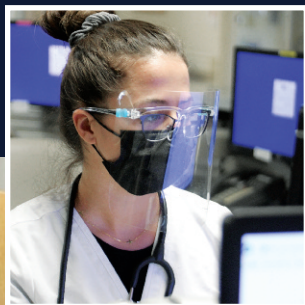


2020 NURSING ANNUAL REPORT

NURSING CARE
LIKE NO OTHER
IN A TIME
LIKE NO OTHER



A NOTE ABOUT PHOTOS



Many of the photos you'll see throughout this publication were taken by Valley's own nurses and staff when photographers were not allowed on site. Using their smartphones, they captured life on the frontlines of the COVID-19 pandemic in all its struggles, emotions and even joys. We are grateful to everyone who provided us with glimpses into this unprecedented time.

FROM THE CHIEF NURSING OFFICER

I am honored to present to you the 2020 Nursing Annual Report, which captures a truly extraordinary year. The title for this year's report – *Nursing Care Like No Other, In A Time Like No Other* – hits the bullseye in describing 2020. If I were to add to the title, it would be, we were put through a test like no other.

Unsurprisingly, we passed with flying colors. It was remarkable to witness how quickly the employees of our organization sprang into action. Within days, we created COVID-19 inpatient units, installed negative pressure units, set up a PPE distribution center to protect the limited supply of PPE available, developed and implemented new clinical protocols, and cross-trained and re-deployed staff to care for COVID-19 patients or take new roles to support those who were on the frontline. Very quickly, we realized the need for new roles like the pronation team and runners, who helped bring needed supplies to units. Innovation was truly boundless and just seemed to come naturally to our talented and dedicated staff. This was so important as we saw our COVID-19 inpatient census go from zero to 238 patients in a little over three weeks.

The dedication was inspiring, and the compassion was something I will never forget. Our hospital community rose to meet every challenge they faced with courage and the tenacity needed to get through a crisis of massive proportions. Our region mobilized and provided much-needed support to our efforts, sending in donated meals, PPE, and launching an enormous mask-making effort that was invaluable to staff in all areas of the System. This sustained us, provided us with hope, and underscored the refrain, "We are in this together."

Despite the hardships this year brought, I have never been prouder to be a nurse. It was heartwarming to see the outpouring of care and respect toward the nursing profession. Long before the pandemic hit, the World Health Organization declared 2020, "The Year of the Nurse and Nurse Midwife." It was totally coincidental, but the timing flawless. The world was able to witness just how important nurses are to the healthcare team and our communities.

Fortunately, we are now beginning to see light at the end of the tunnel. In December, we launched our vaccine program and are focused on ensuring our community is protected against this cruel virus. Yes, it has been a year like no other. But despite everything that has happened, we have successfully navigated one of the most challenging obstacle courses of our careers and we have come out the other side stronger than ever. This was possible because of the perseverance, determination and compassion you have for those who entrust themselves in your care. I thank you from the bottom of my heart for all you have done.



A handwritten signature in black ink that reads "Ann Marie Leichman".

Ann Marie Leichman, MSN, RN, NEA-BC

Senior Vice President and Chief Nursing Officer

A LOOK BACK AT 2020

Scan the QR code to watch a special tribute to Valley's nurses that was shared during Nurses Week 2020.



VALLEY HEALTH SYSTEM MISSION, VISION AND VALUES STATEMENTS

MISSION STATEMENT

Enhancing lives by healing, caring and inspiring wellness.

VISION STATEMENT

By investing in our people, programs, facilities and technology, and offering the highest quality clinical services and patient- and family-centered care, Valley Health System will be the health system of choice for our community.

VALUES STATEMENT

We are here to SERVE & CARE. We are committed to Zero Harm, 100% Reliability and the Safety of all.

OUR CORE VALUES

SERVICE

We are privileged to collaborate with and serve our patients, their families, our community and each other.

EXCELLENCE

We maintain the highest standards of care at all times.

RESPECT

We treat everyone with dignity and sensitivity.

VALUE

We provide high-quality patient and family centered healthcare services efficiently and effectively to all.

ETHICS

We are honest and fair in all we say and do.

CONNECT

First, make a connection.

ATTITUDE

Attitude is everything.

RESILIENCE

Believe in your strength.

EMPATHY

Walk a mile in another's shoes.

NURSING'S MISSION, VISION AND VALUES STATEMENTS

Nursing's mission, vision, and philosophy statements align with those of Valley Health System. They are based on Jean Watson's Theory of Human Caring and are the collective vision of all Valley Health System nurses. The statements were originally adopted in May 2003 and were revised in January 2011 to further embrace holistic practice.

NURSING MISSION STATEMENT

We, the community of nurses, support the mission of The Valley Hospital through our intentional presence in all we do.

We demonstrate excellence in clinical care by our commitment to evidence-based practice and delivering culturally competent patient care in a caring-healing environment. We promote innovation in clinical practice, programs and technology through active participation in shared decision-making and research. We provide a compassionate and respectful environment for all members of our community through our Professional Practice Model, patient- and family-centered care.

NURSING VISION STATEMENT

We, as a community of nurses, will continue to assure professional excellence by evolving the creative art and science of nursing. We will be agile in our response to patient, professional, financial, community and healthcare delivery system needs and changes. We will be passionate in our delivery of seamless nursing care that will produce superior outcomes within the global nursing community. We will have a professional practice environment that attracts and retains highly qualified nurses to the profession.

NURSING PHILOSOPHY

We believe:

- that healthcare is a human right, and that patients have the right and are encouraged to participate in their own care, whether the goal is quality of life or dignity of death.
- that our community of nurses makes a commitment to deliver compassionate, holistic care to the patient in a competent, ethical and caring manner.
- that the scope of nursing care includes the promotion, maintenance and restoration of *bodymindspirit* for individually defined health.
- that professional nursing values an interdisciplinary, collaborative process to create a caring-healing and patient- and family-centered environment.
- that our community of nurses is qualified through licensure, demonstrated competence and a commitment to professional development through lifelong learning.
- that our nursing community is responsible as advocates and mentors for our profession and for the evolution of healthcare.

AWARDS AND DISTINCTIONS

VALLEY HEALTH SYSTEM is one of the most honored healthcare organizations in New Jersey. Below is a list of our many awards and distinctions:



Valley is a four-time recipient of the prestigious Magnet Designation for Nursing Excellence from the American Nurses Credentialing Center.



The Valley Hospital has been named one of the world's best hospitals by *Newsweek* for a third consecutive year in its World's Best Hospitals 2021 list. The ranking lists the 2,000 best hospitals across 25 countries.

Valley was ranked as the 132nd best hospital in the U.S. and the third best hospital in New Jersey for 2021.



Valley was the first healthcare organization in New Jersey to be accredited by the Association for the Accreditation of Human Research Protection Programs.

This places Valley among the most respected research institutions in the world.



The Valley Hospital has consistently been awarded an 'A' grade in the Hospital Safety Score, released by the The Leapfrog Group.



Valley's Cancer Program has earned a Three-Year Accreditation by the Commission on Cancer of the American College of Surgeons. Accreditation is only awarded

to facilities that voluntarily commit to providing the highest quality of cancer care through a patient-centered, multidisciplinary approach.



The Valley Hospital holds disease-specific certifications from The Joint Commission in five clinical areas, including perinatal care; primary stroke; total hip replacement; total knee replacement; and wound care.



For a third consecutive year, Valley Health System has been designated as an LGBTQ Healthcare Equality Leader by the Human Rights Campaign

Foundation, the educational arm of the nation's largest lesbian, gay, bisexual, transgender, and queer (LGBTQ) civil rights organization. Valley is proud to be a leader in respectfully caring for all of its community.



Valley has been ranked in the top three in the state for best healthcare system and physician group, according to the *NIBIZ* 2020 Reader Rankings Survey.



Nineteen Valley Medical Group practices have been selected for inclusion in the federal Comprehensive Primary Care

Plus program (CPC+), a partnership designed to provide improved access to quality health care at lower costs. The program includes the Centers for Medicare & Medicaid Services (CMS), commercial health plans, self-insured businesses, and primary care providers.



Valley Home Care received five stars, the highest rating attainable, in the Summary Score for Patient Satisfaction. The score was earned

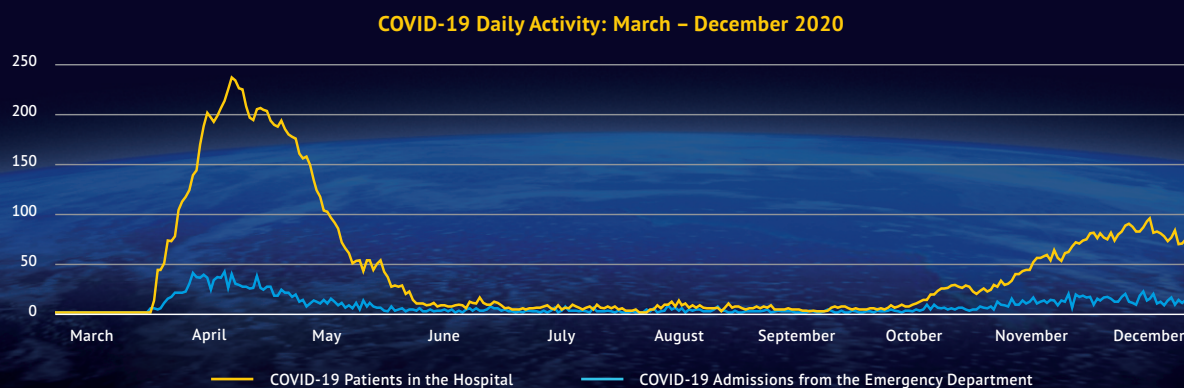
by patients and reported by Medicare.*

*Source: Medicare Home Health Compare

INTRODUCTION

IN HONOR OF the 200th anniversary of Florence Nightingale's birth, the World Health Organization, in conjunction with multiple specialty nursing organizations, declared 2020 the "Year of the Nurse and the Midwife." What was intended to be a year celebrating the vital role nurses and midwives play toward transforming and improving healthcare around the world, suddenly became a year of chaos that none of us could ever have imagined nor would ever forget.

