DEPARTMENT OF NURSING
2014 ANNUAL REPORT
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Dear Colleagues,

NewYork-Presbyterian nurses touch the lives of patients, families, co-workers, and our communities in significant ways. It is the profound contributions that nurses make that allow me to proudly present the 2014 Nursing Annual Report. This report highlights some of the many ways NYP nurses continually advance and transform patient care. Using the five components of the American Nurses Credentialing Center’s (ANCC) Magnet Recognition Program© model, nursing staff contributions and significant accomplishments are showcased.

Through a patient-centered culture, our nurses are essential to the lives of our patients and to the ongoing success of our organization. It is through the collaborative efforts of everyone working together that we will achieve excellence. One major accomplishment this year is the amazing efforts to develop our NYP Professional Practice Model (PPM). The teamwork and collaboration demonstrated by our clinical nurses while crafting the PPM sets the stage for sustaining excellence! Our PPM sparks the beginning of NYP’s transformational journey of nursing practice!

I applaud the major accomplishments of the nursing staff and friends of nursing and extend my sincere thank you for all that you do to care for our patients, their families, and our communities. I congratulate you for a job well done and look forward to the opportunities for excellence in 2015.

Wilhelmina Manzano, MA RN NEA-BC
Senior Vice President & Chief Nurse Executive
NewYork-Presbyterian’s Department of Nursing’s accomplishments and successes in 2014 are the result of thoughtful visionary planning by nursing leaders and our shared vision that is embraced by staff and leaders across the organization. Nursing’s mission, vision and values are alive in the Nursing Strategic Plan that mirrors the organization’s strategic priorities. As an organization focused on excellence, we are committed to ensuring that “We Put Patients First”. In order to excel in today’s healthcare environment NYP nurses are actively transforming practice through innovative strategies. A few of the challenges faced by nursing during the year include:

• Complexity of healthcare reform, including Value-Based Purchasing that penalizes organizations for hospital acquired infections, pressure ulcers, and re-admissions.

  NYP’s nursing leaders identified and planned strategic priorities that prominently positioned nursing’s role to address the many challenges.

• Institute of Medicine’s (IOM) Future of Nursing Report with eight recommendations, including increasing Bachelors of Science in Nursing (BSN) educated nurses, practicing to full licensure, increasing graduate level nurses and encouraging nurses to become full partners in redesigning healthcare.

  Our nursing leaders have a long history of promoting, supporting, and rewarding nurses who seek advancement in formal education and professional development.

• Internal and external expectations, including achievement of disease-specific certifications, patient and family involvement in their care, patient satisfaction with the care provided and ANCC Magnet Recognition Program®

  These programs require organizations to share and compare data, with expectations for performance that outperform national benchmarks. We are proud to share the performance of nurses at all levels and practice settings that demonstrate nurses’ contributions towards organizational outcomes.

NYP nursing has a bright and promising future with committed nurses who embrace the opportunities necessary to transform and advance professional nursing practice. Our vision is to be leaders in professional nursing practice.
TRANSFORMATIONAL LEADERSHIP

A transformational leader leads through a strong vision, promotes professional practice, anticipates future strategic needs, sets goals to improve care, and inspires others to follow, change and lead. Today’s complex healthcare environment requires transformational leadership among nurses at every level and from every position and is essential in achieving excellence.

Nursing Leadership Academy

Based upon identified needs and as part of the 2014 Nursing Strategic Plan, nurses and professional development experts created the first NYP Nursing Leadership Academy curriculum and course. The overall goal of the Nursing Leadership Academy is to strengthen the competencies of nurses as transformational leaders. We are excited to report that the inaugural class occurred as planned.

The Nursing Leadership Academy goals are to:
• Build strong and effective collaborative relationships among all stakeholders to improve the patient experience and overall outcomes.
• Enhance unit/practice site financial performance through improved efficiencies related to budget monitoring.
• Influence professional growth and development of staff, including effective nurse leader succession plans.
• Advance leadership effectiveness as measured by an increased score on the American Organization of Nurse Executive’s Leadership Self-Assessment Inventory. This survey tool represents the skills and behaviors expected for a successful nurse manager.

