

### Attendance Sheet

| <b>Date:</b> 1/26/2018                                                   |                                                        | <b>Time:</b> 11AM- 12PM              |                                                                                                      | <b>Location:</b> Rm MSB 235                                             |                  |                                                                     |
|--------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------|---------------------------------------------------------------------|
| <b>Coordinated/Facilitated by :</b> Carol Daley, RN, MSN                 |                                                        |                                      |                                                                                                      | <b>Conducted by:</b> Carol Daley, RN, MSN<br><small>Chairperson</small> |                  |                                                                     |
| <b>Council/Meeting/Topic:</b> POIC (Patient Outcome Improvement Council) |                                                        |                                      |                                                                                                      |                                                                         |                  |                                                                     |
|                                                                          | <b>Print Full Name</b><br><br><b>I.e.: Susan Jones</b> | <b>Clearly list your Credentials</b> | <b>Position/Title</b><br><small>Clinical Nurse, ANM, NM, Director, RT, PT, NP, PA, CNO, etc.</small> | <b>Unit</b>                                                             | <b>Signature</b> | <b>On/ Off Duty</b>                                                 |
| 1                                                                        | Carol Daley                                            | RN, MSN, CNML                        | Nurse Manager                                                                                        | Critical Care                                                           | Carol Daley      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2                                                                        | LORRIE PRESSBY                                         | RN, BA, CNOR, CR                     | OR Educator                                                                                          | OR                                                                      | L. Pressby       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3                                                                        | DORIT LUBERK WALSH                                     | RN, MSN                              | Nurse Coordinator                                                                                    | MCH                                                                     | D. Luberk Walsh  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4                                                                        | BILL NEIFER                                            | LLSW                                 | VP Quality                                                                                           | Admin                                                                   | B. Neifer        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 5                                                                        | Lynda Neary                                            | BSN, NCPA                            | Coordinator                                                                                          | ASH                                                                     | Lynda Neary      | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 6                                                                        | Deborah Reynolds                                       | BA, RP-CWA                           | Ward/ICU                                                                                             | W-HOUSE                                                                 | Deborah Reynolds | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 7                                                                        | Karen Dondero                                          | RN, BSN, CBRN                        | Clinical nurse                                                                                       | Endo                                                                    | Karen Dondero    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8                                                                        | Jessica Faranda                                        | RN                                   | Clinical nurse                                                                                       | ED                                                                      | Jessica Faranda  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 9                                                                        | Jennifer Eiseby                                        | RN III BSN                           | RN III                                                                                               | Infusion                                                                | Jennifer Eiseby  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 10                                                                       | Elizabeth Wiley                                        | RN                                   | Clinical nurse                                                                                       | Pediatrics                                                              | called in        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 11                                                                       | Arlene Kritzer, RN                                     | RN, BSN, PCN                         | Clinical nurse                                                                                       | Telemetry                                                               | called in        | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 12                                                                       | Jacklyn Wylie                                          | RN                                   | Clinical nurse                                                                                       | 2 center                                                                | called in        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 13                                                                       | Kelly Roush                                            | RN, CPAN                             | Clinical nurse                                                                                       | PACU                                                                    | called in        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 14                                                                       | Tanice Breen                                           | RN                                   | manager                                                                                              | Rural care                                                              | called in        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 15                                                                       |                                                        |                                      |                                                                                                      |                                                                         |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 16                                                                       |                                                        |                                      |                                                                                                      |                                                                         |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |