transport them to Camp Inawendin in Tabernacle, New Jersey. Throughout the day they have activities such as a coping session with a social worker, yoga, archery, sports, games, journaling and scrapbooking. The campers also enjoy breakfast, a barbeque lunch and tasty snacks throughout the day. A huge pool party concludes the festivities during which a DJ provides entertainment with games, dancing and karaoke. At the end of the day everyone enjoys water ice and reflects on the fun that was had during the day.

Camp Oasis offers children a safe place to ask questions about cancer and cancer treatments. It gives the children the opportunity to know they are not alone and there are people who care. These children are referred to the camp by oncology nurses and hospital staff. For many of these children the one affected by cancer is a parent, while others may have a grandparent or sibling with cancer.

The program was started in 2008 by Jackie Miller, RN, BSN, OCN and the South Jersey Chapter of the Oncology Nursing Society. Jackie realized that there were camps for kids who lost someone to cancer, but not for children who were coping with the uncertainties of having a loved one with cancer. She applied for a grant from the Oncology Nursing Society, which helped the Chapter to get the camp up and running. Cooper University Hospital is one of the sponsors of this annual event. Twenty-five nurses volunteered their time and talents to make this year's event a huge success. Sixteen of

those nurses are volunteers from Cooper University Hospital.

After each camp, the nurse volunteers often hear from the patients telling them how meaningful the day was for their child and that they can't wait to go again next year. The South Jersey Chapter of the Oncology Nursing Society keeps in touch with these children throughout the year by sending notes to each child and by asking the parents of the children if there are any financial needs around the holidays. The chapter has raised money by hosting 50/50's and having collections of gifts, toys and gift cards to help provide these families with some assistance during the holidays. Each year there is an overwhelming response from the chapter membership in support of this worthwhile project.

For more information or to register for Camp Oasis go to campoasis.net. Listed below are the Cooper Volunteers:

- Tammy Beringer, RN – Pediatrics
- Maribel Brickhouse, RN – Radiation Oncology
- Phyllis DiCristo, RN – N/S 9 Inpatient Oncology
- Mary Jane Durkin, RN – Infusion Unit
- Debbie Hood, RN – Pediatrics
- Christina Hunter, RN – N/S9 Inpatient Oncology
- Dianne Hyman, RN – Nurse Navigator
- Stephanie Jennings, RN – N/S9 Inpatient Oncology
- Jackie Miller, RN – Pool
- Sue Miller, RN – N/S9 Inpatient Oncology
- Alice O'Brien, RN – Nurse Navigator
- Lisa Passero, RN – Same Day Surgery
- Tracy Reynolds, RN – N/S9 Inpatient Oncology
- Kathy Sailor, RN – Infusion Unit
- Barbara Sproge, RN – Palliative Care
- Judy Weller-Ball, RN – Same Day Surgery

Email comments to Christina-Hunter@cooperhealth.edu



The Good News: Health Ministry

Cheryl Koehl, RN, MSN, CEN



As a nurse, I find myself frequently asked questions about a variety of medical topics. Friends, neighbors, family members and even relative strangers will seek out information and ask for advice related to health issues. Because there is such a need to educate people about wellness and illness, I was looking for a venue to share my knowledge. I found that setting within my church community.

As a member of the Health Ministry team, comprised of RNs and allied health professionals, I have the opportunity to provide an array of health information and screenings to members of my parish. Some of the services we provide include:

- Monthly blood pressure screenings
- Educational information on a variety of health related topics such as hypertension, diabetes, heart disease, cancer, injury prevention and emergency care
- An annual health fair where members can receive a flu shot and glucose screening, talk with a registered dietician and obtain

information on a variety of topics from various health care professionals

- Organizing and teaching seminars on timely topics that are identified within our congregation, such as a recent series on elder care and the medical, nursing and legal components
- Quarterly senior luncheons with a presentation on a topic specific for the group
- A weekly column I write for our bulletin on a wide range of topics that I vary to meet the interests and needs of our diverse community

Through various measures, our ministry seeks to improve the health awareness and knowledge of our church community. By offering our services, we can help to make our community healthier and more productive which benefits everyone.

Email comments to Koehl-Cheryl@cooperhealth.edu

Safe Kids!

Maureen Donnelly, RN, MSN, NPC



Did you know that unintentional childhood injuries are the number one killer of children ages 14 and under in the United States? Safe Kids USA is the only national non-profit organization dedicated solely to the prevention of unintentional childhood injury. Safe Kids Southern New Jersey is one of more than 450 state and local coalitions that are part of Safe Kids Worldwide, a network of organizations whose mission is to prevent accidental childhood injuries. Started in the year 2000 as a chapter in Burlington County, Safe Kids Southern New Jersey soon became a coalition serving Burlington, Camden and Gloucester Counties in 2002. At this time, the Children's Regional Hospital at Cooper University Hospital realized the need for this program in the community and joined the coalition. The coalition serves all members of these communities with a particular focus on providing education and resources to underserved populations.

Safe Kids Southern New Jersey offers unique hands-on programs for caregivers and children, providing specific strategies for injury prevention. Working in partnership with schools, community and religious groups, and public safety organizations including local police and fire departments, Safe Kids offers a wide range of information and programs designed



Safe Kids®

Southern New Jersey

to keep kids safe. Programs include Child Passenger Safety, Wheeled Sport Safety including Bike Rodeos, Pedestrian Safety, Water Safety, Home Safety, Fire and Poison Prevention.

Cooper nurses from Trauma, Pediatrics, Pediatric Intensive Care, Neonatal Intensive Care and Mother Infant are involved in Safe Kids Southern NJ coalition programs. For example, eleven Cooper nurses are certified Child Passenger Safety Technicians. The nurses inspect car seats to see if they are installed correctly and educate and assist parents with proper installation. In addition, many Cooper nurses and employees

have participated in Safe Kids activities, such as attending a Child Passenger Safety Check Up event or requesting a program at their local church or school. In 2010, Safe Kids inspected approximately 400 children's car seats and distributed 112 car seats to needy patients and families in the community.