The first suspected case of COVID -19 in Bergen County appeared on March 2, 2020 and was confirmed positive on March 4. The first COVID-19 death in New Jersey occurred on March 10, 2020. Valley would see its first COVID-19 patient on March 12, 2020 and, sadly, report its first COVID-19 death on March 16. The disease would take on an international, tumultuous trajectory. By June 28, 171,182 cases were confirmed within the state, with 13,121 deaths. For Valley, the influx of COVID patients that began on March 12 rapidly peaked by April 11, then dropped dramatically by June with the curve flattening temporarily through October 1. A second wave, with a new upsurge of patients and cases, would reappear to close out an unprecedented year on a solemn note. By the end of 2020, Valley would treat more than 2,660 COVID-19 patients and lose 468 members of our community.



What occurred in 2020 tells a story of heroism and humanity. Valley and its staff would be pushed to new extremes of compassion, collaboration and innovation to meet a rapidly changing patient population. The rules changed, our practices and traditions changed, the world changed. What remained constant was the professionalism and tenacity of our Valley nurses, demonstrating that 2020 was, indeed, the Year of the Nurse – the year of the VALLEY nurse.



Transformational Leadership focuses on nursing's involvement in strategic planning, advocacy, influence, visibility, accessibility and communication.

TRANSFORMATIONAL LEADERSHIP

Transformational Leadership in a Crisis

When the COVID-19 pandemic hit The Valley Hospital, Ann Marie Leichman, RN, Chief Nursing Officer and Senior Vice President, Patient Care Services, mobilized resources to not only meet the needs of the patients and staff throughout the organization, but also mitigate challenges, sustain operations, and promote the resilience of the clinical staff. As an integral member of the Hospital Operations Incident Command (HOIC), Ann Marie collaborated with Peter Diestel, President, Valley Health System Operations, the Hospital Operations Resource Center (HORC), and the HOIC to establish the Incident Command Center (ICC), Valley's central hub for crisis management. The ICC and the HORC have a long-standing, synergistic relationship to provide 24/7 coverage during emergencies to maintain safe operations. The ICC was launched to provide a central command for all issues arising during this crisis.

Ann Marie and Joseph Yallowitz, MD, Vice President and Chief Medical Officer, were appointed Operation Section Chiefs in the ICC chain of command. They utilized the Incident Command structure by using Branch Directors to have oversight for clearly defined areas. Others in the ICC structure took on crucial roles, such as Julie Karcher, Vice President, Administration. Julie coordinated a schedule for night shift and weekend rounding by senior leadership to provide additional support to the ICC and ensure that clinical operations continued, issues were identified and resolved, and all staff were kept updated and supported.

Ann Marie remained vigilant to the data that was emerging from the Centers for Disease Control and Prevention (CDC), Governor Phil Murphy's office, state and local health departments, and from Flavia Gardiner, RN, Director, Infection Prevention and Control, and the Infection Control team of Deborah Boeni, RN, Beth McGovern, RN, and Susan Caruso. As the first wave slowed and new data emerged, nursing leadership worked on Resurgence Readiness Plans to prepare for resumption of services and future waves of COVID-19.

Operations Section Directors: *Ann Marie Leichman, RN, and Joseph Yallowitz, MD*

Training and Education: *Lora Bognar, RN, and Carolyn Ross*

Inpatient Branch Director: *Charles Vannoy, RN*

Medical Surgical Branch: *David Rivera, RN*

Critical Care Branch: *Lauren Piech, RN*

Emergency Department Branch: *Derrick Lieb, RN*

Women's & Children's Services Branch: *Margaret Pogorelec, RN*

Planning Section Director, HORC Branch: *Josephine Bodino, RN*

Care Coordination Branch: *Margaret Pogorelec, RN*

Logistics Director, Service and Support Branches:
Charles Vannoy, RN

Case numbers ebbed and flowed throughout the year, and plans were continually updated to provide best practices to help equip staff for the future.

Specialty Teams Go Above and Beyond

As the pandemic evolved, it became apparent that patients with COVID-19 had unique needs. Ann Marie listened to feedback from the clinical nurses and her leadership team to reorganize resources into specialty teams to provide additional support to both the clinician at the bedside and this population of patients. Creativity and out-of-the-box thinking were necessary and, not surprisingly, Valley's interprofessional colleagues joined with the clinical nurses to accomplish the impossible.

Pronation Team

One of the hallmark symptoms of COVID-19 was difficulty breathing that often escalated quickly. Pronating patients, or the act of turning the patient from lying supine to lying prone, was supported within the scientific literature to lessen the burden and work of breathing for patients, including those with COVID-19 in respiratory distress. Patients were encouraged to self-pronate when possible. However, for COVID-19 patients on ventilators in our critical care units, pronation would require the coordinated effort of several staff members. The frequency of pronating, plus the physical demands to manually reposition



patients safely while protecting all of the fragile medical devices and modalities, was overwhelming and time-consuming for the clinical nurses. James Caldwell, Manager, Inpatient Rehab Medicine, and Kristin Ryffel, Manager, Outpatient Rehab Services, combined the skills and manpower of their departments — especially the physical therapists, who are experts at mobility and injury-preventing body mechanics — to help support the clinical nurses to develop the Pronation Teams. The teams, comprised of six people, included clinical nurses, respiratory therapists and rehabilitation medicine staff in

(CONTINUED)

Specialty Teams Go Above and Beyond (continued)

critical care, who rounded unit to unit to provide additional physical support, under the direction of a critical care nurse, to safely prone patients or return them to supine or lateral positioning. The pronation team was available on both day and night shifts, seven days a week, during the height of the pandemic.

Donning and Doffing Teams

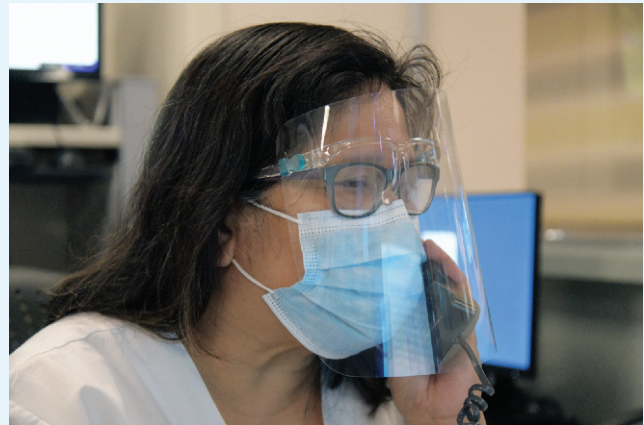
The scientific evidence surrounding COVID-19 was clear: the disease was highly contagious, and its spread could be halted by the proper, consistent use of Personal Protective Equipment (PPE). Caring for patients would require full-body protection afforded only through gowns or specialized protective suits, masks, shields, gloves, and head coverings. PPE and its proper use was fundamental for infection control and to safeguard Valley's staff from virus exposure. However, the technique to apply clean ("donning") and safely remove contaminated PPE ("doffing") required education and practice to ensure consistency. Ann Marie Leichman, RN, recognized the urgency for targeted and timely education on the proper donning and doffing techniques. Beth McGovern, RN, Rapid Process Improvement/Patient Safety Coordinator, working alongside Flavia Gardiner, RN, Director, Infection Prevention and Control, had extensive experience applying PPE and volunteered to educate different teams in proper donning and doffing techniques.



PPE education sessions were developed by Lora Bognar, RN, Director, Clinical Partnerships, Colleen Bardi, RN, Nursing Professional Development Coordinator, and NPD specialists Robin Barker, RN, Lawrence Davino, RN, Ruth Harrell, RN, and Caroline Meza, RN. To solidify Beth's and the NPD specialists' education, the perioperative clinical nurses, technicians and support staff, led by Donna Lagasi, RN, Director, Perioperative Services, volunteered to share their expertise in the use of PPE and established themselves as observers and mentors, to assist clinical nurses and medical staff in the proper techniques of donning and doffing. The perioperative team also set up a dedicated space to organize PPE donations and stock and track the distribution of PPE.

1-800-VALLEY 1 Hotline Team

Lora Bognar, RN, Director, Clinical Partnerships and Nursing Programs, and Sobeida Santana-Joseph, RN, Director, Oncology Accreditations, worked with Valley's telecommunications department to create and deploy a COVID-19 screening hotline. Lora and Sobeida led a team of nurses from several departments to answer community calls to 1-800-VALLEY 1 with questions about COVID-19. Callers were screened for COVID-19 symptoms and, if appropriate, received a referral for COVID-19 testing.



COVID-19 Laundry Teams

As the pandemic rapidly escalated, staff, using isolation gowns for PPE, were cycling through the available supply faster than the organization could maintain. Innovative thinking and unique solutions were necessary. Sharon Tanis, RN, Manager, Family Education and Lactation Services, led a team of redeployed staff who collected COVID-19 soiled linens to speed up collection and processing. Contracted laundry services were stretched to capacity trying to meet demands for local hospitals. Valley turned to local businesses for help and was able to contract with a local laundromat with high-capacity washers and dryers to allow us to process our own laundering of isolation gowns during the night, when they are ordinarily closed. Sleep Center staff who work the night shift were redeployed, and they washed and dried countless loads of laundry. Margaret Pogorelec, RN, Director of Care Coordination, led another laundry service team at Valley's Center for Health and Wellness, who drove the Valley van back and forth with laundry processed from that location. In addition to processing laundry, these teams folded, sewed and repaired scrubs, linens and isolation gowns.



