

KOHL'S Cares



Committed to Kids' Health and Education

Kohl's Cares is a foundation of Kohl's department stores that provides grants to various community partners to show its commitment to kid's health and education. The use of this grant varies based on the health related needs of the community. Miami Children's Hospital and Kohl's Associates in Action are committed to the health and well-being of the children in our community and have joined to provide families with bike-and child-safety events at various South Florida locations throughout the year. The events focus on head injury prevention and include bicycle helmet fittings and helmet giveaways.

Since 2009, Kohl's has provided more than \$325,000 to the Miami Children's Hospital Foundation to make these events possible. Miami Children's was presented with the 2011-2012 grant check at an event on October 15, 2011. This event featured entertainment, giveaways and more. The partnership with Kohl's has provided a new way for Miami Children's Hospital to give to the community. For more information on the Kohl's Cares grant, calendar of future events, and bike and helmet safety information, please visit us at <http://www.mch.com/KohlsCares>.



Leader in the Spotlight




Why I Became a Nurse

By Veronica Scott-Fulton, DrNP, MPH, RN
Administrative Director of Nursing Operations and
Medical Surgical Services

Daisy, my mother, who serves as the matriarch of the family, has always been my hero. She is an extremely robust, religious woman with an abundance of Southern qualities, such as grace, mercy, humility and the courage to endure the toughest storms. As the eldest daughter of 12, she easily managed and became acclimated to storms. The family historical record is filled with accounts of Daisy cooking full meals to feed 50 or more people on short notice.

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From the Desk of Jackie Gonzalez

Dear Nursing Team:

The nursing team at Miami Children’s has much to celebrate looking back and much to anticipate in the year underway. As always, our nursing team was at the forefront of 2011 hospital initiatives to advance care practice and experience. For many families, we are the heart, soul and smiling face of MCH care and our impact is immeasurable.

We recently went live with our PEDS electronic medical record system. I want to thank those nurses who serve as Subject Matter Experts last year and in 2012 to support development of the new system and as well as their colleagues. Their hard work and guidance ensures that our new system will be optimal in its ability to support children and families and care here at MCH.

Some of our nurses were trained as “super users” who teach others how to utilize the new system. The go-live in April, marked a huge step forward for the children we serve. The interconnectivity of our systems through PEDS optimizes care practice, facilitating access to comprehensive patient records and enhancing care.

We continue to pursue our Magnet renewal process and are advancing documentation that demonstrates how the MCH nursing team lives and breathes Magnet components. The site visit is expected to follow in late fall. This is a busy time

for us as we prepare to showcase ourselves and “Magnify our Excellence.” The delivery of care at Miami Children’s Hospital is guided by the principles of family-centered care. The Nursing Department is dedicated to the belief that each child is unique and an integral part of a family unit. Families are involved throughout the course of their child’s care and are considered valued partners in care delivery. At all times, the delivery of care ensures respect for the dignity, values, religious and cultural beliefs of children and families. You will be hearing more about our new Professional Practice Model in months to come, developed especially by and for MCH nurses, that will serve to guide us into the future.

Thank you one and all for a dynamic 2011 and for embarking with me on PEDS and Magnet projects. As always, our nursing team is truly a force to be reckoned with. It is genuinely a privilege to serve with all of you.

Sincerely,

Jackie Gonzalez, ARNP, MSN, NEA-BC, FAAN
Senior Vice President / Chief Nursing Officer / Patient Safety Officer

Miami Children’s
Hospital’s



Professional
Practice Model



Child Life in Our MCH Emergency Department

By Brittany Brown, Miriam Damvar, Lauren Falduti, Danielle Furio and Kim Morales

From a child’s eye view, a hospital is a blur of white coats, strange voices and sharp needles. And when your medical vocabulary is limited to “boo-boo” and “ouchy,” it’s hard for caregivers to figure out what’s going on or why it hurts. This is where a Child Life Specialist, such as Miriam Damvar, can help. Miriam assists patients and family members in understanding what’s going on in an age-appropriate manner. She might use bubbles to distract a toddler during an IV Start or use an iPad with a school-age child during a laceration repair. Miriam is one of five Child Life Specialists who work in our Emergency Department here at Miami Children’s Hospital.