If you would like Safe Kids to come to your school or community organization and present a program or if you would like to join Safe Kids in our fight to prevent unintentional injuries, contact Maureen Donnelly at 856-968-TOTS or at safekids@cooperhealth.edu.

Email comments to Donnelly-Maureen@cooperhealth.edu



Boot Camp for Paramedics in Pre-Hospital Management of Children:

An Educational Curriculum with Emphasis on Airway Skills, Intravenous Access and Fluid Resuscitation

Arsenia Asuncion, MD and Shonola Dasilva, MD, MBA; Amanda Burden, MD and Erin Pukenas, MD; Lisa Drago, MD, Nicholas Erbrich, MD; Rick Hong, MD; Stacey Staman, RN; Rick Rohrbach, RN; Ron Murphy, NREMT-P; Christopher Taylor, NREMT-P; Greg Staman, RN

Introduction

The concept of the “golden hour” in the management of trauma patients emphasizes the urgency required for the successful resuscitation of the injured patient and is vital to survival. The Emergency Medical Service Providers, (EMS) are the first responders in traumatic injuries during this critical initial period and their ability to resuscitate these patients in a competent and timely manner is crucial to survival of both adults and children. A recently published study by our group revealed that our regional EMS providers, when compared to adult data, have clinically significant problems with pediatric airways (69%: 21%), vascular access (85%: 65%) and fluid resuscitation (25.5%: 9.1%). An educational curriculum was thus designed as a follow up study to educate paramedics with the intent to significantly improve the proficiency in the above skills leading to improved pediatric patients’ outcome.



Objectives:

- Significantly improved the proficiency of paramedics in the pre-hospital airway management of children
- Significantly improved the proficiency of paramedics in the pre-hospital vascular access management of children
- Significantly improved the proficiency of paramedics in the pre-hospital resuscitation of children
- Significantly improved the comfort level of EMS providers in the overall care of the traumatically injured children

Study Design:

An educational curriculum was designed for paramedics as a continuing medical education program at the Cooper University Hospital Simulation Center. The program is given once a month for 12 months with each session having 6-8 subjects; a total time of 4.5 hours/session. Teaching faculties are composed of board and pediatric advanced life support (PALS) certified pediatric critical care physicians, pediatric anesthesiologists, pediatric emergency medicine physicians, trauma nurses, Simulation Director and Trauma EMS Outreach Coordinators. The study was designed as a non-randomized trial, study subjects’ participation is voluntary with participants identified through the roster at the office of emergency medical services. Informed consent is signed by each subject indicating agreement for use of their study data. A number identifier is assigned to each study subject data to maintain anonymity. The sessions are divided into three components: 1) Didactic lecture on airway, vascular access and pediatric shock based on the objectives of the course. 2) Three hands on stations during which the participants rotated through airway, vascular access and shock stations to practice airway management, vascular

The Emergency Medical Service Providers, (EMS) are the first responders in traumatic injuries during this critical initial period and their ability to resuscitate these patients in a competent and timely manner is crucial to survival of both adults and children.

access and pediatric shock practice scenarios. 3) Two station objective structured clinical scenarios of pediatric patient using the high fidelity simulators whereby two paramedic participants practiced managing the patient on the scene. Clinical faculty evaluated the performance and provided feedback.

A pre and post test composed of eleven (11) multiple choice questions is administered to test knowledge. A pre and post curriculum survey questionnaire composed of paramedic demographics, including number of years as paramedics and a five (5) point Likert scale questions with regards to their competency and attitude in pre-hospital management of children is also administered. A paired t-test is used for statistical analysis to compare the data. For the skills evaluation, two scenarios were

Table 1: Distribution of Paramedics in Clinical Year Experience With Pre and Post Test

Years as EMT/Paramedic	N	Mean	Standard Deviation
3-5 Year	3	44.67	0.58
6 - 10 Years	7	41.00	4.04
10 Years and Greater	7	47.43	4.72
3-5 Year	3	52.00	1.00
6 - 10 Years	7	49.86	3.67
10 Years and Greater	7	52.86	2.34

Table 2: Total Mean Score Pre Test vs. Post Test

	N	Mean	Standard Deviation
Pre Total	17	6.18	1.19
Post Total	17	8.00	1.00
P-Value <.01			
Paired T Test			

Table 3: Pre and Post Survey Skills and Attitude Questionnaires Response

	Mean	N	Standard Deviation	Mean	N	Standard Deviation	P-value
Q1	4.12	17	0.49	4.59	17	0.51	0.01
Q2	4.47	17	0.51	4.76	17	0.44	0.02
Q3	3.94	17	0.75	4.59	17	0.51	<.01
Q4	3.88	17	0.60	4.76	17	0.44	<.01
Q5	4.29	17	0.59	4.88	17	0.33	<.01
Q6	4.00	17	0.61	4.47	17	0.51	0.01
Q7	4.00	17	0.61	4.41	17	0.62	<.01
Q8	3.76	17	0.75	4.82	17	0.39	<.01
Q9	3.94	17	0.43	4.76	17	0.44	<.01
Q10	4.06	17	0.56	4.82	17	0.39	<.01
Q11	3.82	17	0.73	4.59	17	0.51	<.01
Overall	44.29	17	4.86	51.47	17	3.04	<.01
Paired T Test	4.03		0.60	4.68		0.46	<.01

created for each subject in the form of objective structured clinical evaluation with the use of high fidelity simulator. Each subject performs a shock and brain injury scenario in the presence of two evaluators with an evaluation checklist adopted from the PALS program. Feedback and debriefing of participants is done after each scenario. One way ANOVA is used for data analysis. A curriculum and faculty evaluation is collected to evaluate the program.