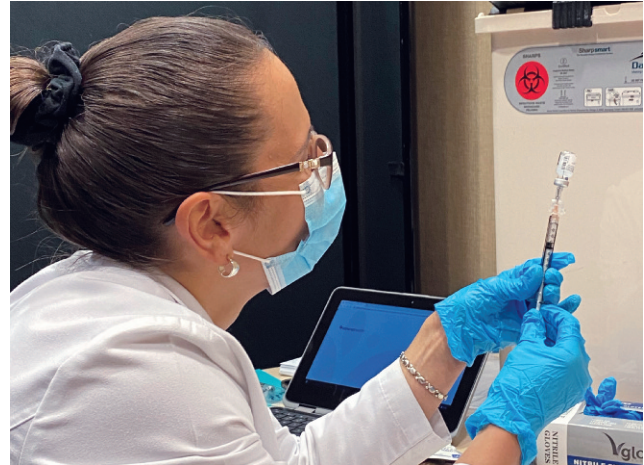
Addressing Stress and Building Resilience

As the pandemic continued to evolve, and its impact on society, individuals' home lives, and the clinical demands of caring for COVID-19 patients became apparent, Ann Marie and senior leadership's energies became focused on the Valley staff. The effects of the pandemic were taking an emotional, mental and physical toll on all staff, especially the clinical nurses. In the early days of the pandemic, the organization offered Resilience Time – two weeks of paid time off for employees who needed respite time away from patient care and the demands of their roles. It was also provided for staff to use to ease the burden of not working if their departments were temporarily closed.

Pam Bell, Patient Experience Officer, led a team of members from the Spiritual Care, Integrative Healing Practitioners and Patient and Family Relations departments to develop support and resilience resources for staff. These included:

- Virtual resilience lounges, which were attended by more than 600 staff members
- Posters with quotes of appreciation throughout the hospital
- Twice-daily moments of reflection and encouragement broadcast on the hospital's speaker system
- One-on-one support sessions
- Lectures on insomnia and resiliency
- Critical incident stress management team briefings
- Leadership training on how to meet the needs of staff members dealing with trauma-related stress
- Support rounds that included distributing chocolate hearts – a small, but meaningful gesture that was responsible for many smiles

Valley's Vaccine Rollout



The approval of effective COVID-19 vaccines represented the light at the end of the tunnel so many were hoping for. In late fall, the first clinical trials data were released from Pfizer and Moderna, both boasting better-than-expected efficacy and safety. Valley immediately began preparing for an efficient way to vaccinate our employees, their families and our community.

Valley's vaccination program began in late December as soon as vaccine was available in New Jersey. Led by the Employee Health and Wellness team, the hospital's Conference Center was transformed into a vaccination hub for employees and members of the Medical Staff. Vaccinators, leaders and registration staff came from throughout the system to ensure a safe, efficient vaccine clinic.

In early 2021, Valley's program expanded to begin vaccinating our community. The hospital's Kurth Cottage Café was transformed into an eight-bay registration and vaccination station, and a dedicated Vaccination Center for the community opened at 599 Valley Health Plaza in Paramus.

Nursing Leadership Spotlight

Flavia Gardiner, MPA, BSN, RN, NE-BC Director, Infection Prevention and Control

Flavia was promoted to Director of Infection Prevention and Control in early 2020, and began her role one day before COVID-19 appeared at Valley! Despite being new to her role, Flavia's experience as a nurse manager and 20 years of clinical expertise gave her the steadfast determination to take on the enormous responsibility of guiding our organization safely through the pandemic. Flavia's primary responsibility was to surveil and analyze infection risks, interpret and act upon



data from the local, state and national sources, and ensure The Valley Hospital followed and exceeded the Centers for Disease Control and Prevention guidelines for infection control and prevention.

Throughout the COVID-19 crisis, Flavia exemplified transformational leadership, working across the system with leadership, physicians and staff at all levels and, at times, making tough but necessary decisions. Under Flavia's leadership,

Valley rapidly streamlined infection control practices and kept patient safety paramount. She has redefined her position and now collaborates with Valley Home Care and Valley Medical Group to consult on infection control best practices system-wide.

STRUCTURAL EMPOWERMENT

Valley's Compassionate Community Honors #HeroesWithoutCapes

Despite the challenges faced in 2020, Valley experienced community volunteerism and donations like never before! This incredible outpouring of support included everything from drive-by parades and food donations to PPE donations and more. These heartwarming acts of generosity provided welcome emotional relief from the realities of COVID-19.

Donations Received

- 37,400 homemade fabric masks and 3,031 fabric caps made by more than 375 community volunteers
- Approximately 50,000 donated meals
- Essential PPE
- Face shields and mask extenders made via 3-D printing



- Crocs shoes for frontline staff
- Thousands of snack bags and boxes of Girl Scout cookies
- Easter treats and Mother's Day roses
- Baby monitors for staff to safely communicate between locked nursing units
- Photos of encouragement, handmade cards and banners to hang in units
- Recorded musical performances that were shared with patients, staff and the community

The demand for #ValleyStrong lawn signs was so high, a total of 6,250 were printed and distributed to our communities.



Structural Empowerment focuses on nursing professional development, recognition and community involvement.

Community Drive-By Car Parades

While we couldn't be face to face with our community, it didn't stop them from showing their support and love. We are grateful for the creative and heartwarming displays of encouragement and inspiration!



Nursing Certification Advocacy Award

The American Board of Nursing Specialties (ABNS) is a not-for-profit membership organization focused on improving patient outcomes and consumer protection by promoting specialty nursing certification. Their Award for Nursing Certification Advocacy recognizes organizations that advocate for or promote specialty nursing certification. Only one healthcare organization in the nation is selected each year. In 2020, The Valley Hospital was given this prestigious award for strongly demonstrating a commitment to nursing certification and professional development for nurses of all levels and specialties.



To achieve this award, Valley displayed robust support for professional development in all areas of continuing education, which has led to a 100% certification rate for nurse leaders. Valley also demonstrates commitment to specialty nursing certification by removing financial barriers, where possible, for nurses to certify and recertify. Valley is proud to have the highest number of certified holistic nurses in the nation; this, coupled with its Magnet certification, demonstrates Valley's commitment to the value professional nursing certification holds for individual nurses and for our community.

"It is very clear that The Valley Hospital is deeply committed to providing safe, reliable, high-quality care to their patients and their community, and sees specialty nursing certification as a major way to achieve their goals," said Janie Schumaker, MBA, RN, CEN, CPHQ, CENP, FABC, President of the ABNS. "They are true role models, and we are inspired by their support for nursing and specialty nursing certification."

2020 President's Azzara Scholars

The 2020 recipients of The President's Azzara Scholarships were honored at a special virtual ceremony on October 20. Congratulations to the following employees:



Michael Gardocki
Service Line Coordinator,
Neuro-Vascular
Interventional Laboratory



Kelly Rainville, RN
Wound & Ostomy



Gina Robinson
Office Coordinator,
Cardiac Rehabilitation



Kristin Ryffel, PT
Manager, Outpatient
Rehabilitation Medicine



Samantha Vacante
Business Associate,
Cardiac Specialty



Cathlynn Valmores, RN
Emergency Department

Beacon Award for Excellence

The Valley Hospital Neonatal Intensive Care Unit (NICU) once again received the prestigious Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN). Valley's NICU is 1 of only 4 hospitals in New Jersey to achieve this distinction.

The Beacon Award signifies exceptional care through evidence-based practice and improved outcomes. With this recognition, the NICU joins Valley's four adult critical care units in sharing this honor.





Rose Ranuro, RN, Selected as March of Dimes Nurse of the Year

Rose Ranuro, RN, MSN, CPNP, Director of Clinical Services for Valley Home Care, was named the 2020 March of Dimes Nurse of the Year in the Post-Acute Care category. The March of Dimes annually presents the Nurse of the Year Award in 14 categories to nurses who go above and beyond to deliver compassionate care. Rose advanced with 80 other candidates from a group of 250 nominees.

Rose was recognized for the wonderful care she and her team provide to all of our pediatric home care patients, and especially patients cared for by Valley's Butterflies Pediatric Palliative Care Program. This past spring, to cheer up a pediatric cancer patient who loves classic cars, Rose initiated a 50-car parade past the patient's home!

Congratulations, Rose, on this well-deserved honor!

Awards Recognize Valley's Cardiac and Stroke Protocols

In 2020, The Valley Hospital received two *Get With The Guidelines* awards for both resuscitation protocols and stroke care:

- The Resuscitation Gold Plus Award, sponsored by the American Heart Association, is given for implementing specific quality improvement measures for the treatment of patients who experience in-house cardiac arrest.
- The American Heart Association/American Stroke Association Stroke Gold Plus Achievement Award is given for implementing specific quality improvement measures for the treatment of stroke patients. As part of this award, Valley also earned the Target: Stroke Honor Roll recognition for meeting quality measures developed to reduce the time between the patient's arrival at the hospital and receiving lifesaving medication for the treatment of stroke.



A National Distinction for Patient Experience

Valley has been recognized by Press Ganey for providing stellar patient experience with the 2020 Guardian of Excellence Award and the 2020 Pinnacle of Excellence Award.

The Guardian of Excellence Award in Patient Experience recognizes care provided at Valley's urgent care centers. The award is a nationally recognized symbol of achievement in healthcare given to organizations that annually rank in the top 5 percent of all Press Ganey clients.