Miami Children’s Hospital employs five Child Life Specialists and one Child Life assistant in our Emergency Department. To become a Child Life Specialist, you must earn a minimum bachelor’s or master’s degree, with an educational emphasis on human growth and development, education, psychology, or a related field of study. All of our ED Child Life specialists are certified, which requires them to complete a supervised 480-hour clinical internship, pass an examination, and adhere to a minimum standard for continued professional development in order to maintain certification. Our Certified Child Life Specialists in the ED help children and families cope with stressful situations by finding out about any misconceptions or fears they have about the ED and help them work through anxieties. Kim Morales, the outpatient Child Life Supervisor, said, “Much of the distress that is associated with an emergency room visit is due to the child’s fear and the parent’s uncertainty around how to manage all of that. If we can reduce those fears, what is left over is not so horrible.” The truth is an IV start, blood draw or laceration repair is going to hurt. And you can’t save a child from all the pain and indignity that comes with a visit to the Emergency Department but there are many things that a Child Life Specialist can

do to help ease the pain and distress of our patients and families.

Child Life utilizes play to establish quick rapport with a patient in order to create a trusting relationship that aids in the child’s comfort with the healthcare team. We prepare the patient for upcoming procedures using visuals and medical equipment in order to decrease anxiety and fear, and encourage confidence and control by giving them choices, when possible, such as allowing a child to choose what hand the nurse first looks at for an IV start. Child Life is also present during the procedure to facilitate distraction from anxiety, and to provide emotional support and coping techniques to help the child master the experience. The methods applied by Child Life help to increase the child’s cooperation, which can result in fewer medical staff members needed to “hold” as well as less time spent during procedures. There is also a significantly lower amount of sedation and pain medication needed, due to the focus Child Life places on decreasing the child’s anxiety as well as utilizing non-pharmacological pain techniques such as distraction, guided imagery and comfort positioning.

The following is an email is from a parent of a patient who was in our ED in December. Child Life Specialist Brittany Brown (BB) was providing support and distraction with this patient using an iPad and the patient was playing a game called Fruit Ninja, which involves swiping a screen. “This e-mail is to let you know that you guys are..!!!!..AMAZING..!!!!..My son (you can’t stop the swipe) the best fruit ninja of the emergency room was very sick and you guys helped us to pass through easily. BB was a very special person to us and Chris. They did a bunch of tests to my boy. (Blood work, x-ray, etc.)....but we didn’t feel it because somebody took the time to explain to us the whole thing with detail. That person was BB. .So, to BB and the Child Life Department...a big THANK YOU! Thanks for all the things you did for us to make us comfortable at Miami Children’s Hospital. With people like that... (BB)...we just want to be sick all the time. Thanks to Miami Children’s Hospital, to the emergency room and the Child Life Department. A big thank you to BB for being there for my son.....thank you so much.....and remember.....“You can’t stop the swipe.”



The Road to Doctorate in Nursing Practice (DNP)

By Raquel Pasaron, DNP, ARNP, FNP-BC (Raquel is MCH's first DNP)

When I graduated with my bachelor's degree almost 24 years ago, the faculty instilled in my graduating class the prospect of continued education in nursing. One of my professors said, "I give you a year, you'll get bored and apply for graduate school." My father, a blue collar worker, ingrained in me the drive to study and work toward educational pursuits. He said to me, after graduation, if you want to continue with a graduate degree I will help you. I said, "No, Dad, I want to be the best nurse that I can possibly be; I want to pursue further studies, but only in practice can I be an expert."

After three years of clinical practice, I decided to go back to school and pursue my graduate degree. (Not sure that after three years of practice, I was an expert, but....) On my graduation day, my chairperson at that time, Dr. Donna Pfeifer, said to my parents, "She needs to pursue doctoral studies." Almost 15 years later, I did. First, I considered a research-based doctorate degree (PhD), and completed 18 credits. However, research synthesis was not what I aspired to do.

