Bringing Yoga and Meditation into the Prison System

By Morgan Meinel, RN, BSN

A few months ago, I was invited, to teach yoga and mindfulness to a group of young women by my dear friend who also happens to be the Assistant Principal of Rose M. Singer Women’s Correctional Facility at Riker’s Island. My friend had reached out to me with the hope that I would be able to provide these women with therapeutic techniques to help them cope with the difficult situations and emotions that arise with prison life. It did not take much consideration on my part to agree. It is a part of my life’s work as a nurse and yoga instructor to help others to achieve inner peace and comfort in any way that I can. Also, I have always been an advocate for rehabilitation (and not punishment) within prison systems.

When I began setting up for the yoga class, several of the young women expressed their excitement at being able to participate. Some were more receptive than others to the world of yoga and meditation, but overall, most of them articulated much gratitude for having the class take place.
Nursing Rounds:
Palliative Care in Lung Cancer
By Carla Alves-Miraldo, RN, MS

An estimated 222,000 new cases of lung cancer were diagnosed in the United States in 2010, and approximately 157,000 patients died from the disease (Jemal, Siegel, & Xu, 2010). Despite complete resection and curative intent, many patients with early stage lung cancer experience recurrence. The 5-year survival rate for early stage non–small cell lung carcinoma (NSCLC) after potentially curative surgical resection is 80% to 80% for Stage I, 40% to 50% for Stage II, and 10% to 20% for Stage III (Scott, Howington, & Feigenberg, 2007).

Because recurrent disease is so common, aggressive symptom management and psycho-social support using an interdisciplinary palliative care model becomes an important aspect of care. Palliative care addresses the complex care needs that accompany the occurrence of life-threatening disease. In its recent 2009 update, the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care defines palliative care as “medical care provided by an interdisciplinary team, including the professions of medicine, nursing, social work, chaplaincy, counseling, nursing assistant, and other health care professions focused on the relief of suffering and support for the best possible quality of life (QOL) for patients facing serious life-threatening illness and their families. It aims to identify and address the physical, psychological, spiritual, and practical burdens of illness” (Ferrell, Koczywas, Grannis, & Harrington, 2011). Palliative care begins at the time of diagnosis of a serious disease; continues throughout treatment, cure, or until death; and involves the family during the bereavement period.

City of Hope’s Betty Ferrell, Ph.D., R.N., FAAN, FPCN, CHPN tested the effectiveness of an interdisciplinary palliative care model to improve care for patients with lung cancer and their family caregivers. At a Nursing Grand Rounds gathering, keynote speaker Dr. Ferrell presented her five year long project called: Palliative Care for Quality of Life and Symptom Concerns in Lung Cancer.

Dear Readers:

Every one of us has promises that we are trying to keep. Things we are hoping for. But somehow we do not see anything happening. Nothing is changing. The mistake we too often make is we start talking ourselves out of it. We do not realize that our negative words are what is keeping the promises from coming to pass.

The moment we say something out loud, we are giving life to what we are saying, either good or bad. That is what allows it to become a reality.

There are times in all our lives when it’s difficult to be positive. Could it be that if we do not talk about how big our problems are; refuse to complain about what did not work out; or choose not to tell a friend how we did not get promoted; that the walls that are holding us back will come down?

When negative thoughts come, try letting them die stillborn. Refuse to let defeat take control over your life. If we can stay positive, we will model Magnetism!

With my best wishes for you and those you love,
Carla Alves-Miraldo, RN, MS

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Getting Together To Be More Globally Involved
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2. To collect packaging supplies to prepare items for shipping. Nurses worked with managers, materials coordinators and staff colleagues to gather boxes and bags that could be used to package donation items for shipment to Liberia.

3. To prepare a list of volunteer nurses willing to donate time and muscles to actually organize, itemize and pack items to be shipped out.