The curriculum includes didactic and practice-based dynamic sessions to address gaps identified from a variety of sources – performance appraisals, expressed developmental needs, patient satisfaction, employee engagement, and nurse satisfaction surveys. An individualized professional development plan will be designed to meet the learning needs, including action-based learning, mentoring and further didactic sessions. We will evaluate our success by tracking and trending our performance on future surveys.

Nurse Residency Program

Developing Tomorrow’s Transformational Leaders Today

We are committed to new graduate nurses’ professional development and invest in our leaders of tomorrow. Built upon our strong academic partnerships, our structured Nurse Residency Program develops the new nurse’s autonomy where he/she can flourish in a supportive environment to successfully manage the care needs of our patients and meet those complex healthcare challenges.

The Nurse Residency Program in collaboration with the University Health System Consortium and the American Association of Colleges of Nursing is an evidence-based program that aims to transition new graduate nurses into practice through a series of learning and work experiences. All new graduate nurses are enrolled in the program with the goals of developing critical thinking skills, improving organizational ability, encouraging the use of outcome data to promote patient safety, and strengthening the commitment to lifelong learning. The Nurse Residency Program provides new nurses with the tools they need to develop as a leader, improve patient outcomes, and explore their role as a registered professional nurse.

Evidence has shown that a supportive learning environment, such as the Nurse Residency Program, during the transition phase of a new graduate nurse,
reduces turnover and has a positive impact on the quality of patient care and fiscal stability of the organization. Outcomes data suggest that as a result of our Nurse Residency Program, new graduate nurses develop effective communication skills, confidence, and competency in how they provide care to patients. Our 2014 retention rate for new graduate nurses at one year is an impressive 96.6%, higher than the national average for Nurse Residency programs.

**STRUCTURAL EMPOWERMENT**

The Nursing Department’s strategic plan contains goals and defined action steps for achieving patient care excellence including a robust measurement system. Within these foundational components there are predictable, integrated structures and processes that drive improvements in organizational efficiency and effectiveness to transform professional nursing practice. These strong infrastructures advance our work environment to support exemplary professional practice, acquisition of new knowledge, and improved outcomes.

**Demographics**

NYP employs more than 6,219 nurses, representing a rich diversity of cultures, ethnicities and genders. The average age of a NYP nurse is 41, five years below the national average reported by the National Council of State Boards of Nursing (NCSBN, 2013). Males comprise 11.6% of the staff; which exceeds the national average of 9.6% (NCSBN). The diversity of our team helps us provide the culturally sensitive care necessary to meet the needs of our patients.

**Educational Preparation and Specialty Certification**

Research has shown that nurses who hold a BSN degree or higher possess the critical-thinking skills and competencies that contribute to better patient care outcomes than nurses with less than a BSN degree. During 2014, the percentage of NYP nurses with a BSN degree or higher was 84.35%. We rank in the 90th percentile for hospitals that participate in National Database of Nursing Quality Indicators (NDNQI™). For 2014, there was a 1.20% increase in certification as compared to 2013 (32%). Approximately 1,666 RNs have a specialty certification representing 33% of direct care RNs. Two-hundred and forty-six nurses took advantage of one of the many certification review courses offered by The School of Continuing Education for Nurses. Our nurses proudly display their professional development accomplishments on their unit’s Wall of Honor.

**Nursing Communications Strategies**

The Nursing Website and Communication Committee (NWCC) is composed of clinical nurses and nurse leaders. Internal communication is promoted through the committee’s publication of the quarterly Department of Nursing’s InReport. It is a peer-reviewed internal publication that features articles written by clinical nurses celebrating their quality and practice initiatives across the sites, along with their professional accomplishments. Other means of improving internal communication such as the frequency of communication and the use of social media are reviewed by this group. The NWCC also participates in the design of our external website for ease of access, timeliness, and accuracy.
In order for our professional nursing practice to be considered “exemplary”, we must continually advance over time. NYP’s transformational leaders and strong infrastructures provide a firm foundation to ensure our nurses are professional experts who in turn promote safe, high quality patient and family-centered care.