Valley Home Care 2020 Daisy Award Recipients



1st Quarter
Marion Brazaitis, RN



2nd Quarter
Jennifer Pirc, RN



3rd Quarter
Robin Cox, RN



4th Quarter
Euniece Jean-Simon, RN
Valley Hospice

The Valley Hospital 2020 Daisy Award Recipients



January
Anna Bokszy, RN
Mother/Baby



February
Prisilla Santomieri, RN
4E



March
Eleanor Franco, RN
Neuro



April
Nicole Sunga, RN
3E



May
Cara Curry, RN
Float



June
Samantha Smith, RN
Luckow

The Valley Hospital 2020 Daisy Award Recipients (continued)



July
Ellen Vitale, RN
2B



August
Carolle Sluszniak, RN
2W



September
Deborah Bellingeri, RN
Labor & Delivery



October
Kelly Dawson, RN
Same Day Surgery



November
Elizabeth Verde, RN
Mother/Baby



December
Danielle Miller, RN
Float

Nursing Leadership Spotlight

Nancy Barrett-Fajardo, MS, RN, OCN, NE-BC **Director, Medical-Surgical Services, The Valley Hospital**

Nancy was recognized by the Organization of Nurse Leaders of New Jersey (ONL-NJ) with the organization's Divisional Leader Award, given annually to a nurse who demonstrates exceptional leadership in their role managing several departments. Nancy was recognized for her vital role over the past decade in the development of Valley programs, and specifically for her heroic work during the height of the COVID-19 pandemic.

In early 2020, Nancy orchestrated Medical-Surgical Command Operations while continuing to manage seven Medical-Surgical units, the Vascular Access Department, the Renal Care Center, and the Neurophysiology service. She also helped oversee Valley's first COVID-19 unit, including expanding capacity to care for more than 200 patients daily.



EXEMPLARY PROFESSIONAL PRACTICE

Exemplary Professional Practice focuses on how nurses throughout the organization are involved in shared governance and shared decision-making, and explores how interprofessional collaboration promotes quality excellence in a culture of safety.



Our Changing Landscape

As the world changed rapidly due to the COVID-19 pandemic, so did our workplace. Almost overnight, our inpatient units and departments transformed into new care areas to meet the growing and changing needs of COVID-19 patients while still trying to meet the needs of non-COVID-19 patients. Every unit and service was in some way modified, enhanced, restructured, or reimagined through interprofessional collaboration.

The Emergency Department (ED) became the point of entry for the majority of our COVID-19 population. Patients presented to the ED with varying states of illness, often with rapidly-progressing symptoms of COVID-19. Within days of the pandemic reaching our doors, ED volume surged daily as more and more COVID-19 patients arrived to seek care. The ED needed a way to safely isolate these patients while still having services available for the other non-COVID-19 medical and surgical emergencies that required care. The ED nurses and leadership reconfigured the physical footprint of the ED space and redesigned their triage, bed assignment and patient flow processes. Volume remained unpredictable and, at times, the number of suspected or confirmed COVID-19 patients surpassed



the usual numbers of medical or surgical emergencies. Teamwork took on new meaning as nurses, physicians, technicians and emergency service personnel coordinated care to keep non-COVID-19 patients safe while expediting interventions for those most critical or compromised with COVID-19.

Critical care assumed a new personality, with their efforts and technology centered on the complex care of COVID-19 patients. Within days, the number of patients requiring mechanical ventilation and critical care surged, requiring all four adult critical care units to be converted to all-COVID-19 units. Critically ill COVID-19 patients had significant care requirements, including physical challenges to reposition and pronate. Staff was



redeployed to support our critical care units. Nurses who had critical care experience, or had worked in critical care units before, volunteered to return to those units and, with some re-training, were bedside nurses once again. The critical care nurses persevered through the difficulties COVID-19 patients posed, and developed unique new processes like creating pass-throughs in the unit walls to allow IV pumps to be outside the patient rooms, saving on valuable nursing care time and PPE resources. The critical care nurses also participated in pioneering new treatment protocols, like convalescent plasma and new drug protocols, in the hope of ending the disease and, ultimately, the pandemic.

Not all COVID-19 patients were critical. Our medical-surgical units absorbed the remaining patients who required rigorous nursing care. Caitlin Burke, RN, Manager, Cheek 4 Ortho, volunteered to act as manager of our first COVID-19 medical-surgical unit, located on 4 West. She convinced some of her staff to follow her on this assignment, and had additional help from other units and the float pool to staff this unit. Very quickly, all but two of our existing medical-surgical units were converted to all-COVID-19 units. The teams on all of the COVID-19 medical-surgical units provided consistent care with evolving, evidence-based clinical practices and best-practice applications to the

(CONTINUED)



Our Changing Landscape (continued)

COVID-19 population. Continuing Valley's mission of providing healthcare that meets the changing needs of the region, and achieving Valley's vision of remaining committed to excellence in clinical care and service delivery, they dedicated themselves to providing dignified, superior care to this vulnerable population.

As the pandemic evolved and our inpatient COVID-19 census fluctuated, some medical-surgical units would return to their pre-pandemic specialty; 4W, 2W and the Clinical Decision Unit (CDU), however, would remain our all-COVID-19 care areas throughout 2020. This close-knit team used their strong relationships to demonstrate resilience and perseverance. Always looking for positivity in the face of adversity, they bonded in fun ways, celebrating each other and their patients.



Population Health's Remote Monitoring Program

Early in the pandemic, Valley's Emergency Department saw a high volume of COVID-19 patients whose conditions did not warrant hospitalization. Although not critically ill, these patients were sick and scared as they waited for results, which could take several days to return. The Population Health team – led by Director Toni Modak, RN, and her team of nurses, Population Health coaches, Population Health specialists and social workers – was rapidly mobilized to connect with and monitor these patients remotely.

Toni quickly developed a plan. Because the Population Health nurses were available seven days a week, they were an ideal link to connect with our patients after they were discharged from the ED after COVID-19 testing. Very quickly, it became evident that these calls from the Population Health nurses were valuable. Focusing on patients' clinical and psychological needs, the nurses provided patients with up-to-date information about the virus and offered reassuring emotional support and comfort over the phone.



Mary Costa, RN, Manager, Population Health, designed a care plan template for the confirmed or suspected COVID-19 patients based off of Health Endeavors, an existing software tool already in use by the care coordination team. Mary incorporated the CDC guidelines and the hospital's discharge protocols to create an assessment that guided the Population Health staff in making phone calls to patients. The care plan template focused on assessing symptoms and their management, as well as providing instructions for masking, quarantining, isolation, self-pronation at home, follow-up medical care, medication reconciliation, review of the discharge plan, referrals to any needed resources, or assistance to schedule follow-up medical appointments. In addition, the team frequently connected patients with their provider for telemedicine visits and, at times, sent them back to the ED if their symptoms warranted more acute intervention.

The Population Health team also served as a key point of contact for family members whose loved ones were discharged to skilled nursing facilities. Knowing that their loved ones were being monitored by Valley's team provided families with an extra layer of support during a time when they were unable to visit the facilities.

During the peak of the pandemic, the Population Health Department managed the care of more than 800 COVID-19 patients and made more than 8,000 outreach calls. This support and guidance played a critical role in the healthcare ecosystem, as the remote monitoring program helped prevent unnecessary emergency room usage.

Testing Patients for COVID-19 at Swab & Go Clinics

As the pandemic evolved and more evidence emerged from state and national sources about the importance of frequent testing for COVID-19 with a nasopharyngeal swab, Valley responded quickly to establish a process for testing members of our community. Sharon Tanis, RN, Manager, Family Education and Lactation Services, was charged with coordinating a team of re-deployed nurses from the Endoscopy and Same Day Medicine units at a pop-up “Swab & Go” testing site outside of Kurth Cottage.

The Swab & Go clinic was not without challenges. Changing regulations and processes, and an uncertain volume of patients daily, became common. Unpredictable weather, wearing full Personal Protective Equipment (PPE) while swabbing patients inside their cars, and trying to keep the large number of patients moving throughout the process was daunting. However, despite these constraints, nurses found new ways

to show their compassion and demonstrate resilience while maintaining excellence in patient care to test upwards of 200 patients a day.

As the benefit of testing became more apparent and the volume of patients seeking testing grew steadily each day, the Kurth Cottage Swab & Go quickly outgrew its space. Larger testing space was needed with the capacity to process more patients and contain the volume of cars in line for testing. Joshua Gregoire, RN, Director, Quality and Clinical Operations, Valley Medical Group, was chosen to design the workflow and Swab & Go operations at Valley’s Center for Health and Wellness in Mahwah and the Wayne VMG office sites. By the end of 2020, Joshua and his team of nurses, certified medical assistants and registrars obtained 23,863 swabs from members of our surrounding communities.



Enhanced Safety at Valley Home Care

With the onset and virulence of COVID-19, Valley Home Care implemented additional safety measures for nursing staff prior to entering patients’ homes to ensure patient, family and staff safety. Clinicians began their day by pre-screening with a daily temperature and symptom assessment. Pre-screening questions were also answered by patients and their families, following the Centers for Disease Control and Prevention and New Jersey

Department of Health’s protocols. In addition, staff followed strict safety measures in the home to reduce the risk of transmission during the visit, such as wearing appropriate PPE; placing their tablet used for documentation in a plastic bag during use; using remote monitoring in combination with in-person visits; and bringing only essential supplies into the patient’s home.

Nursing Orientation and Training Continues

At the height of the COVID-19 pandemic, Nursing Professional Development (NPD) specialists were called upon to provide refresher courses to prepare nurses, medical assistants and patient care associates to be deployed to the inpatient units of the hospital to provide patient care.

Under the leadership of Lora Bognar, RN, Director, Clinical Partnerships, NPD specialists and educators collaborated with Elizabeth Varghese, RN, Manager, Hospital Operations Resource Center (HORC), to develop a process of training employees on basic patient care, ensuring access to systems, and being scheduled to deliver patient care on an inpatient unit. Employees from The Valley Hospital, Valley Home Care and Valley Medical Group came together with the goal of providing safe, high-quality care to our COVID-19 population. Training was targeted to either critical care or medical-surgical patient care areas and included:

- Personal protective equipment (PPE) donning and doffing procedures
- Pronation
- Ventilator training
- Medication administration
- Meditech documentation

As new procedures and guidelines emerged, NPD revised the training to keep current. In addition to the refresher courses, impromptu education was provided as requested, including phlebotomy training and donning and doffing of PPE for transport and environmental staff.



