

### Council/Meeting Attendance Sheet

|                                                                           |                                                 |                                                             |                                                                                             |                                                                 |                         |                                                                     |
|---------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------|---------------------------------------------------------------------|
| <b>Date:</b> 5/15/19                                                      |                                                 | <b>Time:</b> 9 am – 11 am                                   |                                                                                             | <b>Location:</b> Atrium                                         |                         |                                                                     |
| <b>Coordinated/Facilitated by :</b> Judy Kennedy                          |                                                 |                                                             |                                                                                             | <b>Conducted by:</b> Judy Kennedy<br><small>Chairperson</small> |                         |                                                                     |
| <b>Council/Meeting/Topic:</b> Phelps New Knowledge and Innovation Council |                                                 |                                                             |                                                                                             |                                                                 |                         |                                                                     |
|                                                                           | <b>Print Full Name</b><br><br>I.e.: Susan Jones | <b>Clearly list your Credentials</b><br>I.e.: BSN, RN, CCRN | <b>Position/Title</b><br>Clinical Nurse, ANM,<br>NM, Director, RT, PT,<br>NP, PA, CNO, etc. | <b>Unit</b>                                                     | <b>Signature</b>        | <b>On Duty</b>                                                      |
| 1.                                                                        | Calabro, Kathleen                               | BS                                                          | Data Analyst                                                                                | Nursing Admin                                                   | <i>Kathleen Calabro</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2.                                                                        | Cutaia, Kristin                                 | BSN, RN-BC                                                  | Clinical Nurse                                                                              | 5 N                                                             |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 3.                                                                        | Dillworth, Judy                                 | PhD, RN, NEA-BC, CCRN-K                                     | MPD                                                                                         | Nsg Admin                                                       | <i>Judy Dillworth</i>   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.                                                                        | Farrell, Catherine                              | BSN, RN                                                     | Clinical Nurse                                                                              | Pain Center                                                     |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 5.                                                                        | Fox, Nancy                                      | MS-C, BS, NEA, CNML, NPD, RN-BC                             | Director                                                                                    | Org Develop                                                     |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 6.                                                                        | Gonzalez, Maria Kierra Jaca                     | MSN, BSN, RN-BC                                             | Clinical Nurse                                                                              | 2 N                                                             | <i>Maria Gonzalez</i>   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 7.                                                                        | James, Topsy                                    | BSN, RN                                                     | Clinical Nurse                                                                              | Endoscopy                                                       | <i>T. James RN</i>      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8.                                                                        | Kennedy, Judy                                   | BSN, RN-BC                                                  | Clinical Nurse IV                                                                           | MCH                                                             | <i>Judy Kennedy</i>     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 9.                                                                        | Maloney, Mona                                   | MSN, BSN, CNS, RNC-OB, C-EFM                                | Clinical Nurse IV                                                                           | MCH                                                             |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 10.                                                                       | McCarthy, Catherine                             | BSN, RN                                                     | Clinical Nurse                                                                              | OR                                                              |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 11.                                                                       | Moon, Christopher                               | RN                                                          | Clinical Nurse                                                                              | 5 S                                                             |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 12.                                                                       | Morgan, Denise                                  | BSN, RN                                                     | Clinical Nurse III                                                                          | Endoscopy                                                       |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 13.                                                                       | Mullins, Suzanne                                | RN                                                          | Clinical Nurse III                                                                          | MCH                                                             |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 14.                                                                       | Mulvena, Alicia                                 | MA-C, RN-BC                                                 | Education Specialist                                                                        | Org Develop                                                     | <i>Alicia Mulvena</i>   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                    |                                                    |                                                                    |                                                                                              |                                           |                       |                                                                     |
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| Coordinated/Facilitated by : Judy Kennedy                          |                                                    |                                                                    |                                                                                              | Conducted by: Judy Kennedy<br>Chairperson |                       |                                                                     |
| Council/Meeting/Topic: Phelps New Knowledge and Innovation Council |                                                    |                                                                    |                                                                                              |                                           |                       |                                                                     |
|                                                                    | <b>Print Full Name</b><br><b>I.e.: Susan Jones</b> | <b>Clearly list your Credentials</b><br><b>I.e.: BSN, RN, CCRN</b> | <b>Position/Title</b><br><b>Clinical Nurse, ANM, NM, Director, RT, PT, NP, PA, CNO, etc.</b> | <b>Unit</b>                               | <b>Signature</b>      | <b>On Duty</b>                                                      |
| 15.                                                                | Neary, Lynda                                       | BSN, CAPA, RN                                                      | RN Coordinator                                                                               | Surgi - Center ASU                        |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 16.                                                                | Poyaoan, Paulo                                     | BSN, RN                                                            | Clinical Nurse III                                                                           | WCI                                       |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 17.                                                                | Reynolds, Deborah                                  | AAS, BA, RN, CWOCN                                                 | Clinical Nurse IV                                                                            | Ostomy                                    |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 18.                                                                | Rush, Danielle                                     | BSN, RN                                                            | Clinical Nurse II                                                                            | MCH                                       | <i>Danielle R</i>     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 19.                                                                | Santoro, Kristin                                   | BSN, RN                                                            | Clinical Nurse                                                                               | 2 C                                       | <i>on phone</i>       | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 20.                                                                | Tertulien, Irma                                    | MSN, RN                                                            | RN III                                                                                       | Infusion Center                           | <i>Irma Tertulien</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 21.                                                                | Wall, Doreen                                       | MS, RN-BC                                                          | Clinical Educator                                                                            | Behavioral Health                         |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 22.                                                                | Wilson, Tammy                                      | BSN, RN                                                            | Clinical Nurse                                                                               | 5 S                                       |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 23.                                                                | <i>TALLIER, PEGGY</i>                              | <i>MPA CDD RN</i>                                                  | <i>RESEARCH coord. nurse</i>                                                                 | <i>nursing</i>                            | <i>P. Tallier</i>     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 24.                                                                | <i>Kellie mason</i>                                | <i>RN BSN</i>                                                      | <i>RN II</i>                                                                                 | <i>5S</i>                                 | <i>K. mason RN</i>    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 25.                                                                | <i>Candice Johnson</i>                             | <i>RN BSN</i>                                                      | <i>RN II</i>                                                                                 | <i>5N</i>                                 | <i>Candice J</i>      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 26.                                                                |                                                    |                                                                    |                                                                                              |                                           |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 27.                                                                |                                                    |                                                                    |                                                                                              |                                           |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 28.                                                                |                                                    |                                                                    |                                                                                              |                                           |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 29.                                                                |                                                    |                                                                    |                                                                                              |                                           |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No            |