As I was driving back home from a national conference with my work colleague and her husband, a University of Florida (UF) alumni, I was convinced to apply for the on-line UF Doctorate of Nursing Practice (DNP) Program. The application was due in five days.

The program was ideal for me. The on-line basis of the program was somewhat daunting, but the appeal of working within your time constraints was aligned to my work and life schedule. The DNP Program at UF was one of the first in the state. The university's College of Nursing has an excellent reputation and the curriculum

was extremely appealing, innovative and in keeping with the American Association of Colleges of Nursing's white paper on practice-based doctoral education. The curriculum, student body and program was tailored to practice-based practitioners and in keeping with recommendations regarding the transformational change in education required for professional nurses to practice at the most advanced professional level.



The depth and breadth of the curriculum was comprehensive and carefully planned for stepwise progression. The courses included: health policy, public health and epidemiology principles, nursing informatics, quality indicators in nursing systems, outcome measures, advanced reasoning, ethical considerations in nursing, applied statistics, advanced pharmacotherapeutics and lastly the synthesis of research application the advanced nursing project and residency program. The application, resources, faculty availability, accessibility, seamless

processes associated with the program, college and coursework were completely hardwired. I felt extremely "special" and not a "cog in a wheel."

However, doctoral education was one of the most humbling and rewarding endeavors of my professional career. The on-line program helped me be a better communicator, both in writing and in person because it made me keenly aware of how important words are and communication is, regardless of modality. The program required great organizational skills, drive and dedication. The rewards were immeasurable. I earned a great respect for people, nursing and its diversity.

Having earned this degree is almost a surreal experience. My curiosity has been constant, both professionally and personally: 1) I am a work in progress. 2) I want to be the best nurse I can possibly be.

Curiosity, for me, is fueled by direction and purpose for nursing excellence. I am not sure

that I will ever accomplish that goal, but pursuit of self-actualization, whether we reach it or not, is always a good idea. In my advanced project acknowledgement, I stated, "I hope that throughout this journey I have chosen, I have made those around me proud by serving those that need me the most."

I pray every day that I give the best of me in every patient encounter. I hope that I continue to grow and learn, and that the DNP is only a step further.



My Philosophy of Nursing

By Ashley Ruiz, RN

My philosophy of nursing was conceived upon initiating my practical nursing program in high school. The instructors spoke of nurses as prestigious and how some of the first nurses were nuns. We looked back at the beginnings of nursing and discovered a spiritual and religious foundation that has become less evident with time. Nonetheless, that foundation remains prominent in the mission of nursing for me.

Nursing is not only a rewarding career, but a divine duty instilled in some to preserve humanity. Sure, nursing today is technical, fast paced, competitive and even at times desensitizing. As nurses, however, we should never forget our roots. Our roots stem from a candle and a pledge. The candle was carried by Florence Nightingale. Nightingale was a pioneer in the building of the nursing foundation. We need to not only understand, but value the pledge influenced by Nightingale, a pledge we took as we lit our candles before our family, our friends and the community – the pledge to live by an ethical code that extends beyond when we clock out from work.

In nursing, our practice focuses principally on the caring relationship between the nurse and the person in his or her care. Nursing means caring for the patient holistically. If we only treat the physiological problem, then we overlook the person who is our patient. I love my profession and must say it is not easy, and it is not by any means routine. I have a chance to not only help someone recover, but also a chance to change their lives.

With time, nursing is changing with the interventions of technology and even politics, but the foundation should remain unchanged. As a nurse we have to decide to build our career on the true foundation. At the end of the day the only thing that matters is the well being of our patients.

Know that nurses are an integral part of a person's journey to recovery. Let us commend the pledge that has not only changed lives, but has propelled humanity.



3East Uses Lean Tools to Enhance Customer Service

By Elizabeth Padilla, RN, MSN, CPN

Did you ever think that Lean tools could be used to anticipate patient needs? Or that Lean tools could be used in a customer service initiative that would decrease interruptions to staff? The 3East staff rose to the challenge and in using Lean methodology, started two programs that included standardizations of admission kits and a greeter program.

In Summer 2011, the clinical coordinators of 3East brainstormed how to standardize admission kits that included all the necessary non-chargeable items that patients use while in the hospital. The checklist for admission kit items was standardized with the assistance of Vivian Gimon, RN, and Vladimir Almenares, CA. Along with their unit manager, they mapped out what different age groups would need in each kit. The non-chargeable items are then removed by a care assistant or the unit manager and given to the volunteers. The volunteers then start building the kits. With the KanBan going live on 3East on February 28, the volunteers are now trained in how to work with the Kanban, and no longer need the care assistant or unit manager to remove items for them, from the Pyxis.

The volunteers are trained to build the kits with items from the Pyxis and items from the clean utility room. The admission kits have become a big hit with the staff and patients alike. 3East saw an increase in the Healthstream score when it came to anticipating patient's needs.

Another project 3East leadership embarked on was the use of volunteer greeters. Since 3East is next to the elevators on the third floor, the staff would become distracted helping lost families. That is when unit director Maria Soto came up with the plan to train volunteers to serve as greeters for the third floor. In collaboration with Volunteer Services, the unit manager then standardized the training and job description these greeters would receive. On a one-to-one basis, the volunteers were trained on what offices/units were on the third floor. They were also tested on their knowledge. Thanks to the standardization in training, they all received the same training and information. As of 3Q 2011, the greeters have helped more than 1,300 families. This has translated into 1,300 less interruptions and distracting moments for the 3East staff.

So look around your unit. Have you ever said to yourself, "Hmmm, I wonder why we don't do this." or "What would happen if we tried this?" Using Lean tools will help you in standardizing and finding the most efficient way in crafting creative solutions for your unit concerns.



The Incredibles: Med Surg's Very Own SMEs

By Elizabeth Padilla, MSN, RN, CPN

So you've heard about them -- SMEs (subject matter specialists). In fact you've heard the MCH family pronounce their titles differently, "smeez" or "S-M-E." So, who are they? Why were they chosen? And just what exactly do they do? I had the pleasure to interview four SMEs from the medical-surgical units.

I asked our PEDS electronic medical record crew what intrigued them about becoming SMEs. Jennifer Hager (2North SME) stated she wanted to be ahead of the game when it came to PEDS.

Jennifer Shapiro (2E SME) had an interest in clinical systems and was ready for this challenge. Cindy Ayala (3S SME) saw it as a way to show her pride- by representing her unit. While working on creating the nursing software for MCH, the SMEs have encountered some enlightening challenges. Cindy said she had to learn to "think of things in a broad perspective, like hospital wide verses unit based." All SMEs shared the challenge of having to figure everything out on their own, sort of like a police detective. Only, they weren't on their own. They had each other to rely on, ask questions and support one another.

They also share proud moments as SMEs. Natalia Lopez's (3East SME) moment was when she was asked a question and she had the right answer. It was a small detail, but it made her feel victorious. Jennifer Shapiro's proudest moment came after her hard work of developing and leading the PEDS updates and demonstrations to staff, she was recognized by Bing and Jackie for her hard work. Cindy's proudest moment was overcoming a fear that many share – public speaking. She had to do many updates

for Nursing Leadership and for staff and realized she conquered her fear.

The SMEs had witty answers when asked about what is the ONE aspect of the electronic medical record the nurses would most benefit from. Jennifer Hager says that being able to quickly access the physicians' orders and notes will lead to

improved patient care. Natalia shares her sentiment as well, stating that physician order entry will lead to enhanced transcription. Jennifer Shapiro notes that now medication orders will go directly from the physician

to the pharmacy, increasing efficiency and speed in medication preparation. Cindy sees the one-stop-shop the EMR will provide as the greatest benefit. Now, medications and all charting will be done on the same computer software.

I finally asked them to identify tips for our MCH nursing family to help them succeed in welcoming the PEDS system. Cindy Ayala advises teams to stay on the curious level of the mood elevator and to "keep an open mind." Jennifer Shapiro echoed Cindy's opinion by stating that we should all maintain a positive attitude, get involved and participate in end user training. Jennifer Hager says that "being open to change and understanding that this will be easier as time passes" should be kept in the back of our minds at all times.

The success of PEDS is due largely in part to the hard work of the SMEs. They too did not know what to expect, but with an optimistic attitude and positive thoughts, not only did they learn this program, but they were able to mold it to what the nursing team at MCH needs.



continued from cover

Why I Became a Nurse

It is indeed a rare occasion or event that surprises her or finds her unprepared. More often than not, she stands ready to manage the worst of situations with the requisite strength to win the battle. Such is life for Daisy as witnessed by a grateful daughter. I never understood how she did it, only that she laughed out loud, sang the praises of God, and allowed life to shine its magnificent glory upon her.

She is the reason I became a nurse. My grandmother and two of my aunts were nurses, so maybe it was in my blood. They are all very caring and take great pride in getting late night phone calls from church members and neighbors asking about various ailments or medications. For them, this is a life calling; it's God's work on earth. It is this sense of duty and this sense of mission that complete their entire identity. They would wear their white uniforms to church and be honored with the title of "mother nurse." They continue to wear their white caps, white dress uniforms, stockings and white shoes to be easily identified as a nurse by all who saw them. What a sight!

I am a native South Carolinian. I started my nursing career at Emory University Hospital Mid-Town in Atlanta, Ga. I worked on a 42-bed surgical unit. The nurse-to-patient ratio was six to one and we had one patient care tech for the entire floor. It was a tough place for a new grad and I wondered many times why I chose this profession. In the end, nursing has become my life and my happiness. I am wrapped in the splendor of its presence and will never let go. My future plan is to never retire. When I am too old for hospital work, I want to be a school nurse at an elementary school.



A New Year's Trauma Brings Gift of Renewed Appreciation

By Patty Rowe, RN, CPN

Over the past 30 years, many victims of tragic accidents have passed through the doors of our Emergency Department. Time and time again, our team has been called to make preparations and anticipate devastating situations. And of course, weekends and holidays are prime days for traumatic events.

The dawn of 2012 in the ED was no exception. What occurred on that New Year's shift was something I could never have imagined in all of my years. Initially the message that circulated within the department suggested that an incoming patient was the victim of a stabbing and that a stretcher was needed outside. Anticipating the worst was nothing compared to the experience I was about to face.

Several of the staff retrieved the patient from a car out front, while others set up the trauma room, and I proceeded to call for the necessary blood that was expected to be delivered for the bleeding patient.

The doors opened and the charge nurse ordered that I be seated. I never questioned her request, but immediately following, I heard a very familiar cry. I slowly stood from the chair and looked toward the racing stretcher headed for the trauma room. I was unable to see the patient the nurses had crowded around the stretcher. There was only one quick glimpse of a red lock of hair, but I was determined not to follow where my mind was beginning to lead me. Nothing was certain until the last visual took place, my beloved husband glancing toward me and following the stretcher inside. At that point I was overcome by nausea as my heart raced uncontrollably, but deep within my soul I knew "someone" was in control, and that "someone" is the one I talk to every day in my prayers.

The confirmation of this was overwhelming when one of the doctors and one of the nurses ran to my side and asked me if I wanted to pray. I knew that I needed to gain the Courage, Patience, Profound

Peace and Serenity that only comes through prayer. Nowhere else in the world can you find this when you are faced with these types of trials. This is what is beyond all human understanding!

Time seemed to stand still at this point and I started to reflect on the staff in the department that day. From the physicians, nurses, secretaries, registration clerks, housekeeping, ED and radiology techs, whether they were at my son's side or caring for the other sick children, they were all given to such a beautiful purpose. I began to realize in fact, I truly was on the other side. I no longer was the caregiver but the care receiver. Through my eyes, I witnessed like never before, the staff's direction, focus, determination and the depth of their never-ending compassion. I was graced to see them in a whole new light and have been immensely touched ever since.

Life as we know it, is forever changing, and it is those with whom we encounter that change us. From our loved ones, to those with whom we work, and those we meet every day of our life, we learn and grow, and appreciate all that is offered to us for a greater purpose.