Additionally, Magnet Champion volunteers decided to collect small toiletry items as a care package for the caregivers in Liberia. We wanted to send a message to the caregivers that others were there to care for them. Once we had identified ways in which we could be useful, it was easy to implement our plans to make a difference in others’ lives.

After first implementing our initiatives with the medical student group, we faced some unforeseen obstacles. Some supplies and donations were delayed due to challenges of identifying shipping partners to get items to that part of the world.

Shivani and I stayed in contact to discuss ongoing needs and I worked to keep the Magnet volunteers updated on the progress of our efforts. And while the Ebola outbreak in Liberia has abated, both the medical students and Magnet Champions recognized there are still unmet needs throughout the world. The medical student group that initially started their work as an Ebola Action Committee now considers themselves as an Emergency Action Committee to address the needs of global citizens in the face of disaster. Needs across the world can change in a New York minute and we should be prepared to adjust our goals to meet these new challenges as they arise, if we wish to provide meaningful aid.

The goals now are to keep the momentum going and to broaden our world involvement even more. I have spoken with a physician colleague who works in Kenya to discuss ways we could combine efforts to help people there. I hope to encourage nursing staff that no matter how little you think one person may be able to change things, we can be stronger and more effective by organizing ourselves, maintaining a focused plan in our efforts and remaining cognizant that the world will always be better in the caring hands of a nurse.

Rehab Nurses Reflect on Joint Commission Survey Visit
By: Lynette Joy Romanovitch BSN RN

Mount Sinai Hospital and Mount Sinai Hospital of Queens underwent a five day reaccreditation survey by The Joint Commission (TJC). The survey process was data-driven, patient-centered and focused on evaluating actual-care processes. There were seven surveyors who provided a thorough and comprehensive assessment of our inpatient units, ambulatory clinics, and procedural areas utilizing “tracer methodology,” where they traced the actual services. They had the opportunity to observe care in different units depending on the complexity of the patients, their length of stay and the services they received.

During the survey visit, rehab nurses from KCC 3S and KCC 2S who spoke to surveyor Ms. Judy Parker, MSN, RN, were able to demonstrate that quality and safety processes are a part of our practice and is important in providing our patients and families with the care that they need. “Maintaining The Joint Commission standards is our way of life at Mount Sinai, especially in rehab. Although the process can be somewhat intimidating, the level of quality required to meet the standard ensures that our patients, our friends, and our loved ones, if they should find themselves hospitalized, will receive proper, safe and quality care,” reflected Christine Lafontant, BSN, RN from KCC 3S.

Ms. Lafontant went on to express, “I was proud to articulate to Ms. Parker the different care in rehab from other units by utilizing the Functional Independence Measure (FIM Scores), to measure our patients progress of functional skills, mobility, and communication from admission through discharge.”

Pain Resource Nurses Are Advocates for Patients & Staff
By Carla Alves-Mirandal, RN, MS

Despite significant advances in the understanding of pain pathogenesis and ongoing advances in treatment options, pain continues to be undertreated in health care settings. To improve pain management practices, the Mount Sinai Health System and the Department of Nursing introduced the Pain Resource Nurse (PRN) program. Over 45 nurses attended the two-day PRN course to receive advanced education on pain assessment and management, and to learn how to improve pain management practices in patient care areas.

A PRN is a registered nurse who functions as both a resource and as a change agent to help nurses, physicians, physical and occupational therapists, and patients and families work together to facilitate quality pain management.

“By being the PRN, you are the star of the unit. You are the ‘go to person.’ You are going to be the educator on pain,” said Ms. Sonia Nelson, MSN/M, RN.

The class began with a discussion of the difference between pain and suffering. Pain is whatever the patient says it is and suffering occurs when a patient feels voiceless. Pain and suffering are not synonymous. Accurate assessment of acute pain is essential for the development of an effective pain management plan.

“We need to sit down with the patient and get the information. Pain is just not a number on a scale of 1 to 10,” said Ms. Linda Margulies, MPH, RN-BC. “We need to know the characteristics of the patient’s pain in order to come up with a pain plan of care.”