Continuity of Care for Our Cancer Patients

Cancer did not stop because of COVID-19. Indeed, our cancer patients became a highly vulnerable population to themselves, as their disease or their different stages of treatment made them more susceptible to infection or other complications associated with COVID-19. Fear took over; patients were afraid to leave their homes for treatment and as the pandemic lingered on there was concern that significant progress in treatment would be lost if follow-up treatments were not administered. For many, cancer treatment was likely their only hope of controlling or curing their disease.

The Luckow Cancer Center had to rethink its processes. Bettyann Kempin, RN, Sandy Balentine, RN, Valerie Quigley, RN, and Deb Panetta collaborated with their team of nurses to

develop ways to meet cancer patients' treatment needs while still strictly adhering to the protective guidelines put forth by Infection Control and Prevention. To promote social distancing and isolation when necessary, workflow processes needed to be redesigned. New entry paths were identified to expedite patients' access to treatment areas and minimizing the wait time while promoting social distancing. Treatment areas were re-evaluated, repurposed or recreated. Ongoing surveillance and coordination of one patient's exit with the next one's entry required finesse to keep all of the different parts moving and, most important, the patients safe. By the end of 2020, the Luckow Cancer Center had successfully completed 17,373 infusion treatments and 11,389 radiation treatments.

Peripherally Inserted Central Catheter (PICC) Team on the Move



The PICC team assisted nursing staff and doctors by extending their work hours and adding workdays to their schedule. The team traveled throughout the hospital to assist with blood draws, IV insertions and placing PICC lines on critically ill COVID-19 patients. The team also shared their vascular access expertise, which played an important role in the delivery of medications to treat COVID-19 patients. Their skill and use of vascular ultrasound helped to find vein access and reduced the number of painful sticks, resulting in increased patient satisfaction.

Going to every unit in need of assistance, this team dedicated much of their time to help any fellow Valley team member and every patient they could.

The PICC Team

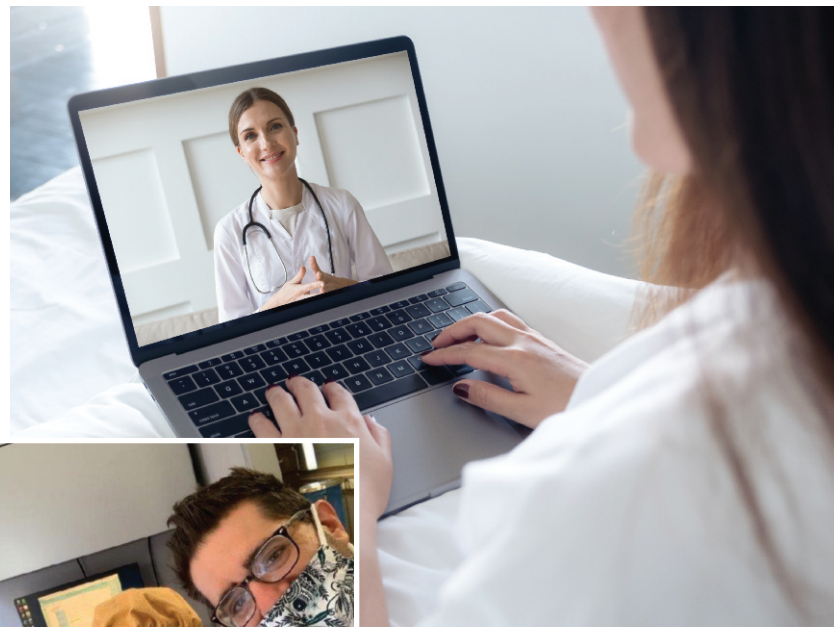
Cecilia Cortina, RN
Megan Greco, RN
Jeanne Laduca, RN

Maryellen Rehm, RN
Laura Tobin, RN
Carolyn Veenstra, RN

Valley Medical Group Advanced Practice Clinicians Redeploy to Care for COVID-19 Patients

When Valley Medical Group (VMG) practices temporarily closed, 89 nurses and advanced practice clinicians (APCs) were redeployed to deliver patient care where their expertise was most needed. Some went to The Valley Hospital to help care for critically ill COVID-19 patients in critical care or palliative care, while others learned the new telemedicine system alongside VMG physicians.

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Now™**





New Knowledge, Innovations, and Improvements focuses on how clinical and operational practices are based on research, evidence-based practice and innovation.

NEW KNOWLEDGE, INNOVATIONS, AND IMPROVEMENTS

Reimagining Technology

The restrictions associated with the COVID-19 pandemic stretched beyond the hospital doors. Visitation of any kind was halted as the need for social distancing and containing disease spread became paramount. Patients, once admitted, were not allowed to have any visitors, and only in extreme circumstances could family be invited in for a short, defined window of time.

Valley nurses recognized the important role family members and significant support people play in a patient's recovery. With that vital link severed, Valley turned to new ways of using existing technology to keep patients connected to their families. Kathleen McDonough, RN, and Erica Scalise, RN, from Nursing Informatics brainstormed with Pam Bell, Director of Patient Experience, and discovered that each unit had iPads that could be repurposed. With assistance from Information Systems, each iPad was re-configured with FaceTime for family members. The iPads were then mounted on rolling stands so they could be moved from room to room and adjusted to the best height for patients and families to see and communicate with each other.

Word spread quickly within the community about the use of the iPads; soon, more than 275 iPads were donated from various community members and organizations. The iPads became a critical interface for the patient with the world outside the hospital and allowed for key services like Palliative Care and Care Coordination to communicate with patients and their families individually or in a group.



New Valley Home Care Policies Enhance Safety and Satisfaction

Daily Huddle Teams

The addition of virtual daily meetings helped Valley Home Care community nurses remain in touch with their teams and managers. The focus of the daily huddle was to discuss best practices regarding current safety protocols and regulations.

Dress Policy

Valley Home Care modified their dress policy to optimize the safety of the community and their clinical staff. The dress policy was amended to permit clinical staff to wear scrubs for easy washing and comfort while donning PPE. Additional training was offered to the nursing staff to ensure proper donning and doffing of PPE and infection control measures.

Complimentary Telemedicine Visits

In combination with in-person visits, Valley Home Care nurses introduced audio and video visits as needed to assist in meeting the goals outlined in plans of care.

Safer Supply Pickups and Drop-Offs

A safe process was implemented for Valley Home Care nurses to pick up patient supplies and minimize the number of staff in the office. Staff now email supply requests, which are processed and labeled, and can be picked up in a designated area adjacent to the office door for easy and safe access. A new drop-ship method was also implemented for telemonitors to reduce staff contact.

Wound Care

Wound care treatment protocols were amended to minimize visits and optimize wound management. Depending upon the type of wound, Valley Home Care nurses consulted with home care's wound, ostomy and continence nursing team through wound photos and changed treatments on an individual basis.

Lessons Learned Help Shape the New Hospital

COVID-19 patient rooms were modified to reduce clinician exposure and allow staff to adjust IV pumps outside a patient room without entering. Creating pass-through holes in the walls of patient rooms to thread IV tubes through proved effective. In addition, rooms were retrofitted with the proper equipment for negative pressure.

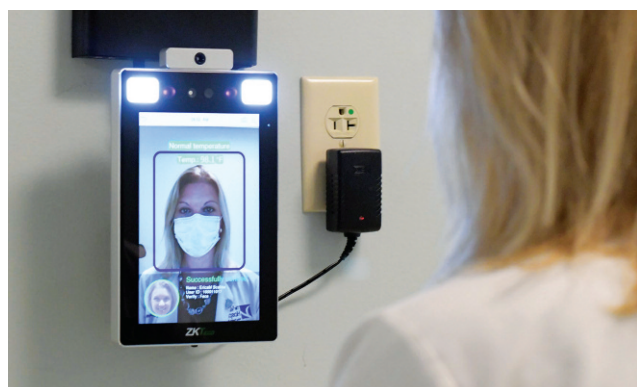
These experiences have led to important design changes for patient rooms at Valley's new hospital in Paramus, proactively preparing for infection control. Rooms will be equipped with pass-throughs for IV tubes. Doors on patient rooms will be updated to include a large door with a window with inline privacy blinds to offer monitoring without having to enter the room, plus one smaller, solid door. All spaces will be built with social distancing in mind, and cubicle curtains will no longer be used. All inpatient rooms will have the ability to be converted to negative pressure, if needed.

Finally, each inpatient room will include a "nurse server," which allows for the stocking of supplies and equipment outside the patient's room and can be accessed both outside and within the patient room. The lower section of the nurse server will include a laundry hamper, which can be accessed from the hallway or inside the patient's room.



Temperature Monitoring System

In the early stages of the pandemic, frequent temperature monitoring was supported within the scientific evidence as a way to detect subtle signs that someone may have been exposed to, or infected with, COVID-19. Temperature monitoring became a required surveillance method for New Jersey hospitals.



Erica Scalise, RN, tests Valley's temperature monitoring kiosks.

Valley initially met this requirement through a manual oral or temporal temperature checking process that necessitated teams of nurses to be redeployed to temperature monitoring stations. Charles Vannoy, RN, Assistant Vice President, Women's, Children's and Emergency Services; Kathleen McDonough, RN, Director, Operations and Logistics; Erica Scalise, RN, Informatics RN; and Michael Burke, RN, Assistant Vice President, Information Systems, collaborated to implement a more efficient thermal monitoring and scanning system designed to screen visitors and staff before entering The Valley Hospital, the Luckow Pavilion and Valley Medical Group buildings.

A vendor was identified to install the system and deploy the temperature-reading kiosks, focusing on high-traffic entrances first. Soon, the kiosks would appear at different entry or access points throughout Valley Health System. Visitors and staff now have their temperature taken at dedicated kiosks, where they also attest to being symptom-free before entering. Three kiosks are stationed at the main entrance of The Valley Hospital and at six other hospital entrances. Kiosks are also available at the Luckow Pavilion, 140 E. Ridgewood Ave., Valley's Center for Health and Wellness, VMG – Wayne, the Community Care Clinic, and the Kraft Center.