This fateful night will be one I will never forget. This particular night held much promise and hope in the frailty of life and I pray it will help us all to realize the importance of relationships within our own family and at work. We must never forget that we are surrounded by "angels" and those "angels" include you. You are the ones that reach out to so many, to heal, to comfort and give support, and especially in trials such as these.

Our family has been so very blessed and it is my desire to recognize each and every one of you! My thoughts have been many, and I wanted something very special to reward you.

In the meantime, all I have to offer is a gracious heart. You all are very dear to



me and words cannot fully express the appreciation that our family has for each and every one of you!

Our son has fully recovered from the injury, which was not a stabbing, but an injury caused by carrying bottles on a go-ped and then falling. The injury to the abdomen was long and deep, but did not penetrate into the vital organs. Another blessing from above.

May God continue to bless your lives abundantly!

Cheesecake Recipe
By Carol Braz, RN,
Emergency Department
(the recipe makes 2 cheesecakes)

- 3 8-ounce blocks of cream cheese (softened---leave it out of the fridge for several hours)
- 1 cup of sugar
- 4 eggs
- 2 teaspoons of vanilla

1. Mix with a mixer until smooth.
2. Place contents in graham cracker crusts.
3. Bake at 350 for 35 minutes. Let cool for about 2 hours, then place toppings. (I use the pie filling fruit in the canned fruit section)
4. Refrigerate for several hours, then serve.
5. Enjoy!



**MIAMI
CHILDREN'S
HOSPITAL®**



Nursing Matters is produced quarterly by and for the nursing staff of Miami Children's Hospital in collaboration with the Marketing department

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Articles accepted must be written by MCH nurses, previously unpublished and don't forget to include your full credentials for credit.

Western Institutional Review Board Visits the MCH Research Institute

By *Jenny Cordo, MSN, ARPN, PNP-BC*

O Miami Children's Hospital Research Institute this month received a visit from a representative of the Western Institutional Review Board (WIRB), an entity that provides a review of clinical investigations to assure the protection of the rights and welfare of the study subjects.

Cynthia Gates, RN, JD, Vice President of Education and Consulting Services for WIRB came to Miami Children's Hospital Research Institute to review research processes and provide education. During her visit, she offered informational seminars for physician and nursing investigators as well as research staff. Ms. Gates also met

with a number of research staff members and administrative personnel as part of her review of the research institute practice.

Ms. Gates noted that the MCH research team was knowledgeable, worked well with the investigators and asked insightful questions. She will submit her findings to the WIRB Board for their consideration.

"I would like to thank all of our Research Team and the investigators who participated in the WIRB visit," said Jose Perdomo, Director of the Research Institute and Associate General Counsel. "This was a great display of team work."