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Nursing Rounds: Palliative Care in Lung Cancer

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Her inspiration to create a better way to deliver care to cancer patients came from her definition of quality care. “It’s the care I would want if I or anyone I love had cancer. I would not want someone I love to have symptoms that are out of control, with no psychosocial support, and constantly in urgent care in pain crises before they got the care they needed. I want a proactive system.”

“This project included people from medical oncology, thoracic surgery, social work, and palliative care. Essentially we tried to get everybody who dealt with lung cancer and bring them together so we could collectively think about better ways to take care of people with cancer,” added Dr. Ferrell.

In the study, early stage lung cancer patients were followed by the interdisciplinary palliative care team for one year, and late stage cancer patients followed for six months. The care model, involved a comprehensive assessment of patient and family caregivers’ QOL concerns before the initiation of treatment. QOL assessment was focused on four domains: (1) physical, (2) psychological, (3) social, and (4) spiritual well-being. All teaching sessions included demonstration, verification of learning, and written action plan.

Patient and family caregiver outcomes measured included QOL; functional status; use of support services; distress; use of resources; and family caregiver self-care, burden, and skills preparedness.

The Institute of Medicine’s Report on palliative care recommended that palliative care, including symptom management and attention to QOL concerns of patients and families, should be addressed throughout the trajectory of lung cancer (Spiro, Gould, & Colice, 2007). An interdisciplinary palliative care model can effectively link patients to the appropriate supportive care services in a timely fashion.

References:


Bringing Yoga and Meditation into the Prison System

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I began the class by encouraging them to let go of any anxiety or worry they may have been holding at that moment. I had expressed to them that it was my greatest wish to see them happy and with more easeful states of mind – regardless of their circumstances. I encouraged them to set motion a commitment and/or vow to recognize the good qualities within themselves that would ultimately create the causes and conditions to allow more constructive and happy mental states for both themselves and those around them.

Then we began to cultivate the yogic three-part breath. A sense of grounding, harmony, and ease was tangible within the room. For me, this was enough to recall the benefits of mindfulness practice and how it has influenced me to become kinder and more loving towards myself and those around me.

After guiding the women through some salutations and exercises, we got into a comfortable seated position to set up for a counted breath meditation. After instructing them to count their breath, I invited them to take a few minutes to themselves, to turn within, and observe how their positive actions, open-mindedness, and self-love contributed to how they were feeling at that moment.

Each individual clearly expressed that they were feeling much calmer and peaceful. A sense of camaraderie filled the room and they all smiled and laughed with each other. This was a very special moment for me.

I encouraged the women to always come back to their yogic breath, no matter the situation, and asked them to try and recall how grounded and calm it helped them to become.

Even within prison walls, each and every one of them could have the ability to calm their mind by placing it on a constructive object such as the breath.

We then closed our yogic work together by bringing our hands together at our hearts and giving each other an acknowledging bow. Bowing to our collective good qualities, positive efforts, to happiness, self-love, and peace of mind.

It was a great honor and privilege to be in a place to offer help to these women. It was a valuable and enriching life experience for me. This gathering inspires me to do what I can to help benefit others through understanding and compassion. We are all capable of this goal. May each and every one of us recall the positive effects of love, kindness, and altruism.

Rehab Nurses Reflect on Joint Commission Survey Visit

(continued from page 3)

“As the ‘point person’ for the first time, I looked at the Joint Commission survey with an open mind and an educated perspective. Thanks to the daily huddles with my manager, Ms. Simone Smith and our educator Ms. Yolanda George, I was able to showcase our unit with confidence. I felt like I was the most well-vered nurse when I discussed the metrics of our Performance Improvement with Ms. Parker, and when I navigated EFIC to show her our admission process,” said Ms. Marjorie Chocolad-Hedgepeth, BSN, RN from KCC 3S.