A separate review of the charts of all pediatric patients with pre-hospital support will be done 6 and 12 months after the study completion to determine the effect of the curriculum in the pre-hospital management of children.

Results:

Seventeen (17) subjects have been enrolled thus far. Three subjects have 3-5 years of experience as paramedics and fourteen subjects have more than five years of clinical experience (*Table 1*).

In comparing the subjects pre and post –test, there was a significant difference in the mean value of the total score (p value <0.01.) (*Table 2*).

The pre and post survey questionnaires showed a significant difference in the attitude and subjective comfort level of the paramedics after the curriculum (*Table 3*).

Conclusion:

We anticipate that implementation of this educational curriculum on a broader scale could have a significant impact on EMS providers achieving proficiency with airway management skills, vascular access and shock recognition in the pre-hospital management of children in Southern New Jersey.

References:

- Bankole S, Asuncion A, Ross S, Da-Silva, S. First responder performance in pediatric trauma: A comparison with an adult cohort. *Pediatric Critical Care Medicine* 2010 Aug 19, Epub. ahead of print
- Paul TR, Marias M, Pons PT, Pons KA, Moore EE: Adult versus Pediatric Pre-hospital Trauma Care: Is There a Difference? *J Trauma* 1999; 47(3), 455-459.
- Boswell WC, McElveen N, Sharp M, Boyd CR, Frantz EI: Analysis of prehospital pediatric and adult intubation. *Air Med. J.* 1995; 14(3) 125-127
- Advanced Trauma Life Support For Doctors: American College of Surgeons Committee on Trauma. *Student Course Manual*, 2004; 7th Edition
- Engum SA, Mitchell MK, Scherer LR, Gomez G, Jacobson L, Solotkin K, Grosfeld JL: Prehospital Triage in the Injured Pediatric Patient. *Journal of Pediatric Surgery*, 2000; 35:1:82-87
- Seidel JS, Henderson DP, Ward P, Wayland BW, Ness B: Pediatric Prehospital Care in Urban and Rural Areas. *Pediatrics*, 1991; 88: 681-690
- Zebrack M, Dandoy C, Hensen K, Scaife E, Mann N, Bratton S. Early Resuscitation of Children with Moderate to Severe head Injury. *Pediatrics*, 2009; 124:56-64
- Gausche M, Lewis RJ, Stratton SJ, et al: Effect of out-of-hospital pediatric endotracheal intubation on survival and neurological outcome: a controlled clinical trial. *JAMA*, 2000; 283: 783-790
- Glaeser PW, Linzer J, Tunik MG, Henderson DP, Ball J: Survey of Nationally Registered Emergency Medical Services Providers. *Annals of Emergency Medicine*, 2000; 36:1: 33-38.
- Babl FE, Vinci RJ, Bauchner H et al: Pediatric prehospital advanced life support care in an urban setting. *Pediatr Emerg Care* 2001; 17(1):5-9
- Wood D, Kalinowski EJ, Miller DR, Newton TJ: Pediatric Continuing Education for Emergency Medical Technicians. *Pediatr Emerg Care* 2004; 20(4): 261-268



Safer Steps: An Innovative Senior Fall Prevention Program

Kathy Devine, RN, MSN, CCRN • Mary LaChant, RN, MSN, MSW

Falls in the elderly have become a national epidemic in this country. One in three seniors over the age of 65 will fall (Sleet, Moffet, & Stevens, 2008). The health care dollars associated with caring for fall related injuries is projected to reach 55 billion dollars by the year 2020 (Stevens, Corso, Finkelstein, & Miller, 2006). Injuries associated with falls, can drastically impact the quality of life for those individuals as well as their family. The sad fact is that of those seniors injured in a fall, only half will ever return to their baseline level of functioning (Sleet et al., 2008). Research has shown that while there may be a plethora of fall prevention programs, few have demonstrated a sustained decrease in fall rates (Michael, Whitlock, Lin, Fu, O'Connor, & Gold, 2010; Gillespie, Robertson, Gillespie, Lamb, Gates, & Graham, 2009).

With over 8000 residents over the age of 65, the fall rate for seniors living in the city of Camden is twice that of the national average (CAMconnect; Camden facts: Public Health, 2008). Responding to a call for action by the Center for Disease Control and Injury Prevention to develop population specific programs, Safer Steps, Senior Access to Fall Prevention Education and Resources, was developed by Kathy Devine, RN, MSN, CCRN, Senior Director of Patient Care Services at Cooper University Hospital (CUH). Safer Steps was uniquely designed to meet the complex medical, social and environmental needs of seniors living in the city of Camden. Since October of 2010, a multidisciplinary team of health care professionals from CUH and the Camden Coalition of Healthcare Providers volunteer their time to address the additional challenges faced by this group of patients. Nurses participating on this team come from varied backgrounds including community health, emergency/trauma, administration, research and advance nursing practice.

Access to the Safer Steps team is initiated by

With over 8000 residents over the age of 65, the fall rate for seniors living in the city of Camden is twice that of the national average.



the CUH emergency department (ED) social worker who contacts a team member when a Camden senior citizen is being treated in the ED for a fall related injury. The patient is evaluated and if consent obtained, they are enrolled into the prevention program.

Once they decide to participate, a home visit is scheduled and two team members go out to their home and complete a baseline home safety assessment.

During the home visit, fall risk factors associated with general wellness, mobility, medications



and the home environment are identified. The RN team member reviews the person's ongoing medical problems and progress since discharge. Current medications and their potential to increase fall risk are explained to the patient and family member if present. The need for assistive devices is evaluated. Follow up appointments are confirmed, and if there have been problems in making arrangements for follow-up care, a team member acts as a facilitator. Phone calls are made on the senior's behalf to physician offices to facilitate care and additional needs the patient may have are also communicated at that time. A safety home assessment is completed with the homeowner or family member and a copy of the findings are given to them.