Paving the Way: COVID-19 Clinical Trials and Treatments

Valley was at the forefront of clinical drug trials and treatments as early as March. Kathleen Sayles, BSN, RN, CCRP, Manager, Clinical Trials and Research, and Taja Ferguson, Research Director, worked tirelessly to ensure Valley could treat patients with leading-edge treatments and medications as soon as they became available and enrolled in several clinical drug trials. Their team of clinical trial nurses were redeployed for less than a week when they were called back to work on research.

Under the Expanded Access Protocol, remdesivir was used for 53 critically ill patients on ventilators from March through May. Remdesivir is now used both in the hospital and in the outpatient setting as a standard of care.

In partnership with Mount Sinai, Valley began testing for COVID-19 antibodies in more than 326 patients and began offering monoclonal antibody treatment in late November, treating more than 150 patients by year's end.

Valley also worked with Mount Sinai on an outpatient drug study on colchicine, an oral tablet already known and used

for other diseases, with two enrolled patients in the fall. Valley is currently enrolled in three COVID-19 studies: the Protect Study; the Freedom Study, which focuses on anti-coagulation medications; and a Regeneron outpatient study.



Valley Medical Group Adopts Telemedicine

As the pandemic wore on, and the reality that its restrictions and limitations would linger longer than anticipated set in, Robin Giordano, APN, Chair, Advanced Practice Services, recognized that existing Valley Medical Group patients were in need of follow-up despite the challenges of the pandemic. Having made headway into the introduction of telemedicine in a few select services, Robin and David Strassberg, MD, Chair of Primary Care, with the assistance of Andrea Valtos, Director of Medical Group Services in Valley's Information Systems Department, deployed telemedicine throughout Valley Medical Group.

The IS team quickly determined that Microsoft Teams would provide an excellent platform for a telemedicine visit and created a massive training rollout for all providers and staff. Providers, registered nurses, medical assistants and business associates had to quickly learn how to shift an in-person visit to the telemedicine platform while teaching their patients how to use the new technology on their home computers and smartphones. VMG staff learned new documentation, coding and billing requirements for the visits while communicating to providers and staff in real time.

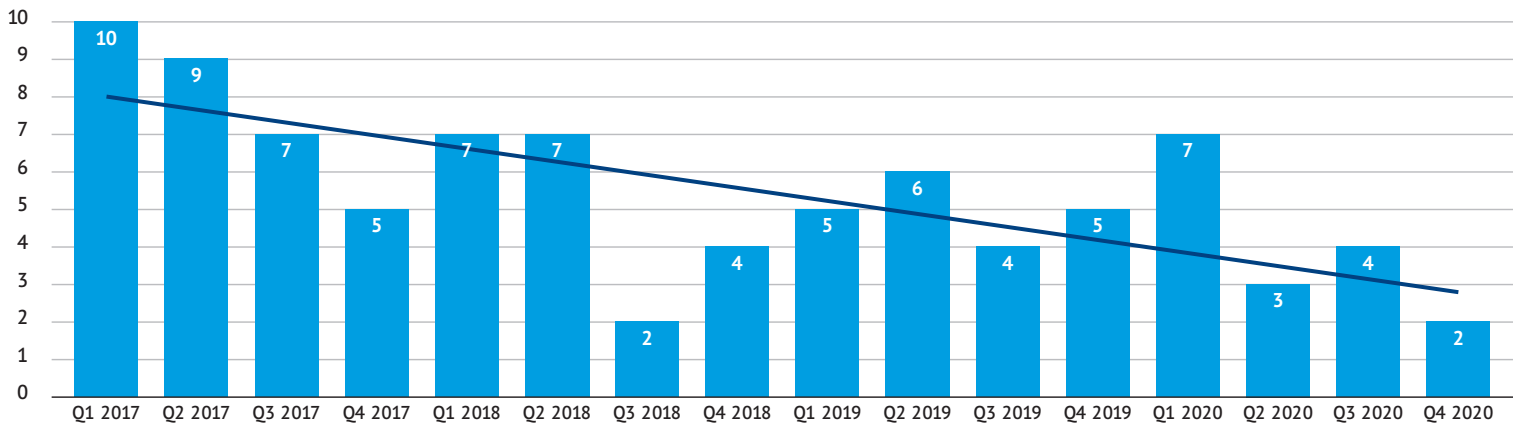
EMPIRICAL OUTCOMES

Empirical Outcomes focuses on demonstrating how structures and processes produce outcomes in the healthcare team, organization and systems of care essential to a culture of excellence and innovation.

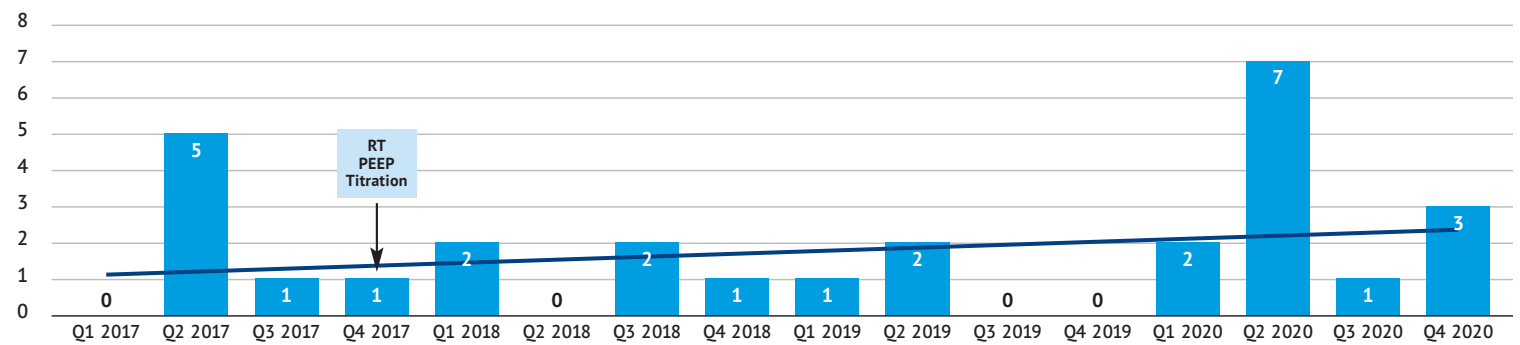


The Valley Hospital

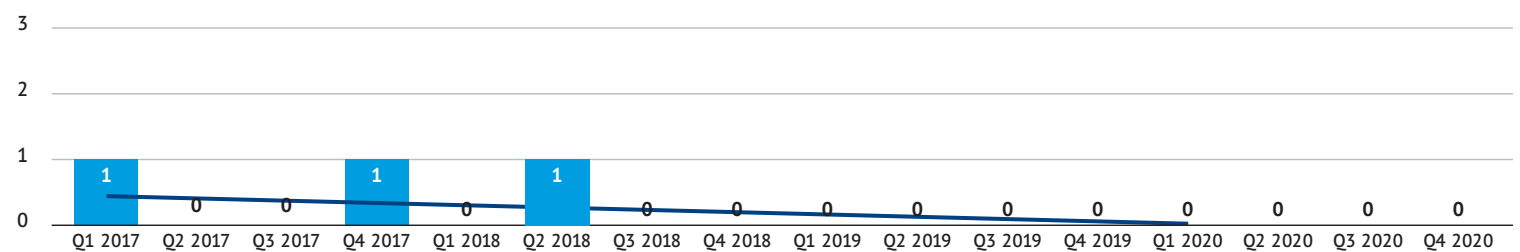
Clostridium Difficile Comparison 2017–2020



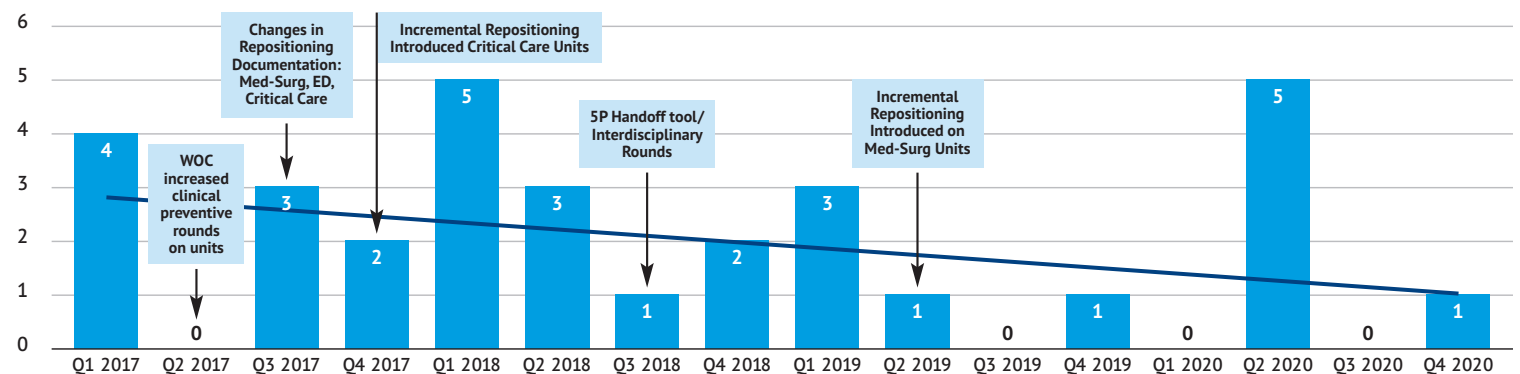
Ventilator-Associated Events Comparison 2017–2020