“I believe that if you are in healthcare field and you do not learn something new every day then something is wrong. The Joint Commission survey was a good learning experience for me. I used to consider preparing for an on-site visit as a period of natural disaster preparation. Now, I have seen the positive effects of working up to The Joint Commission standards including bar code scanning to prevent errors, increased effectiveness of transfer of care, diligent charting and documentation and even small details such as no food at nurse’s station and WOW carts to improve sanitation and infection control,” said Mayfair Aboagyewah BSN, RN from KCC 2S. “Ms. Parker was blown away by how the entire rehab team collaborates in setting up goals and a plan of care for our patients for a safe discharge according to the TJC standards. She was amazed by how KCC 2S Spinal Cord Rehab utilized “robotic rehab” with Exoskeleton and Rewalk to help our patients increase their ambulation, keep their organs and bones healthy and enhance mental wellbeing, especially for our patients with SCI,” said Ms. Aboagyewah.

Overall, TJC survey was a success for us. As a group, we rehab nurses embraced the visit as a challenge that will enhance our workplace, promote safe and quality care to our patients, and help us continue to take pride in our profession.
Transitioning from RN to Clinical Coordinator

By Jennifer Winborne, RN, FNP

This past August, I transferred from my position as a clinical nurse on KP5, a Mother/Baby unit, to become a clinical coordinator for Women's Services. It is an honor to be in this new role and furthermore, to be sharing my story with you all.

My career as a nurse started in 2008 at Mount Sinai Hospital. I was hired as a new graduate nurse to work on KP5. To be hired as a new graduate anywhere was a challenge, and I was more than lucky to have the opportunity to start my career here. A hospital that when mentioned, often elicits a "WOW, that's great." It was at our hospital where I learned what it means to provide quality nursing care.

In 2010, I took advantage of our tuition reimbursement program, and pursued my master's degree as a Family Nurse Practitioner. I achieved my degree in 2014. My next ambition is to go on to complete my doctorate degree.

My desire to help improve each and every patient's experience is what drove me to transition into the role of Clinical Coordinator. After spending seven years at MSH, I realized that I wanted to help make a difference on a larger scale. I knew we had an outstanding team, and I wanted to translate that teamwork into improved patient satisfaction and outcomes.

As the clinical coordinator for OB, patient satisfaction and quality care is my main goal. In addition, I will serve as a facilitator and resource to the OB night staff. I want everyone to know that even though their clinical nurse manager is gone for the night, it does not mean that they do not have support. Ms. Shaneeka Clarke, another clinical coordinator for OB, and I will provide coverage six nights per week. We hope that the staff finds comfort in knowing that someone is there for them.

My transition from clinical nurse to clinical coordinator, though challenging, has been an amazing experience. I am learning something new every day and look forward to continuing to do so. I am fortunate to be able to work under four amazing clinical nurse managers. Each of them possess a different leadership style and set of skills that I stand to gain something from. I hope to develop my own leadership style using attributes I have learned from all of them.

I look forward with great excitement to this new chapter of my career within the Mount Sinai Health System. I encourage all nurses to be open to new opportunities of growth and professional development as they become available.

Phillips Beth Israel School of Nursing Has a New Dean

By Carla Alves-Miraldo, RN, MS

Todd F. Ambrosia, DNP, MSN, FNP-BC, FNAP, has been appointed as Dean of Phillips Beth Israel School of Nursing (PBISN) at Mount Sinai Beth Israel Hospital.

"PBISN has a stellar reputation and I am thrilled to take the lead during this time of new beginnings, growth and great potential to develop a broadened approach to nursing and health care education. There are endless possibilities for new programs, degrees, and research initiatives in collaboration with our colleagues throughout Mount Sinai," said Dr. Ambrosia.

“I see this as a time of renewal—where we welcome back alumni to enhance their professional development...It is all so exciting and I am eager to see what new possibilities the future holds.”

His second priority is to enhance student experiences and prepare them for advanced nursing roles through new certificate and graduate degree programs. After conducting a market analysis and organizing focus groups to determine which programs and specializations best respond to current trends in health care, he looks forward to working on program development.