Recommendations to decrease environmental fall risks at home range from simple to complex. Removing clutter and scatter rugs are a common finding in their homes. When structural repairs are needed, such as flooring or hand rails, a referral is placed with St. Joseph's Carpenter Society. Safer Steps has partnered with this community-based organization to make safety repairs at no cost to the homeowner.

Linking resources to needs is one feature that sets Safer Steps apart from other fall prevention programs. Through solid community partnerships, access to resources and services become a reality. Safer Steps actions will solidify loop closure of identified fall risks to risk mitigation. Moreover, Safer Steps will support a more healthy and independent senior population. Another unique feature associated with Safer Steps is the ability to apply outcome metrics through the use of a community specific health database. While there is an abundance of elder fall prevention research and activities, current literature identifies that most efforts lack measurable outcomes for unique population cohorts. Safer Steps offers the ability to evaluate the effectiveness of interventions for a very specific population.

Safer Steps currently has twelve seniors enrolled in the prevention program. Examples of team interventions have included: accompanying patients to physician visits, facilitating access to safety devices such as shower chairs or walkers, social services referrals, and minor home repairs such as hand railing installation or flooring repairs. Seniors enrolled in the program have periodic home follow-up visits to monitor compliance and need for reinforcement of education or resources. To date, there have been no repeat falls for those seniors participating in the program.

Volunteering to participate in this important program is a very rewarding experience. The seniors involved are amazing people! They are very appreciative of team member visits and efforts



Examples of team interventions have included: accompanying patients to physician visits, facilitating access to safety devices such as shower chairs or walkers, social services referrals, and minor home repairs such as hand railing installation or flooring repairs.

made, large or small, on their behalf. An unexpected benefit to Safer Steps team members has been the transformation from being people who work in the city of Camden, to people who feel connected to and a vital part of the senior community in Camden.

Email comments to Lachant-mary@cooperhealth.edu or Devine-kathy@cooperhealth.edu

References:

- CAMconnect. (2008). Camden facts: Public health 2008. Retrieved from CAMconnect website <http://Camconnect.org>
- CAMconnect. (2007). Camden hospital and emergency room health data. Unpublished raw data.
- CAMconnect. (2008). The Camden coalition of healthcare providers: A city-wide project to bend the cost curve. Camden, NJ
- Gillespie, L. D., Robertson, M.C., Gillespie, W.J., Lamb, S.E., Gates, S., Graham, K. A. (2009). Interventions for preventing falls in older people living in the community (review). *The Cochrane Database of Systematic Review*, 2, 1-189. doi:10.1002/14651858.CD007146.pub2.
- Michael, Y., Whitlock, E. D., Lin, J. S., Fu, R., O'Connor, E. A., & Gold, R. (2010). Primary care-relevant interventions to prevent falling in older adults. A systematic evidence review for the U. S. Prevention Services Task Force. *Annals of Internal Medicine*, 15, 815-825
- Sleet, D. A., Moffett, D. B., & Stevens, J. (2008). CDC's research portfolio in older adult fall prevention: A review of progress, 1985-2005, and future research directions. *Journal of Safety Research*, 39, 259-267.
- Stevens, J. A., Corso, P. S., Finkelstein, E. A., & Miller, T. R. (2006). The costs of fatal and nonfatal falls among older adults. *Injury Prevention*, 5, 290-295.



Childbirth Education

Deborah E. Schoch, RNC, MSN, IBCLC, CCE, CPST

Childbirth brings both feelings of excitement and fear to most couples. The excitement of preparing for the new baby, picking names and awaiting the start of a new family is often coupled with fears about labor, delivery and providing care for a new baby. Cooper University Hospital's (CUH) Department of Childbirth Education and Support provides a variety of community childbirth education classes that promote patient education, provide anticipatory guidance and allow soon to be parents to assist in creating a plan of care that generates optimal outcomes throughout the childbearing process.

The growth of classes over the last six years has been dramatic. Of the current 13 paid childbirth instructors, 11 are Cooper nurses and all are certified in their educational specialty. Patients find interacting with staff nurses helpful in that they receive current evidence-based and factual information regarding childbirth, as well as about CUH's mission, vision and policies. Having contact with Cooper nurses also decreases anxiety on admission. Patients have familiar faces to look for when admitted and nurses have the ability to reap the rewards of childbirth education by seeing the positive birth outcomes that couples experience.

Besides growth in the number of instructors, the Department of Childbirth Education and Support has also expanded the types of classes offered. Couples can choose from a variety of classes that include childbirth preparation for new and seasoned couples, baby care, car seat installation, breastfeeding, breastfeeding support, breastfeeding and working and sibling classes. Our newest class is titled "Understanding Pregnancy" and is geared to



the couple who has just found out they are pregnant and want information about fetal growth, development and maternal body changes as well as anticipatory guidance as the pregnancy moves forward. Education is also geared to the diverse populations in which CUH serves such as women living within Camden City and those who may need learning assistance such as hearing impaired patients who requires a sign language interpreter. The childbirth educators feel strongly that providing education is important and generates not only optimal outcomes but also positive nurse/patient relationships before, during and after childbirth.

Under the direction of Deborah E. Schoch, RNC, MSN, IBCLC, CCE, CPST, the educators meet twice a year to develop class schedules, refine curriculums and evaluate past classes and design new ones to meet the needs of patients. Our goal to build positive relationships with our patients is strengthened by the instructors' commitments to constantly refine the education process. This collaborative effort ensures both patients and instructors needs are met.

Nurses who desire to enhance patient care in the maternal child health setting by providing childbirth education are invited to join the Childbirth Education and Support team. New educators bring new ideas that enhance existing classes and help create new ones. The larger the variety of classes, the more patient care is enhanced on the Maternal Child Health units at Cooper, and the better the overall outcome for the family. This group firmly believes that families who are provided competent, evidence-based, family-centered care during their childbirth experience remain within the boundaries of CUH for its many other diverse medical and surgical specialties.