Professional Practice Model
Our PPM is a framework that describes the beliefs, values, theories, and systems for nursing practice and serves as the cornerstone of excellence in a culture of safety and patient and family-centered care. During the fall of 2014, our clinical nurses collaborated across sites through a series of interactive workshops to begin to create a PPM for NYP. The teams worked together to define how we practice, collaborate, communicate, and develop professionally in order to guide our journey of excellence.

Our new PPM fully articulates the distinctive role of the NYP professional nurse as the foundation of patient care excellence. The 5 attributes of our PPM are grounded in NYP’s organizational values and based upon evidenced-based theoretical frameworks including Hildegard Peplau, Madeline Leininger, Jean Watson and Kristen Swanson (Appendix A). The elements of the PPM are:

- Advocacy: Empower patients, families, communities and colleagues to ensure culturally competent and compassionate care
- Autonomy: Foster self-directed practice through critical thinking and accountability
- Collaboration: Promote interprofessional communication and coordination of patient/family centered care
- Evidence-Based Practice: Integrate clinical expertise, scientific findings and patient preference to improve outcomes
- Professional Development: Commit to personal, clinical, and scholarly growth to optimize the patient experience

Our nurses will create innovative schematic designs and will compete in a PPM Design Contest held among all NYP nurses. The top vote schematic will serve as a visual representation of the 5 elements and how they are lived and practiced every day!

Shared Governance
Shared Governance is a model for shared decision-making that supports the positive evolution of patient and family-centered care. It is founded on the principles of partnership, equity, accountability and ownership. In 2014, through a series of workshops, clinical nurses collaborated with nursing leadership to evaluate our current shared decision-making structure on three different levels: unit, campus, and cross-campus. A redesign of the Shared Governance model was proposed to elevate the nurse’s voice, drive decision-making at the point of care, and deliver efficient and effective systems. With the activation and education of the new shared leadership structure planned for early 2015, we are eager to continue to advance nursing practice through the shared governance model.
Operational Excellence
The Operational Excellence Strategic Planning Team continues to identify opportunities to improve efficiencies and reduce unnecessary expenses while maintaining the highest quality care to patients. These efforts led to shared learning between campuses and standardization of best practices. Nurses on the Clinical Support Committee make recommendations to improve the provision of patient care and identify products of equal value at the lowest cost. Before any new piece of equipment is purchased, bedside staff have the opportunity to trial the piece of equipment and provide feedback. As an example, staff nurses made decisions about the vendor and product choice for new beds; infusion pumps and positioning devices based upon clinical and financial data.

Patient and Family Education
As active partners with patients and families, our nurses provide critical patient education using the teach-back method to ensure safe transitions throughout the continuum of care. Discharge bundles and patient education materials for specific patient populations are developed. The materials are used to provide information to patients and families throughout the hospitalization and to facilitate a seamless transition to the next level of care. Staff nurses are actively involved in the Patient Education Nursing Council where they exchange information, review educational materials, and ensure information shared with others meets high quality standards. During 2014, council members collaborated with several interprofessional teams and produced various evidence-based education materials, such as booklets and brochures. For example, a comprehensive stroke education booklet, Understanding Stroke: A Patient and Family Guide, was developed in collaboration with the hospital Stroke team, and brochures on Ethics, Cold and Flu, and Diabetes Self-Management Education were developed to support self-management, empower patients, and improve medication safety.

Professional Nursing Practice
Through our Shared Governance model, nurses are actively engaged in the development of evidence-based clinical practice standards. In 2014, the Practice Committees, such as Medical Surgical Nursing, Pediatric, Psychiatry and Obstetrics made great strides to professionally develop new committee chairs through a mentoring program. Clinical nurses report monthly at the Cross Campus Nursing Practice Council on the clinical standards which have been reviewed against evidence-based literature and professional guidelines.

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS
We are committed to strengthening our culture of inquiry among nurses in order to improve patient care, enhance professional nursing practice, and contribute to the body of knowledge in nursing. The Office of Evidence-Based Practice (EBP), Research and Innovation works closely with members of each campus’s EBP and Research Council to further the mission and key priorities of the Nursing Department.
PEACE FRAMEWORK FOR RESEARCH AND EVIDENCE-BASED PRACTICE

In 2008, NYP nurses developed the PEACE Framework, which is a model of EBP utilization and serves as a guide for the translation of evidence (i.e. research) into practice. PEACE is an acronym and represents:

- P: PROBLEM IDENTIFICATION
- E: EVIDENCE REVIEW
- A: APPRAISE EVIDENCE
- C: CHANGE PRACTICE OR CONDUCT RESEARCH
- E: EVALUATE

Nurses across the organization are learning to apply the PEACE Framework to ensure systematic and consistent adoption and translation of evidence into nursing clinical standards and practice.

FIGURE 2  NYP’S PEACE FRAMEWORK

<table>
<thead>
<tr>
<th>Problem Identification</th>
<th>Evidence Review</th>
<th>Appraise Evidence</th>
<th>Change Practice or Conduct Research</th>
<th>Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow the identity clinical question (PICO):</td>
<td>Review evidence relevant to your clinical question.</td>
<td>Appraise studies for their levels of evidence (e.g. I-VII)</td>
<td>If evidence sufficient, contact Professional Practice for practice change</td>
<td>Evaluate the impact the implemented practice change. You may use Performance Improvement/Quality Improvement Process Methodology e.g. DMAIC</td>
</tr>
<tr>
<td>P - Patient Population</td>
<td>Click here to request articles from NYP-affiliated libraries.</td>
<td>Helpful articles describing how to appraise evidence may be found by clicking 1, 2, 3</td>
<td>If evidence insufficient, conduct research. Institutional review board required; Complete necessary human subjects training modules</td>
<td></td>
</tr>
<tr>
<td>I - Intervention or Issue of Interest</td>
<td>You may also find articles using <a href="http://www.tripdata-base.com/">http://www.tripdata-base.com/</a></td>
<td>Use CASP checklists to assess study quality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C - Comparison of Intervention or Issue of Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O - Outcome of Interest</td>
<td></td>
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</tbody>
</table>

2013 2013

31.78%

2013

32.98%

2014 Year End = 71%

Hospital Goal:

≥ 75% Units Outperform Nat’l Benchmark

2014 Year End = 63%

Hospital Goal:

≥ 70% Units Outperform Nat’l Benchmark
To expand our nurses’ capacity to participate in EBP projects and nursing research, we plan in 2015 to launch an Academic-Partners program, whereby nurse faculty from NYP affiliate universities join monthly EBP and Research Council meetings. Our Academic Partners will serve as experts to mentor council members in how to lead an EBP project, engage in nursing research, and effectively share study findings.

**Future Vision for Evidence-based Practice and Research**

During 2014, we completed an assessment of the status of EBP and research. Based on our assessment, we established 3 key priorities, as well as developed an action plan.

Key priorities for strengthening a culture of inquiry are:

- Educate nurses in EBP and nursing research
- Expand presence of nursing-led EBP and research
- Increase awareness of NYP nurse-led research

We are committed to showcasing nurse-led EBP and nursing research through scholarly work. A major initiative to promoting practice is the annual nursing research conference. There were 149 attendees at the 2014 5th Annual Research and Evidence-Based Practice Symposium at the New York Academy of Medicine. The symposium included 27 posters that were presented by NYP staff as well as nurses from other hospitals and faculty from schools of nursing. Topics included: hourly rounding, infection control, breastfeeding, and falls.

The 1st Annual Writing for Publication Workshop was held where nurses learned to write scholarly articles and abstracts for submission of their work for publication in peer-reviewed journals. The workshop, led by Dr. Joyce Fitzpatrick, resulted in over 30 publications by NYP nurses! Joyce Fitzpatrick, PhD, RN, FAAN, the Elizabeth Brooks Ford Professor of Nursing at Case Western Reserve University, and author of numerous publications and research studies serves as a consultant to NYP Department of Nursing. Her contributions to advancing professional nursing practice at NYP exemplify the value of NYP’s many academic partnerships. This is an exciting time for nursing research and EBP.