New Certifications and Education

- Sandra Burcet, CPN, 2 East
- Rico Trespicio, CPN Cert., 2 East
- Maibys Molina, CPN Cert., 2 East
- Vera Berry, CPN Cert., 2 North
- Michele Moreno, CPN Cert., 2 North
- Cristina Meca, CPN Cert., 2 North
- Cristina Milian, CPN Cert., 2 North
- Ana Lourdes Perez, CPN Cert., 2 North
- Jessica Perez, CPN Cert., 2 North
- Natalia Lopez, CPN Cert., 3 East
- Valeria Riorda, CPN Cert., 3 East
- Alejandro Perez, CPN Cert., 3 East
- Vladimir Almenares, CA Certs, 3 East
- Dalva Ferraz, CA Certs, 3 East
- Martha Tanos, CA Certs, 3 East
- Mellissa Iglecias, MSN/ FNP-BC, 3 NE
- Cristina Suarez, MSN, 3 NE
- Audrey Strapp, CA Certs, 3 NE
- Guillermo Serrano, CA Certs, 3 NE
- Nelly Santos, CPN Cert., 3 NE
- Michelle Tai, CPN Cert., 3 North /Infusion
- Lina Gaviaia, CPN Cert., 3 North /Infusion
- Natalie Machado, CPN Cert., 3 North / Infusion
- Karina Egues, CPN Cert., 3 North /Infusion
- Diana Garcia, CPN Cert., 3 North /Infusion
- Annette Caravia, CPN Cert., 3 North / Infusion
- Cristina Suarez, CPN Cert., 3 North / Infusion
- Anilady Casserino, CPN Cert., 3 North / Infusion
- Willyne Lozainder, CPN Cert., 3 North / Infusion
- Caroline Mazzitelli, CPN Cert., 3 North / Infusion
- Sylvia Mendez, CPN Cert., 3 North /Infusion
- Stephanie Soto, CPN Cert., 3 North /Infusion
- Kristen Rojas, CPN Cert., 3 North /Infusion
- Anamaria Jaurequi, CPN Cert., 3 South
- Beatriz Milian, CPN Cert., 3 South
- Oldine Pierre, CPN Cert., 3 South
- Elizabeth Forrest, CPN Cert., 3 South
- Patricia Tavio, CPN Cert., 3 South
- Damaris Sanchez, CPN Cert., 3 South
- Karen Ricketts, CPN Cert. 3 South
- Jeannie Perez, CPN Cert., 3 South
- Carolina Ferraz, CPN Cert., 3 South
- Mercedes Pons, LPN-RN, Dialysis
- Odalys Correa, RN, LPN-RN, ED
- Idania Leon, RN, LPN-RN, ED
- Simone Carter, RN LPN-RN, ED
- Joan Cornell, RN, LPN-RN, ED
- Erika Colston, LPN-RN, ED
- Lizette Rivera, CPN Cert., ED
- Lilia Alonzo, CPN Cert., ED
- Gabrielle Lugo, CPN Cert., Float Pool
- Emmanuel Ramirez, CPN Cert., Float Pool
- Janyne Solomon, CPN Cert., Float Pool
- Jeanette Rawls, CPN Cert., Float Pool
- Katy Cabanillas, CPN Cert., Float Pool
- Alicia Lue, Vascular Access Cert., IV Team
- Ansley Bienvenu, Vascular Access Cert., IV Team
- Marissa Subido, CPN Cert., NICU
- Priscilla Armas, CPN Cert., NICU
- Marina Fabian, CPN Cert., NICU
- Sarah Iverson, CPN Cert., NICU
- Angela Ow, CPN Cert., NICU
- Florence Smith, CPN Cert., NICU
- Nadine Goelz, CNOR Cert., OR
- Odalys Bancroft, CNOR Cert., OR
- Andres A. Andres, CST, OR
- Patricia Bowen, CPN Cert., PCC
- Maria Mejia Rincon, CA Certs, PCC
- Julia Badia, CA Cert, PCC
- Erica Pardo, PNP-BC, PICU
- Angelina Apolis, CPN Cert., PICU
- Gina Jimenez, CPN Cert., PICU
- Vanessa Lengyel, CPN Cert., PICU
- Alison Schefflow, CPN Cert., PICU
- Michelle Rodriguez, CPN Cert., PICU
- Francesca Otero, CPN Cert, PICU
- Vanessa Escobar, CPN Cert., PICU
- Jason Shull, CPN Cert., PICU
- Alejandra Guerres, CPN Cert., PICU
- Vivette Dobbins, CPN Cert., PICU
- Victoria Perez, CPN Cert., PICU
- Alison Schefflow, CPN Cert., PICU
- Mariel Marin, CPN Cert., PICU
- Julie Smith, CA Certs, PICU
- Bobbie Robinson, CPN Cert., PICU
- Jannette Martinez, CPN Cert., Same Day Surgery
- Jeannette Giraldo, CPN Cert., Same Day Surgery
- Rebeca Pastor, CPN Cert., CV
- Lourdes Selbio, CPN Cert., CV
- Jen Vasserman, CPN Cert., CV
- Jessica Miller, CPN Cert., CV
- Dafenie Fernandez, CPN Cert., CV
- Maria Caridad-Cortina, CPN Cert., CV
- Jackie Rodriguez, CPN Cert., CV
- Danielle Emerick, CPN Cert., CV
- Andrea Downs, RN, CPN Cert., CV
- Joy Garcia, RN, CPN Cert., CV
- Esther Wooten, RN, CPN Cert., CV
- Ana Liza Marasigan, CPN Cert., CV