For more information about childbirth education classes at Cooper please look for the brochure which is available in all Obstetrical Offices, register online at www.cooperhealth.org, call the registration desk at 1.800.826.6737, or call Deborah E. Schoch at 856.342.3283.

Email comments to Schoch-Deborah@cooperhealth.edu



The Power of One: Clare's Cupboard



Patricia Pearlman, RNC

A baby's arrival is usually a highly anticipated event. Expectant mothers are showered with gifts and excitedly prepare a nursery for the new arrival. But what if you were looking forward to your child's birth but were overwhelmed by the cost of all the things a new baby needs for a successful start in life? One special family, with the tradition of donating to those in need each Christmas, chose a family served by Cooper University Hospital (CUH). That generous family knew firsthand the emotional and financial strain that comes with a premature baby, having taken home a "one pound miracle" ten years earlier. This selfless donation inspired the staff at Cooper to create Clare's Cupboard, named after the family's daughter who had grown up healthy and happy following her one-pound beginnings.

Patricia Pearlman, RNC, a staff nurse in the Neonatal Intensive Care Unit (NICU) at CUH is extremely active in patient and nurse advocacy and continues to create better ways to promote family-patient centered care within the NICU department. In 2008, she began "Clare's Cupboard", a part of the Cooper Foundation. The mission of Clare's Cupboard is to insure infants cared for at Cooper have the basic infant supplies needed to have a safe and

healthy start. Clare's Cupboard raises money to be used towards the purchase of diapers, cribs, formula, clothing and other essentials. Originally serving only newborn infants in the NICU and Mother Infant Units, the program has expanded to include infants in Cooper's out-patient clinics.

The families who are helped by the fund have limited or no financial resources. The Social Work Department at CUH helps families identify all available sources of support. When those sources of assistance have been used or are delayed, Clare's Cupboard fills the gaps. One hundred percent of every donation is used for the infants and their families. During 2010, Clare's Cupboard reached out to help 120 families. In the first six months of 2011, over 100 families have benefited and the need is expected to grow.

Over 100 volunteers including Cooper nurses and social workers, local volunteers, parents of former NICU patients and generous community members have helped to raise more than \$75,000. What do they do to raise money? Four times a year they trade in their work uniforms for aprons and chef hats to bake thousands of cupcakes plus other treats for Clare's Cupboard bake sales. The



goodies are prepared during a two day-long 'baking party.' Pat's house is converted into a bakery with rotating crews of 6-8 volunteers at a time.

The fund was started with a donation from one family. The Moorestown Women's Auxiliary generously donated \$31,000 over the next three years. As word of Clare's Cupboard has spread, many more individuals and groups have 'adopted' the fund. The Cooper Business Office has held Baby Showers, bake sales and formula drives for the past two years. The Spirit of Giving foundation raised funds to purchase clothing, diapers and enough formula to feed 10 infants for a month. The Women's Professional Association of Rowan University has held an annual luncheon benefitting Clare's Cupboard. A group of volunteers from Target have organized and packaged donations into gift bags to make distribution easier for social workers. In addition, teenagers have helped Clare's as part of their community service projects for schools, religious and social organizations. Without the help from so many, Clare's Cupboard would not have been able to grow as large and so quickly. When Clare's Cupboard was formed, it helped in two ways, not only assisting those in need, but providing a means for people who want to make a difference in our community.

For more information on Clare's Cupboard visit clarescupboard.org or contact pat@clarescupboard.org.

Email comments to Pearlman-Patricia@cooperhealth.edu



Community Health Fair

Sherry Wright, RN-BC

A health awareness fair is a practical approach in fighting health issues and is also a fun way to educate individuals. Groups of willing vendors can use this venue to educate the community about major health issues and provide information on available resources that the participants may not know about. For several years, I had been invited to assist with blood pressure and diabetic screening at health fairs organized by Pat Tomlinson, Cooper Trauma Registrar. Pat has been conducting health fairs for about 10 years for her church and community in Camden. It was after working at her church's (Antioch Baptist) Health Awareness Ministry that I felt called to organize one on May 15, 2011 for two churches in Camden; St. John's Baptist Church, Dr. Silas Townsend, Pastor and Antioch Baptist Church, John O. Parker, Pastor. Featured at the health fair were several Camden companies and organizations (*see Table*).

Most of the people who attended arrived directly after the church service. Staff from Cooper University Hospital volunteered their time and expertise at the event including, Mae King, Cooper social worker, who provided valuable information regarding insurance and available resources. The pulmonary function screening and smoking cessation station was headed by Cooper's Respiratory Therapy Manager, Kathie Lofland. Cooper nurses Comfort Nwaghodoh, Donna Hartzell, Michelle Hackett and critical care technician Chiquita Carmichael performed blood pressure and diabetes screening. Interestingly, there were many individuals with high blood pressure readings who were non-compliant in adhering to their medication schedules. The nurses provided much needed education on hypertension and diabetes. The importance of proper dieting, physician approved exercising and taking prescribed medications was stressed. Additional written learning materials were provided to encourage individuals to follow up with their physi-

cians for further blood pressure checks and testing.

Overall the health fair was a successful and a rewarding experience with more than 200 individuals in attendance. The participants enjoyed the free giveaways, service, time and education. Healthy snacks were provided and included fruit, grilled veggies, low calorie drinks and mini sandwiches. Engaged health care professionals and vendors helped provide attendees with much needed health information and available resources, as evidenced by the positive feedback from the participants. Just knowing that the church members were able to receive health education was very rewarding to me. I am grateful to have discovered this new found interest with the help of Pat Tomlinson, the health fair guru. As an outcome of this fair, the nurses' ministry at the St. John Baptist Church is planning on holding monthly blood pressure screenings.

Email comments to Wright-Sherry@cooperhealth.edu

Table: Health Fair Participants

Participant	Organization Type	Information Provided
Tus Ojos Eye Care	Eye care	Eye examinations and counseling
Salon Swing	Hair care	Information on options for women and men with alopecia
Cooper University Hospital	Hospital	Health screening and education
Sheena Ohlig	NPC bodybuilder	Demonstration of proper exercise techniques and information on healthy eating.
Vistas	Senior Care Organization	Discussion of available senior services
Milli's Pharmacy	Pharmacy	Information on frequently asked or overlooked medication questions and giveaways



Nursing in the Community

The Cooper Critical Incident Stress Management Team



Dave Groves RN, MSN, CCRN

Have you ever experienced an unexpected death, multiple deaths or other stressful experiences in your nursing career? The Cooper Critical Incident Stress Management Team, better known as CIRT (Critical Incident Response Team), are employees who volunteer their time to help others handle stressful situations. Members come from many different departments at Cooper University Hospital (CUH). At present, there are six nurses who volunteer on the team. All team members receive formal training in stress management interventions by the International Critical Incident Stress Foundation.

The CIRT Team at CUH was formed in 1991 in response to several incidents that had occurred at CUH for which another hospital's CIRT team was brought in to help staff mitigate the stress related responses they were experiencing. Since the team's inception, CIRT has been activated over 90 times and has provided 175 interventions, serving nearly 900 staff. As one trauma nurse stated, "even though I've been through one of these (an intervention) before, it still helped me a lot."

Research has shown that unmitigated stress can lead to more serious health concerns. "The primary goals of the crisis intervention program entitled CISM are to mitigate the impact of a critical incident and to accelerate recovery processes of normal people who are having normal reactions to abnormal events (sometimes referred to as primary prevention)" (Mitchell, 2003). In an ongoing series in the *International Journal of Emergency Mental Health* it is stated that "the impact of traumatic events



may be profound and may last until death if these events are left untreated" (Flannery & Everly, 1999). For these reasons the team is very important to those it serves, helping them to reduce stressful situations that arise in the workplace as well as at home. The team provides support to both Cooper Hospital employees and Emergency Medical Services providers.

To activate the team and services at Cooper, call extension 2700 and a hospital operator will take your information. You will be contacted by a team dispatcher for more information. If you are interested in joining the CIRT team, an application, brochure and additional information can be found on Cooper's intranet, listed under departments as "CIRT." To speak in person with the team coordinator please contact Dave Groves RN, MSN, CCRN, CIRT Team Coordinator, at 856.342.3430 or Groves-dave@cooperhealth.edu or, for general information email CIRT@Cooperhealth.edu.

Email comments to Groves-Dave@cooperhealth.edu

References:

- Flannery, Raymond B. & Everly, George S. (2000) Crisis Intervention: A Review. *International Journal of Emergency Mental Health*, 2000 2,(2), 119-125.
- Mitchell, Jeffery T. (2003). Crisis Intervention and CISM, a Research Summary. *ICISF website*.

"The primary goals of the crisis intervention program entitled CISM are to mitigate the impact of a critical incident and to accelerate recovery processes of normal people who are having normal reactions to abnormal events."



Mothers Matter

Lisa Moriarty, RN, MSN

Mothers Matter began in 2001, as a tribute to Lauren Rose Albert, a 40 year old mother of 3 children who was killed in a car accident. Her parents started the foundation, a not-for-profit organization, to honor her activism and determination to help others who were less fortunate than herself. Schools, businesses, organizations and individuals volunteer to hold collection drives of woman's health and beauty care products. Volunteers coordinate the pickup of items and then assemble the gift baskets with special attention to beauty and presentation as if making a gift for their own loved one. Beautiful gift baskets are delivered to women's shelters, pediatric hospitals, trauma and maternity units, day care centers, hospices and veteran's homes. Each gift basket includes at least 15 items that are both practical and pampering. Volunteers deliver most of the gifts the week before Mothers Day. In most cases, the gift baskets are given to children to give to their mother, grandmother or caregiver. The recipients are women who are facing difficult challenges in their life such as illnesses, overwhelming financial difficulties and unanticipated tragedies. In addition, baskets are also given out throughout the year as a part of "Mothers Matter Year Round."

Locally, over 1000 baskets are distributed throughout the Camden City area. Most of these baskets go to subsidized day care centers, where the majority of the children's families have limited financial resources. These families are Cooper's neighbors, community groups, employees, patient's and mothers of Cooper's trauma, pediatric and maternity units. The significance is expressed by one mother who received a basket last year from her young son in daycare: He said: "Do you love your Mother's Day present Mommy; isn't it so special"? The mother said: "Being recognized and

In most cases, the gift baskets are given to children to give to their mother, grandmother, or caregiver. The recipients are woman who are facing difficult challenges in their life; such as illnesses, overwhelming financial difficulties, and unanticipated tragedies.

feeling like I am important is monumental – it fills me with confidence, promotes my faith in mankind and fuels my journey to be a writer with inspiration."

Lisa Moriarty, a nurse at Cooper University Hospital (CUH) is a Mothers Matter volunteer and Board member of the Lauren Rose Albert Foundation. CUH nurses, nursing assistants, staff and administration have been involved for many years. The CUH staff has assisted in distribution of gift baskets to the appropriate recipients within the hospital. It is really the staff nurses and assistants who know which patients would benefit from a special unexpected present to brighten a woman's day. In addition, Cooper nurses have come to the Mothers Matter headquarters in Washington Township, New Jersey to help assemble the baskets.

When the program started in 2001, 265 gift baskets were distributed. In 2011, the total number has exceeded 18,000 baskets. At first, along with the donations from the hospital, about 25 schools collected gift items. Now there are about 100 schools, businesses and individuals who collect items for the baskets. The staff at CUH has been instrumental with the success of these efforts.

For additional information or to volunteer contact: laurenslegacy.org.