**Innovations and Nursing Informatics**

In 2014, the nurse’s use of information technology in nursing practice experienced growth and opportunity. Our nurses are implementing many innovative solutions and technologies to enhance practice, improve patient care quality, safety and the patient experience. In partnership with Information Technology Services, the following initiatives positioned nurses at the center of technology development. These creative and innovative strategies improved communication, efficiency, and the engagement of patients in their healthcare.
Innovation Unit - iUNIT
In July, NYP announced an initiative seeking the “Patient Care Unit of the Future”. This initiative represented a unique opportunity for one unit to collaborate on the creation of the next generation of innovative technologies supporting the healthcare team and improving the patient experience. Following the application process, 8 WEST - William Randolph Hearst Burn Center at NYP/Weill Cornell was selected as NYP’s iUNIT.

A key objective of the iUNIT was innovative thinking. Before discussing technology, staff underwent specialized training focused on open-mindedness and new ways to deliver healthcare leveraging technology. The following workflows represent achievements made by the team which have improved both the staff and patient experience:

• Communication: smartphones were provided for staff to trial various communication platforms.
• Patient Bedside Tablet Devices: patient-facing technology was developed and deployed to each patient’s bedside. This provided patients with direct access to their health information via the NYP patient portal, as well as the ability to call or text their nurse directly from the tablet.

NYP’s culture of inquiry provides limitless opportunities in the fields of nursing research and nursing informatics.

EMPIRICAL OUTCOMES
How do we know that nurses truly make a difference and provide the best patient care? We must measure our performance and monitor it over time. “Empirical” refers to an outcome that has been validated by data to confirm that real change has occurred because of an implemented intervention. As one of the top medical centers in the nation, we are expected to continually improve outcomes for patients, the nursing workforce, organizations and communities. Nurses are expected to track, trend, interpret, and present data and research to demonstrate how nursing contributes to patient outcomes. Most importantly, nurses partner with patients, families, and interprofessional teams. NYP’s culture of interprofessional partnership is promoted by the Chief Nursing Officer as she sets expectation of nurse participation on all practice initiatives throughout the organization. NYP nurses are well known for their proven success with leading teams. These teams demonstrate nursing’s role in collaborative initiatives and have resulted in improved processes and enhanced patient outcomes.

The Nursing Strategic Plan specifies key priorities related to nursing quality and clinical excellence, and includes:
• A re-design of unit scorecards and data displays. The new format will facilitate clinical nurse understanding and aid in the review of unit performance with regard to clinical indicators, patient satisfaction and nurse satisfaction
• Improved clinical outcomes related to nursing-sensitive outcomes such as a reduction of hospital acquired conditions: falls with injury, hospital acquired pressure ulcers (HAPU), catheter associated urinary tract infections (CAUTI) and central line associated blood stream infections (CLABSI)
Clinical Indicators
Provision of safe quality nursing care is a core value of NYP Nurses and reduction of hospital acquired conditions is a priority focus. NYP participates in the National Database of Nursing Quality Indicators (NDNQI™) and utilizes national benchmarks to compare our performance related to nursing-sensitive indicators against other facilities of the similar bed size, teaching status, and unit type. Our 2014 hospital goal was for at least 75% of units to outperform national benchmarks for falls with injury and HAPU Stage 2 and above. For CAUTI and CLABSI, our goal was for at least 51% of units will outperform national benchmarks and we achieved this goal! This was achieved through a collaborative effort between our nursing and medical staff. Specifically, a daily review of medical necessity for catheters and improved catheter management led to this success. In addition, some of our nurses participated in the American Association of Critical-Care Nurses (AACN) Clinical Scene Investigator (CSI) Academy. The purpose of the program was to “build skills in staff nurses and leverage their expertise to influence positive change to improve outcomes for their patients and institutions”. As a result of staff nurse efforts during 2014, 11 units had “zero” occurrences of CAUTI and 18 units had “zero” occurrences of CLABSIs.
Two goals related to our performance involving fall and fall with injury rates were not met. For fall incidence, the goal was for 70% of inpatient units to outperform national benchmarks however, only 63% of units achieved the goal. For falls with injury, the goal was for 75% of inpatient units to outperform national benchmarks however, only 71% of units achieved the goal.