Venous Thrombosis Embolism Comparison 2017–2020



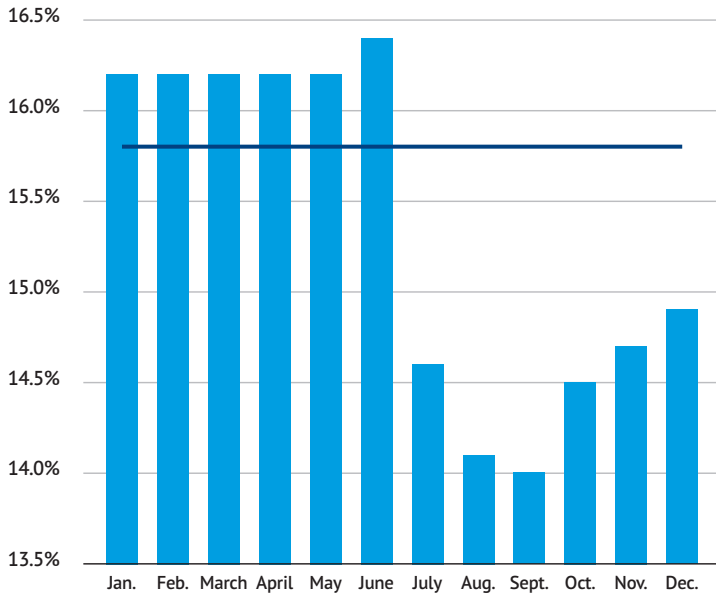
Hospital-Acquired Pressure Ulcers: Stage 2 and Above Comparison 2017–2020



Valley Home Care

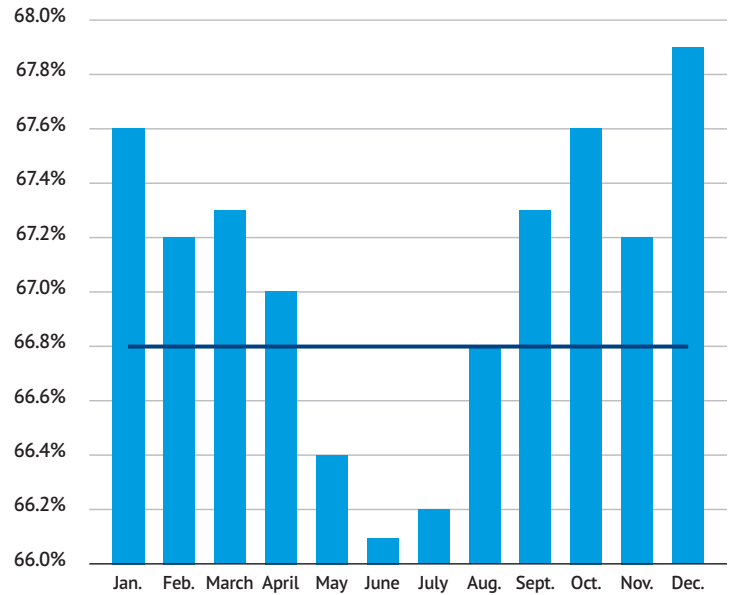
Acute Care Hospitalization in 60 Days
January through December 2020

■ Acute Care Hospitalization in 60 Days
■ Acute Care Hospitalization Target (15.80%)



Improvement in Management of Oral Meds
January through December 2020

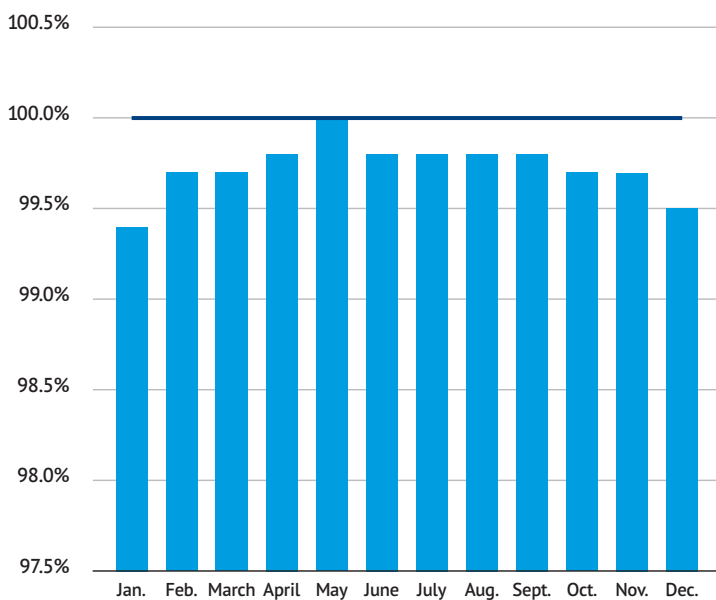
■ Improvement in Management of Oral Meds
■ Improvement in Management of Oral Meds Target (66.80%)



Valley Hospice

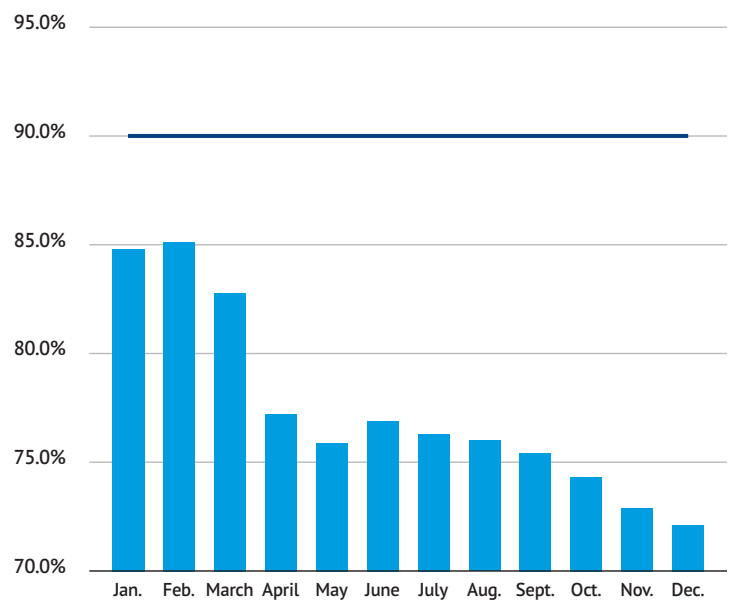
Bowel Regimen
January through December 2020

■ Bowel Regimen
■ Bowel Regimen Target (100%)



Hospice Visits at End of Life
January through December 2020

■ Hospice Visits at End of Life
■ Hospice Visits at End of Life Target (90.0%)



EPILOGUE



The last day of 2020 did not mean our work ended. Indeed, the pandemic, and our story, remains unfinished and untold into 2021. What follows, unlike 2020, is hope and optimism in a new year filled with change, anticipation and progress. For once, change becomes something welcome as the path back to “normal” is redesigned, re-routed and repaved. Regardless of the situation, nursing excellence, clinical expertise and innovation, connection, collaboration and resilience remain constant. Although we are unsure how this story will end, it is a tale we grow each day, with new meaning, new focus, or new affection.

We are Valley nurses ... and we are forever #ValleyStrong.

2020 – The Year in Photos



2020 – The Year in Photos



2020 – The Year in Photos



2020 – The Year in Photos



2020 – The Year in Photos



2020 – The Year in Photos



Research Studies Completed in 2020 or Currently Active

Study Title	Status	Investigator
Resilience in Student and Novice Nurses	Ongoing	Kimberly Yee, MSN, RN, HN-BC
Perioperative RN Engagement and Post Op Visits	Ongoing	Bonnie Weinberg, MSN, RN, CNOR
What is the Level of Perceived Stress When RN Staff Take an Uninterrupted Meal Break?	Complete	Laura LoPresti, MSN, RN-BC, AGNP-C
Exploring Nurses Experience in Adopting Nurse Driven Protocols into Practice	Ongoing	Paul Quinn, PhD, CNM, RN-BC, NEA-BC, CEN, CCRN
External Urinary Collection Device for Female Patient Use in Critical Care	Complete	Jennifer Polizzano, MSN, RN, CWOCN, APN-C
Napping as an Intervention to Prevent Sleepiness and Fatigue for Nurses Working Nights	Ongoing	Jeanne Wilson, MSN, RN, CCRNA Mix
A Mixed Methods Study Exploring the Relationship Between a Structured Leadership Academy and Perceived Leadership Practices	Complete	Eileen Bersick, PhD, RN, NE-BC
Assessing the Impact of the Family Nurture Intervention and Narrative Consultation on Nursing Culture and the Family Experience in the Neonatal Intensive Care Unit	Complete	Suzanne Bryjak, MA, BSN, RN, HN-BC
Opioid Use and Extended Stays in the Post Anesthesia Care Unit (PACU)	Complete	DeAnna Kearney, BSN, RN
Peer Safety Coaches and the Nurse's Perception of the Culture of Safety	Complete	Beth McGovern, DNP, RNC-OB, CHSM
Staff Education on the Use of the LACE Index in Clinical Settings	Ongoing	Carrole Dorcent, MSN, RN, APN-C
Antibiotic Prescribing Strategy for Acute Respiratory Tract Infections in the Emergency Department	Ongoing	Ayo Oguntoye, MSN, RN
Evaluation of Nursing and Medical Interventions for COVID-19 Patients on Medical/Surgical and Critical Care Units	Ongoing	Lauren Piech, DNP, MPH, RN-BC, NEA-BC, HN-BC
U.S. Clinician Wellbeing Study	Ongoing	Paul Quinn, PhD, CNM, RN-BC, NEA-BC, CEN, CCRN
Association of Psychological Factors on Perioperative Ambulation Status after Open Heart Surgery and 30-Day Re-Hospitalization	Ongoing	Mary Collins, MSN, RN, HN-BC, APN-BC

Authorship & Presentations

AUTHORSHIP

Nadine Aktan, PhD, RN, FNP-BC. Fast Facts for Nurse Practitioners: Practice Essentials for Clinical Subspecialties. *Springer Publishing*. Published July 2020.