Email comments to Moriarty-elizabeth@cooperhealth.edu

Cooper Nurses in the Community

- **Gail Horvath, RN**, Chinese and Indonesian Clinic, Philadelphia, PA
- **Cheryl Koehl, RN, MSN**, APN Health Ministry
- **Stacey Staman, RN, MSN**, AACN peer reviewer for the Critical Care Nurse journal
- **Susan F. Miller, RN, OCN**, Oncology Nursing Society Camp Oasis
- **Tom Elder, RN**, Handi*Vangelism Ministries International (H*VM) Handi Camp nurse
- **Barbara Lynne Duffy, RN, MA, CEN**, Camden County Medical Reserve Corps
- **Deborah Cutrona, RN, BSN, CCRN**, CPR to #141 Cub Scout Troops
- **Don Everly, RN, MSN, MBA, NEA-BC, CNS-BC**, ENA: 2011 NJ Delegate for Scientific Assembly; and Chairperson Revision of Scope & Standards Work Team; AACN: CNS Scope & Standards Task Force; ACNPC/CCNS Practice Analysis Task Force; Ambassador for Certifications; Item Test Writer: CPEN, CPN, and CCNS certification exams; ONC: Vice-Chair Recertification Committee; Ambassador for Certifications; CMSRN Recertification Committee member; New Jersey American Heart Association: Chair of QA/QI Committee; Emergency Cardiovascular Care Committee member; Forum Leader Southern NJ Training Centers; Regional Faculty for ACLS, PALS, and BLS; CIRT member Cooper University Hospital
- **Christina Hunter, RN-BC, BSN, OCN**, Outgoing Co-Presidents South Jersey Chapter Oncology Nursing Society Board, Camp Oasis, Merchantville Junior Women's Club, Breast Cancer Awareness Education
- **Phyllis DiCristo, RN-BC, BSN, OCN**, Camp Oasis and Survivor Day
- **Dianne Hyman, RN, MS, OCN**, Facilitator of "Sister Will You Help Me"
- **Nancy Mayer, RN, BSN**, International Health Care Volunteers
- **Debbie Byrd, RN**, Camp No Worries
- **Alice O'Brien, RN, OCN, HP**, (ASCP) South Jersey Oncology Nursing Society Chapter, Camp Oasis, Leukemia/Lymphoma Society, Guest Lecturer CUH
- **Doris Bell, RN**, NJSNA-RAMP
- **Barbara Carroll, RN, BS**, CUH Stroke Screening Event
- **Jennifer L. Parker, RN, BSN**, American Red Cross Blood Donation Center
- **Donna Hartzell, RN-BC**, Community Health Fair, St. John Baptist Church, Camden
- **Jeannette Walton, RN, BSN, CCRN**, AACN Ambassador
- **Pam McFall, RN**, CUH health fairs and screenings
- **Barbara Carroll, RN**, Stroke Screening Day at Shoprite, Cherry Hill
- **Barbara Sproge, RN, MSN, OCN**, President, South Jersey Chapter Oncology Nursing Society Board
- **Mary Jane Durkin, RN, BSN, OCN**, Outgoing Co-Presidents, South Jersey Chapter Oncology Nursing Society Board
- **Judy Weller-Ball, RN**, Treasurer, South Jersey Chapter Oncology Nursing Society Board
- **Jackie Miller, RN, BSN, OCN**, Secretary, South Jersey Chapter Oncology Nursing Society Board
- **Jackie Tubens, RN, MSN, OCN**, Director at Large, South Jersey Chapter Oncology Nursing Society Board
- **Alice O'Brien, RN, OCN**, Membership Chairperson, South Jersey Chapter Oncology Nursing Society Board
- **Caroline Allen-Polk, RN, BSN**, Certified instructor for American Red Cross: CPR, First Aid and AED Instruction; Community Organization: Gloucester County Medical Reserve Corps
- **Cathy "Kate" Wood, RN-BC, BSN**, Central Jersey Chapter of the National Gerontological Nursing Association; Sigma Theta Tau International Honor Society of Nursing American Association of Critical Care Nursing
- **Kathrina Chapmen, RN, BSN, CCRN**, Community Health Fair at Antioch Church, Camden; Basic First Aid Cherry Hill Youth Soccer teams
- **Michelle Hackett, RN-BC**, Community Health Fair at Antioch Church/Camden
- **Jesleen Lamothe, RN**, Youth Group Volunteer, Church of God Christian Center, Willingboro, NJ

REFLECTIONS



Breaking Down Walls

Ann Bussie, RN, CPEN

Often in a person's life there are situations that have a dramatic effect on their wellbeing and overall health. As a Pediatric Emergency Department Nurse, I am fortunate to be able to experience positive and negative outcomes when caring for pediatric patients and their families.



For example, on a particularly, very busy Monday afternoon, I had the pleasure to encounter young parents who brought their 4 week old son to the Emergency Department (ED) for a complaint of fever. The parents only spoke Spanish and were new to the United States; they had recently migrated from Mexico. Fortunately, I was able to communicate effectively with these parents because I am fluent in Spanish. On arrival, the baby was awake, alert, well appearing, and in no apparent distress. After my initial assessment of the child, I was able to obtain a social history from the parents. The parents confided that their first child died at 2 weeks of age from Sudden Infant Death Syndrome.

I found that the parents were very fearful of also losing this newborn. Understanding their concerns, I consulted the ED social worker, Jack Leshnov, who was able to provide resources to help the family including obtaining health care for the child. He provided information on community resources such as Catholic Charities, the Salvation Army, the Camden churches food pantries and Camcare, for free medical care to facilitate emotional healing and healthier living. The ED pediatrician determined the baby was in no acute distress and after providing reassurance to the parents, the child was discharged. Prior to leaving the ED, the parents expressed their gratitude to the Cooper team including social work, physicians, nurses, patient relations and security.