“My goal is to receive approval to offer new programs within the next three years. It is my hope that these programs will involve local real world and international experiences for our students. I would like to see international collaborative and exchange programs with schools across the globe to offer students a leading edge in their educational experience. My vision is to continue to build on the school's 100 plus year history and legacy of excellence in nursing education and make PBISN the number one nursing school in NYC.”

(continues on page 6)
Prior to joining Mount Sinai Beth Israel, Dr. Ambrosia was the Associate Dean for Graduate Programs at the University of Miami’s School of Nursing and Health Studies, where he supervised nine graduate nursing programs and managed the accreditation process. He was previously the Director of the Division of Family Primary Care at the University of Maryland’s School of Nursing, where he was responsible for several graduate and undergraduate programs in health sciences and nursing.

Dr. Ambrosia received his Masters of Science in Nursing in Family Practice from Vanderbilt University and his Doctor of Nursing Practice in Healthcare Administration and Informatics from the University of Miami. He holds a Graduate Certificate from the University of Miami in Global Health Policy, a Master’s Certificate from Cornell University in Executive Leadership, and a Graduate Fellowship Certificate in Integrative Medicine from the University of Arizona College Of Medicine.

Dr. Ambrosia is a Distinguished Fellow in the National Academies of Practice, an Ambassador of the United States National Health Service Corps, and serves as an Editorial Advisory Board Member for the Consultant Journal. He serves as a member of the Core Steering Committee on Research for the International Council of Nurses. He has also authored over 50 articles and book chapters.

Pain Resource Nurses Are Advocates for Patients and Staff

It’s imperative that nurses always ask the patient what is an acceptable level of pain for them and document their response. Furthermore, to make sure that when an opioid is ordered, a bowel regimen should also be in place to prevent constipation, a common side effect of opioids. In addition, nurses should administer around the clock opioids even if the patient is sleeping because if not, when they wake up, they will be in pain and will then need to play catch up and it’s difficult to do so.

Nurses also learned about the benefits of applying warm and cool pads on pain sites. For instance, to decrease sensitivity to pain and muscle spasticity, cold pads work best for localized pain. Warm pads should be applied on decubiti, superficial thrombophlebitis, anorectal pain and hematomas. Cold pads can be applied for bleeding and swelling sites, and by patients with acute rheumatoid arthritis and migraine headaches.

During the presentation on pain management strategies in pediatrics, it was stressed that acute peri-operative pain is still undertreated despite advances over past decades. There is also lack of effective pain management in the post-op period. A potential barrier for this are parent’s reluctance to have their child receive pain medication.

This training course was very effective and improved my knowledge of pain management. It equipped me to improve care of patients in pain, strengthened my role as a patient advocate, and prepared me to be a confident member of interdisciplinary care team. I am very excited that PRNs are able to attend the chronic pain rounds with Dr. Stelian Serban. What an amazing opportunity to round with our “Chief”!
Transition Program Reflections

By Kimberly P. Zafra, BSN, RN

Dry throat, rapid heart rate, excessive sweating, shaking, intense fear—symptoms that many of us know is related to...a panic attack. These were my symptoms throughout my first days at Mount Sinai Hospital, but days quickly turned into weeks, weeks turned into months, and countless patients later I have been here for over a year. The dry throat has healed. The rapid heart rate has calmed. The intense fear is gone. Like one patient recently told me as I switched her morphine dose, “this all really feels too good to be true.”

As I walk home some nights, reflecting on the incredible 12-hour adventure I have just completed, I start to wonder: “How did I get so lucky?” I’m definitely still learning and evolving as a nurse and an individual, and yet I walk through the halls of this high pace/demanding environment feeling good, confident, trusted, respected, and part of an interdisciplinary team.

How did I get so lucky? I owe a lot of it to the Transitions Program at Mount Sinai Hospital.