FIGURE 3

REDUCE FALLS - TOTAL FALL RATE

Hospital Goal:
≥ 70% Units Outperform Nat’l Benchmark
2014 Year End = 63%

REDUCE FALLS - FALL WITH INJURY RATE

Hospital Goal:
≥ 75% Units Outperform Nat’l Benchmark
2014 Year End = 71%
Each fall event is reviewed at the unit level. Nurses are involved in determining root causes of fall events by identifying trends and establishing action plans focused on efforts to reduce falls. Through analysis, toileting was identified as a contributing factor. Efforts have been heightened at the unit level to improve: supervised toileting as indicated, the responsiveness to patient calls, and the quality of staff rounds used to engage the patient in discussion about their needs. Staff were involved in the review of the literature to ensure our strategies are evidence-based and current. An annual review of the falls reduction program was completed. Staff nurses implemented the following recommendations:

- enhanced signage of the patients at high risk for fall/injury
- visual cues to alert staff the patient is at high falls risk (e.g. yellow gowns and socks)
- use of alarms (bed / chair)
- patient education and staff education materials.

Additional nursing-sensitive indicators include six core measures (Influenza immunization, stroke, venous thromboembolism (VTE), psychiatric services, perinatal care newborn, and child asthma care).

Nurses on the Nursing Quality and Patient Safety Council recommended improvements to how we display data and how to provide easier access to data. In 2015, new graphs will be available that are intended to improve nurse’s understanding of unit performance. Also, a redesigned Nursing Quality team site will be launched to improve access to real-time and historical performance data.

**RN Satisfaction**

For the first time in June 2014, NYP direct care nurses voluntarily participated in the NDNQI™ Job Satisfaction Survey. The NYP overall participation in the RN Survey was 86% - exceeding our internal goal of 85% participation and the national participation rate of 73%! These participation rates in the Survey is only one example of the level of professionalism, teamwork and caring, by clinical nurses and advanced practice registered nurses (APRNs) who make NYP Nursing the best it can be!

Survey questions asked nurses to rate their perceptions regarding their work environment and overall job satisfaction. To be recognized as an excellent nursing organization, at least 51% of units/areas must outperform national benchmarks in three of four key priority areas:

- RN Autonomy
- RN to RN Interaction
- Nursing Administration
- Professional Development

We outperformed national benchmarks with regard to professional development. Nurses utilized feedback from the survey to make decisions about necessary changes within their practice environment. The areas of focus are RN autonomy, RN to RN interaction and leadership effectiveness. This survey will be administered again in 2015 and will be used to evaluate the effectiveness of these nurse-led interventions.

**Patient Experience**

Patient experience and satisfaction are priority focus areas for the Department of Nursing. Currently, NYP measures patient satisfaction using two tools: Press Ganey questionnaire, and Hospital Consumer Assessments of Health Care Providers and Systems (HCAHPS) survey.

The Interdisciplinary team on each unit strives to improve the patient experience. One of the strategies incorporated into our practice is nurse rounding with the physician teams. This has proven to be successful in strengthening communication between all members of the team, patients, and families.

Survey results show that NYP is improving at providing patient education for a safe discharge as noted in table 1. This may partially be attributed to the utilization of teach-back by all disciplines. Nurses play an active role in this initiative as role models of the behavior. Our Patient Family Advisory Committees (PFAC) provides us with valuable information on how we can improve care. Areas of opportunity we are working on include reducing the noise at night, response to call lights, and pain management.