Upon reflection, I was amazed by the determination that the parents showed to be able to move to a different country without understanding a word of English and without a definite plan on how they will be able to survive. The pain they have been carrying of deep emotional loss and heartbreak of losing their first child touched me greatly. This experience taught me to always keep an open mind, never judge and always maintain a professional attitude while still maintaining humility. Compassion for every single patient that I care for became the most important personal and professional goal I set for myself every time I walk into the ED. Building a good rapport with my patients enhances a positive experience for both the nursing and medical staff as well the as patient and family.

Email comments to bussie-ann@cooperhealth.edu



Professional News

CERTIFICATIONS:

Daniel Dangle, RN, BSN, CCRN: certified in
Critical Care Nursing

Glory L. Veluz, RN, BSN, CCRN: certified in
Critical Care Nursing

Jamie Eisele, RN, CCRN: certified in Critical Care Nursing

Sue Joo, RN, CEN: certified in Emergency Nursing

DEGREES:

Maria Rebbecca, RN, BSN: University of Phoenix

Mary Sturdivant, RN, MSN/MBA/MHCM: University
of Phoenix

Karen Greene, RN, BSN: Immaculata University

Donna O'Shea, RNBC, MSN: Thomas Edison State College

Kathy Devine, RN, MSN, CCRN: Drexel University

APPOINTMENTS:

Byron Wells RN BSN: Assistant Clinical Director
Emergency Department

Christina Smith RN MSN CPN: Director of Patient
and Family Centered Care

PUBLISHED:

Greg Staman, RN, Director Simulation Operations —
Burden, AR, Carr, Z.J, Staman, GW, Littman, JJ & Torj-
man, MC (2011). Does every code need a "Reader"? im-
provement for a rare event management with a cognitive
adi reader during a simulated emergency. *Simulation in
Healthcare*, 6 (4)

Sharon Byrne, DrNP, APN, NP-C, AOCNP, Department
of Medicine, Hematology/Oncology — Montgomery, K. &
Byrne, S. (2011). "How Doctoral-Level Advanced Practice
Roles Differ From Masters-Level Advanced Practice
Roles" in Role development for Doctoral Advanced Nurs-
ing Practice. H. M. Dreher & M.E. Smith Glasgow (Eds).
NY: Springer Publishing Company.

RN LADDER APPOINTMENTS:

Level 3

Debbie Shannon Cath Lab
Jackie McCloskey Cath Lab
Jean Rabbutino CDHI
Jennifer Orr ICU
Cindy Roasario L&D
Julie Johnson L&D
Kellyann Carter L&D
Heather Camparri NICU
Jamie Jefferson NICU
Joel Fekete NICU
Michelle Humenik NICU
Naomi Ehret NICU
Stephanie Jennings NS9
Mary Ann Figueroa OR
Nancy DeBardinia P7

Cecilia Polimeni PCU
Jill Demarco PCU
Patricia Jewel PCU
Deborah Hood PEDS
Michelle McConaghy PEDS
Mary Ellen Brandsdorf PEDS
Kristen Mangeney PEDS/PICU
Liz Echevarria PICU
Debra Consenza SDS
Lisa Passero SDS
Jacqueline Bockarie Sp Tests

Level 4

Debbie Orr Cath Lab
Lisa Repogle Cath Lab
Marilyn Yusay Cath Lab
Ann Audio CCU
Anthony Curcio CCU
Lois Hughes CCU
Catherine Hassinger CDHI
Christine Wadehn CDHI
Karen Mitchell CDHI
Jim Scharff ED
Barbara Murphy L&D
Diane Miller L&D
Gail Kirkwood L&D
Gail Mody L&D
Jessica Mickle L&D
Pamela Eiler L&D
Susan Lieberman MI
Julia Viner MI
Rita Anderson MI
Christine Marcano N7
Comfort Nwaghodoh N7
Donna Hartzell N7
Grace Mansilla N7
Kasey Mason TDSU
Allison Stec (Ryan) NICU
Caitlan Stevens NICU
Dale Beloff NICU
Donna Tappen NICU
Jane Hasson NICU
Kathleen Fee NICU
Maureen Remaly NICU
Renee Smith NICU
Carolyn Ali NS9
Jennifer Kuback NS9
Norma Colwell-Rowello NS9
Kunjunjama Joseph P7
Jennifer Fernandez PACU
Nancy Ballisteri PACU
Patricia Reitman PACU
Elizabeth Alozo PCU
Jennifer Nastasi PCU
Joan Madara PEDS
Katheryn McCurley PEDS

Kimberly Holondak PEDS
Kerry Myers PEDS
Danielle Tamburino PICU
Doreen DeSimone SDS
Kimberly Potorti SDS
Mary DiBenedetto SDS
Carla Stillwell SDS/PAT
Kathleen Maguire SPU/SDS
Maria Eastlack SPU/SDS
Angela Jones VSC
Carolyn Scratchard VSC
Kimberly Serafine VSC
Marla Janor VSC

Level 5

Barbara Wenning Cath Lab
Janine McNamara CDHI
Jeannette Walton Echo
Beth Sherman ED
Lorene Pugh ED
Jodie Szalma INCU
Audrey Bennett L&D
Li Cheau L&D
Regina Chavous-Gibson L&D/MI
Sherry Wright N7
Anna McCausland NICU
Diane Wachter NICU
Donna Wood NICU
Elizabeth Canders NICU
Lois Meyer NICU
Valerie Gibson NICU
Cathy Wood NS10
Megan Staerk CDU
Lynette Jones P6
Stacy Carr P6
Maria Alcontin P7
Kathleen Zimmer PACU
Linda Hessler PACU
Linda Sullivan PACU
Regina Callahan PEDS
Michelle Doyle PEDS/PICU
Tania Berghaier PEDS/PICU
Amanda Glass PICU
Janine Rousseau PICU
Michael Tronco PICU
Suzanne Butler PICU
Mary Jane Durkin SDS
Cynthia Cornwell TICU
Jennifer Colona TICU
Victoria Johnson ICU

Level 6

Jean Zoll CDHI
Kristen Coyle MI
Michelle Basile NICU
Lucy Suokhrrie S5