You see, when I took my first steps into Mount Sinai, I was overwhelmed. I had just graduated college and now found myself in an ‘world-class hospital. My initial thoughts were simply gratitude and joy. I gave myself short and long-term goals, telling myself I would work hard and slowly progress through the everyday hardships that each nurse is required to endure. I figured it would take at least a few years before I could truly be immersed in the community, have my voice heard, or make a difference.

Yet with the help of the Transitions Program, new graduate nurses were given a safe environment where we could openly talk about the adversities and frustrations that many new nurses do not expect to encounter. The Transitions program gave me an opportunity to connect with others nurses like myself: a recent graduate feeling tiny in the huge Mount Sinai Hospital nursing system. We empathized and supported one another.

Nursing is a mentally and physically challenging career, but this past year’s journey from student to professional has been a little easier and a lot smoother because of these wonderful teammates and support system. The Transitions program has also given me a sense of confidence. We are challenged every single day and presented with new opportunities, and the program has taught me to embrace it all. New techniques, new procedures, new advances in medicine—these things can be scary! However, this “open to growth” mindset instilled by the Transitions program kept me humble, on my toes, and eager to learn. As I discovered the ins and outs of what being an RN is like, I became more confident as I interacted with my patients and the interdisciplinary team.

Today, I feel genuinely integrated into the Mount Sinai community, getting a chance to join multiple committees like Skin Care, Fall Prevention, Magnet Champion, and Nursing Practice Committee. I owe so much to this program.

I also owe so much to the wonderful people I work with and sweat with every single day on 10 Center. Teamwork is what makes a hospital run smoothly and without my co-workers, I would never have made it to where I am today.

Mount Sinai is a special place. Not only does it stand as one of the best hospitals in the country, but it fosters an environment where teamwork and innovation are the standards. I seriously cannot imagine starting my nursing career in a better place. I’m so proud to be called a Mount Sinai Nurse.

Do not fear retribution or retaliation from your colleagues. You have power, but you must be willing to support your actions and words. Know your contract and rights. If you are acting with integrity, no one can fault you. The hospital administration wants us to deliver safe and excellent patient care. Research has proven that with safe staffing there are improved patient outcomes, less re-admissions, complications and lawsuits. These will all save the hospital money at the end of the day. We are all on the same side.

Perhaps, like me, you have heard: “There’s nothing that can be done about this, it’s just the way it is” or “that’s the way it always was” or “you can’t fight city hall.” This is false information. There is much that can be done. Speak to your NYSNA representatives, log on to the NYSNA website and visit the NYSNA table by the cafeteria every 2nd Tuesday of the month from 7am to 3 pm. We have bright, articulate, knowledgeable and dedicated NYSNA representatives.

There is so much that can be improved, there is everything at stake and there are tons of great nursing resources available. Doing this will re-energize, reinvigorate and re dedicate you to your nursing practice. You will recall why you became a nurse in the first place. You will find your investment in your patients and their families will return to you a multipled. What you send out in the world, your intention and energy will come back to support and guide you.

LISTEN! ACT! AND BE the change you want to see. Your Magnet Heart and NYSNA Brain will thank you.

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Intersection of MAGNET and NYSNA

By Sylvie Jacobs, BSN, RN, CPAN

Lobby Day in Albany changed my perspective on how Magnet and NYSNA intersect: Mount Sinai nurses have a Magnet Heart and a NYSNA Brain.

NYSNA functions as that part of our collective Sinai nursing ego that protects, strategizes, and promotes action to meet our goals. What is our goal? Giving excellent nursing care to every patient. How do we do it? With safe staffing, yes, even if someone is sick and cannot come into work.

If we struggle to get through our shift and feel that we are unable to give the care we most desire to give because of staffing issues; we will tire and eventually burn out. We will function perfunctorily: put one foot in front of the other, lash out at unseen colleagues on the other end of the phone, be unable to hear critical communications and yet I walk through the halls of this high pace/demanding environment feeling good, confident, trusted, respected, and part of an interdisciplinary team.

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