Samuel Demers, BSN, RN. Nurses' and Physicians' Perspectives on Text-Based Post Partum Blood Pressure Monitoring. *The Journal for Nurse Practitioners*. Published September 2020.

Mary Jane Genuino, DNP, RN-BC. *Critical Care Made Incredibly Easy*. 5th Edition. Chapter Contributor. Wolters Kluwer Health. Published June 2020.

Paul Quinn, PhD, CNM, RN-BC, NEA-BC, CEN, CCRN; Sharon Tanis, MSN, RN, IBCLC. Attitudes, Perceptions and Knowledge of Breastfeeding Among Professional Caregivers in a Community Hospital. *Nursing for Women's Health*. Published April 2020.

Elvira Usinowicz, MS, APRN, CCRN, CCNS, CHFN, APN-C; Khristine Ronquillo, MSN, CCRN, CHFN, HN-BC, ACNP-BC; Bonnie Matossian, MSN, RN-BC, ACNP-BC; Barbara Picewicz, BSN, RN, PCCN; Erika Bartsch, BSN, RN, CHFN; Christina Haddad, BSN, RN, CHFN; Kariann Abbate, MD; Tywhanda O'Connor. Reducing Readmissions for Heart Failure. *Critical Care Nurse*. Published February 2020.

PODIUM PRESENTATIONS

Nancy Barrett-Fajardo, MSN, RN, OCN, NE-BC. "Engaging the Staff to Optimize Your System." Presented at: Get Connected 2020. March 2020.

Lora Bogнар, PhD, RN, ANP-BC. "NJHA Touchpoint Calls: Education Focus and Covid." New Jersey Hospital Association (Virtual). May 2020.

Lora Bogнар, PhD, RN, ANP-BC. "NJHA Touchpoint Calls: Education Focus and Covid." New Jersey Hospital Association (Virtual). December 2020.

Judith Currier, BS, RN, CGRN, HN-BC. "Resilience and Self Care." SGNA Regional Leader Conference (Virtual). November 2020.

DeAnna Kearney, BSN, RN, CAPA. "Opioid Use and Extended Stays in the Post Anesthesia Care Unit." New Jersey Council of Magnet Organizations (Virtual). November 2020.

Mary McGuinness, DNP, MBA, RN-BC, HN-BC, AGPCNP-BC.

"Use of Inhaled Lavender Aromatherapy as an Anxiolytic in Hospitalized Patients with COPD. A Pilot Program." New Jersey Council of Magnet Organizations (Virtual). November 2020.

POSTER PRESENTATIONS

Erika Bartsch, BSN, RN, CHFN; Christina Haddad, BSN, RN, CHFN; Barbara Picewicz, BSN, RN, PCCN. "Heart Failure Updates." Presented at: Heart Failure Awareness Week 2020. The Valley Hospital. February 2020.

Caitlin Burke, BSN, BA, RN, NE-BC, HN-BC; Lauren Piech, DNP, MPH, RN-BC, NEA-BC, HN-BC. "Transforming the Mindset: Empowerment through Self-Accountability." Presented at: 2020 American Nursing Informatics Association Annual Conference (Virtual). August 2020.

Patrick Dwyer, BSN, RN, CEN. "Improving Sepsis Bundle Compliance by Utilizing Technology and Addressing Operational Workflow." Presented at the Emergency Nurses Association 2020 Virtual Conference. September 2020.

Diana Maloney, MSN, RNC-NIC, CPNP-BC. "Minimizing DEHP Use in the NICU." Presented at the Graven's Conference. March 2020.

Lauren Piech, DNP, MPH, RN-BC, NEA-BC, HN-BC. "Data Driven Insights Into Practice Changes and Patient Outcomes." Presented at: 2020 American Nursing Informatics Association Annual Conference (Virtual). August 2020.

Jennifer Polizzano, MSN, APN-C, RN, CWOCN; Komal K. Saggi, MSN, APN-C, RN, CWOCN; Geralyn Boyce, BA, RN, CWOCN; Anne Brennecke, MSN, APN, RN CWOCN; Patricia Dignam, BSN, RN-BC, WOCN; Patricia Doherty, BSN, RN, CWOCN; Katherine Ellis, BSN, RN, CWOCN; Rosaleen Pachella, MSN, RN, CWOCN; Kelly Rainville, BSN, RN, CWOCN. "External Urinary Collection Device for Female Patient Use in Critical Care: A Quantitative Quasi-Experimental Study – Retrospective Chart Review." Presented at: Northeast Region WOCN Annual Conference: Vision 2020 (Virtual). November 2020.

National Board Certifications Obtained in 2020

Caitlin Burke, BA, BSN, RN, NE-BC, HN-BC
Holistic Nurse, Board Certified

Jessica Colucci, BSN, RN, CNRN
Certified Neuroscience RN

Laura Piccinich, BSN, MEDSURG-BC
Medical-Surgical Nursing Certification

Andrea Marsicano, BSN, RN, CV-BC
Cardiac-Vascular, Board Certified

Renee Zink, MSN, MEDSURG-BC, ONC
Medical-Surgical Nursing Certification

Kathryn Amais, BSN, RN, CMSRN
Certified Medical Surgical Registered Nurse

Esther Sassoon, BSN, RN, MEDSURG-BC
Medical-Surgical Nursing Certification

Jessica Mc Clendon, MSN, RN, RNC-MNN
Maternal Newborn Nursing Certification

Epifania Clave, BSN, RNC-NIC
Neonatal Intensive Care Nursing Certification

Danielle Miller, BSN, RNC-MNN
Maternal Newborn Nursing Certification

Manpreet Narula, BSN, MEDSURG-BC
Medical-Surgical Nursing Certification

Rosa Liliana Ramos, BSN, RN, C-EFM, RNC-OB
Inpatient Obstetric Nursing

Polexeni Altiparmakis, BSN, RN, PCCN
Progressive Care Certified Nurse

Thalia Lopez, MSN, RN, NP-C, CCRN
Family Nurse Practitioner

Milagros Cueva, MSN, RN, AGNP-C
Adult-Gerontology Nurse Practitioner

Jamie Kentos, BSN, RN, CEN
Certified Emergency Nurse

Lee Ann Woodward, BSN, RN, RNC-MNN
Maternal Newborn Nursing Certification

Michelle Federico, BSN, RN, RNC-MNN
Maternal Newborn Nursing Certification

Jessica Anne Grace Lim, MSN, RN, FNP-BC
Family Nurse Practitioner

Grace Sautner, BSN, MEDSURG-BC
Medical-Surgical Nursing Certification

Shannon Ross, MSN, RN, CEN, CPEN
Certified Pediatric Emergency Nursing

Mary Jane Dela Cruz, BSN, RN-BC
Ambulatory Care Nursing

Theresa Marciano, BSN, MEDSURG-BC
Medical-Surgical Nursing Certification

Mary Alice Moller, BSN, RN, CNOR, CNAMB
Certified Nurse Ambulatory

Robin Barker, MSN, MEDSURG-BC
Medical-Surgical Nursing Certification

Caroline Meza, MSN, RN, CEN
Certified Emergency Nurse

Golda Lowenthal, BSN, RN, CGRN
Certified Gastroenterology Registered Nurse

Christina Brucella, BSN, RN, CCRN
Critical Care Registered Nurse

Danielle Caliolio, MSN, RN, FNP-C
Family Nurse Practitioner

Diana Maloney, MSN, RNC-NIC, PNP-BC
Pediatric Nurse Practitioner

Marlene Gomez, BSN, RN, CEN
Certified Emergency Nurse

Rosalinda P. Perez, BSN, RN, CCRN-CMC, PCCN
Progressive Care Nursing Certification

Agata Tylutki, BSN, MEDSURG-BC
Medical-Surgical Nursing Certification

Kelli Ward, BSN, RN, CEN
Certified Emergency Nurse

Joy Sakchutchawarn, BSN, RN, CCRN
Critical Care Registered Nurse

Lyudmyla Kolesnyk, BSN, RN, CCRN
Critical Care Registered Nurse

Katie Scandone, BSN, RN, CHPN
Certified Hospice and Palliative Nurse

Gerilyn Ann Bilis, BSN, MEDSURG-BC
Medical-Surgical Nursing Certification

National Board Certifications Obtained in 2020 (continued)

Yoon Shin, BSN, RN, PCCN
Progressive Care Certified Nurse

Alexia Feldman, MSN, RN, CCRN, FNP-C
Family Nurse Practitioner

Leslie Esmail, MSN, RN-BC, NP-C, ACHPN
Advanced Certification in Hospice and Palliative Care Nursing

Rachel Tobin, MSN, RN, ANP-C
Adult-Gerontology Nurse Practitioner

Amy Hall, MSN, AGACNP-BC, CRNFA, CBN
Certified Registered Nurse First Assist

Lynn Leegwater, BSN, RN, CBCN
Certified Breast Care Nurse

Meliza Garrido, DNP, RN, ANP-BC, NP-C, FNP-BC, ACHPN
Advanced Certification in Hospice and Palliative Care Nursing

Maria Celina Yu, RN, CCDS
Certified Clinical Documentation Specialist

Formal Degrees Conferred

Dale Rieck, MSN, RN
Milagros Cueva, MSN, RN, AGNP-C
Jessica Mc Clendon, MSN, RN,
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Degrees and Certifications at The Valley Hospital

	2015	2016	2017	2018	2019	2020
% BSN or Higher Nursing Degree	76.0	80.0	82.0	85.0	85.0	88.0
% Nurses Certified	40.0	40.9	41.0	42.0	46.0	55.0

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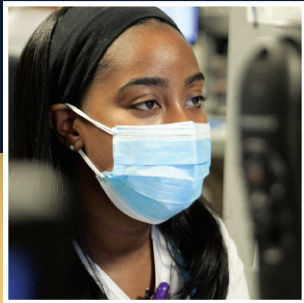
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Valley Health System
223 N. Van Dien Avenue
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