**Table 1**

<table>
<thead>
<tr>
<th>% OF UNITS THAT OUTPERFORM NATIONAL BENCHMARK</th>
</tr>
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<tbody>
<tr>
<td>Patient Satisfaction Category</td>
</tr>
<tr>
<td>Q1’14</td>
</tr>
<tr>
<td>Patient Education</td>
</tr>
<tr>
<td>50%</td>
</tr>
</tbody>
</table>
NURSING PUBLICATIONS


same-day discharge after robotic-assisted hysterectomy alone or with other procedures for benign and malignant indications. *Gynecologic oncology*, 133(3), 552-555.


NATIONAL PRESENTATIONS


Fine, C. (May 2014). Implementing an early mobilization program across all ICUs: The NYP experience. 7th Annual International Meeting of Physical Medicine and Rehabilitation in the Critically Ill.


Seley, J. (May 2014) How nurses use POC BG testing in the hospital and reaching consensus on safe and effective POC BG testing in the hospital. Diabetes Technology Society. Arlington, VA.


**INTERNATIONAL PRESENTATIONS**

Anaheim, CA. Association for Professionals in Infection Control and Epidemiology (APIC) - 41st Annual Educational Conference & International Meeting.

Lim, F. (July 2014). LGBT health integration in the nursing curriculum. Hong Kong. Sigma Theta Tau International

Seley, J. (February 2014). Diabetes technologies: Getting your patients to try them and stay on them. Advanced Technologies & Treatments for Diabetes (ATTD) Conference. Vienna, Austria.
Seley, J. (October 2014). Blood glucose monitoring and interpreting A1C values and BGM technical case studies. Certified European Diabetes Technician (CEDT) Credentialing Course for RNs, NPs, PAs, MDs, RDs. Copenhagen, Denmark.

PRESENTATIONS TO PROFESSIONAL GROUPS


Carter, E.J. (June 2014). Lessons from the field: Successful infection prevention strategies in the emergency department.


Charlton, M. (November 2014). Living kidney donation: Expanding your transplant opportunities. Richmond University Medical Center.


DiPasquale, F. (October 2014). **Nursing grand rounds: Tracheostomy related pressure ulcers.** New York Presbyterian/Cornell


Glaser, L. (November 2014). **Improve the immunizations of the immunocompromised from the “icky influenza” on IP-7.** New York Presbyterian 5th Annual Nursing Research and Evidence Based Practice Symposium. New York, NY.


Kertesz, L. (November 2014). **Improving communication and teamwork in the operation room.** New York Academy of Medicine.


Seley, J. (April 2014). Blood glucose monitoring clinical applications and case students. Certified Diabetes Technology Clinician Course for RNs, NPs, PAs, RDs, MDs. Los Angeles, CA.

Seley, J. (April 2014). BGM technical case studies. Certified Diabetes Technology Clinician Course for RNs, NPs, PAs, RDs, MDs. Los Angeles, CA.


**AWARDS AND RECOGNITIONS**

**Yesenia Cabral** was featured in the Nurse.Com article “Ambulatory Care Nurses Give Power To Their Patients”

**Eileen Carter** received a Doctor of Philosophy in Nursing degree. She was also given the NIH Ruth L. Kirchstein National Research Service Award.

**Marian Charlton** was awarded the Excellence in Teamwork Award by the National Kidney Registry.

**Elizabeth Farley** was elected a Member at Large of the American Psychiatric Nurses Association.

**Laura Glaser** received the 3rd place award in the MSCHONY Nurse’s Week Poster Competition.
Vincenza Graci became a New York University College of Nursing Student Senator. She was also promoted to a Senior Staff Nurse and became NCC Maternal Newborn Nursing Certified.

Louise Kertesz received a DNP in May 2014 from St. Peter’s University.

Fidelindo Lim was given the 2014 Baccalaureate Faculty Excellence Award by the NYU College of Nursing.

Wilhelmina Manzano is the Chair of the Health Management Academy GE Nurse Executives Fellow.

Reynaldo Rivera received the Flame of Excellence Award, presented by the American Association of Critical Care Nurses.

Reynaldo Rivera appointed Board Member of the American Organization of Nurse Executives (AONE).

Jane Seley received the New York State Diabetes Educators Super Star Award. This was awarded by the American Association of Diabetes Educators.

Svetlana Streltsova joined the AACN Clinical Scene Investigator (CSI) Academy.

Lauren Violago was awarded the Best Oral Abstract Award for Human Herpes Virus 6 Research at the ASBMT Conference in Grapevine, Texas. This was awarded by the American Oncology Nursing Society.

Lorelle Wuerz was appointed Chair of the Membership Committee of the Association for Vascular Access (AVA).

**In Summary and Celebration**

This 2014 NewYork-Presbyterian Department of Nursing Annual Report validates the exceptional contributions that nurses make to our patients, families, staff and communities. May this serve as a source of pride and inspire you to achieve more in 2015.
<table>
<thead>
<tr>
<th>THEORY</th>
<th>PERSON</th>
<th>ENVIRONMENT</th>
<th>HEALTH</th>
<th>NURSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peplau Interpersonal Relations*</td>
<td>Self-system composed of biochemical, physiological and interpersonal characteristics and needs.</td>
<td>External factors essential to human development, including the presence of caring others (nurses and others).</td>
<td>Health illness continuum&lt;br&gt;Health is forward movement of human processes in the direction of creative, constructive, productive personal and community living.</td>
<td>A significant therapeutic interpersonal process that enhances health.</td>
</tr>
<tr>
<td>Leininger Transcultural Care Diversity and Universality*</td>
<td>Cultural beings, including individuals, families, groups, communities, and total cultures and institutions.</td>
<td>The totality of an event or situation or particular experiences and interactions, including physical, ecological, sociopolitical and cultural settings.</td>
<td>A state of well-being that is culturally defined, valued, and practiced and which reflects the ability of individuals or groups to perform their daily role activities in culturally expressed, beneficial and patterned lives.</td>
<td>A learned humanistic and scientific discipline and profession focused on human care phenomena and activities to assist, support, facilitate, and enable individuals or groups to maintain or regain their well-being (health) in culturally meaningful and beneficial ways.</td>
</tr>
<tr>
<td>Watson Caring*</td>
<td>Caring-healing practices honoring deeper meanings regarding life...considering the relational, intuitive and receptive ways of knowing and being.</td>
<td>Caring-healing architecture that is transformative and can potentiate wholeness.</td>
<td>Positive state of physical, mental, and social well-being; high level of overall physical, mental and social functioning.</td>
<td>A sacred architect critical to the healing process, creating healing space, facilitating health and wholeness through caring.</td>
</tr>
<tr>
<td>Swanson Caring</td>
<td>Not defined</td>
<td>Not defined</td>
<td>Not defined</td>
<td>Informed caring for the well-being of others. Caring processes (maintaining belief, knowing, being with, doing for, and enabling) through which nurses demonstrate that they care about patients and care for them through clinical activities.</td>
</tr>
<tr>
<td>Relationship-Based Care</td>
<td>Not defined</td>
<td>Not defined</td>
<td>The state of harmony and healing experienced when one person connects with another</td>
<td>Care of self, care of patients and families, care of clinical colleagues</td>
</tr>
<tr>
<td>Benner Novice to Expert</td>
<td>Not defined</td>
<td>Not defined</td>
<td>Not defined</td>
<td>Five levels of nursing: novice, advanced beginner, competent, proficient, and expert. Nursing includes caring, clinical judgment, and wisdom.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>THEORY</th>
<th>PERSON</th>
<th>ENVIRONMENT</th>
<th>HEALTH</th>
<th>NURSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYP Nursing Theory</td>
<td>Holistic beings; includes individuals, families, groups, communities and total cultures and institutions; encompasses needs, attitudes, beliefs and behavior.</td>
<td>Physical, ecological, socio-political and cultural settings and support systems that facilitate and promote healthy personal and interpersonal growth.</td>
<td>Positive state of physical, mental and social well-being that is culturally defined, valued and practiced; an experience of harmony and healing, enhanced when one being connects to another.</td>
<td>A learned scientific and humanistic profession focused on the interpersonal caring process that assists patients and families move toward holistic harmony and healing and honor the deeper meanings in life.</td>
</tr>
</tbody>
</table>
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