The angry winds of Hurricane Sandy transformed the Atlantic Ocean into a sea monster, sheltering trees into weapons of mass destruction, whole communities into fragments and worst of all, taking with it the bodies, but not the souls, of some New Yorkers. Mount Sinai Medical Center became a glistening rainbow symbolizing hope and restoration for many patients needing care. Through heroic efforts and unwavering passion, nurses responded to the call for duty.

With back packs in tow, nurses reported to their respective departments. The lamp, symbolic to the profession of nursing, was ignited by their mission of altruism, teamwork and dedication. I would like to take this opportunity to pay tribute and honor all the great nurses of Mount Sinai Medical Center, especially three nurses Colleen Deboer, Miwa Saito and Jeremy West of the Ruttenberg Treatment Center who were able to respond to the call for duty and provide necessary supportive care to our oncology patients.

While New York City faced adversity on Monday October 29, 2012 as Hurricane Sandy chomped it’s way along the waters of the Atlantic Ocean, Colleen Deboer, RN, MSN, ANP-BC, Miwa Saito, RN, OCN and Jeremy West, RN, BSN guided by the administrative forces of Pat Spencer-Cisek, MS, ANP-BC, AOCN, Senior Director of Oncology Operations, opened the Ruttenberg Transfusion Suite on the second floor of the Guggenheim Pavilion, and transformed it into a command post and supportive care cancer center to alleviate the needs and concerns of oncology patients.

Colleen Deboer, NP – the Zen Master of emergencies has the fortitude of Florence Nightingale and immeasurable kindness of Mother Teresa. Colleen is like the eye of the hurricane – the calm after the storm. She exudes a Zen like calmness during any emergency situation by providing soothing encouragement to patients, panic stricken by any untoward reactions. Despite growing concerns for her family living in Far Rockaway, Colleen responded to the call for duty and created the make-shift command center within the Ruttenberg Transfusion Suite. On Sunday, October 28th she contacted all the patients scheduled for Monday October 29th and Tuesday.

(continues on Page 3)
Two Bellevue patients were transferred to Madison 5 on the second day of the storm which was October 30, 2012. By November 1, this psychiatry unit had incorporated a total of eight Bellevue patients. Out of the eight Bellevue patients only one patient spoke limited English. The remaining seven, spoke either Mandarin or Cantonese. We converted Madison East as the "Asian" unit and moved the eight current patients in Madison East to the other side of the unit, which would allow all but one, a female patient, of the Bellevue patients to be grouped together. The thinking was to facilitate better communication and interaction between the Chinese speaking patients.

Along with the patients came the Bellevue Team: Psychiatrists, Psychologists, Social Workers and an Activity Therapist. The Bellevue staff was credentialed by Mount Sinai. Maria Cardona, who facilitates all of the interpreter needs of the unit, provided around the clock interpreters. The Bellevue team worked closely with our team in providing care. Since we were over census, more assistive staff was hired. Everyone had a cooperative and helpful attitude.

The outcome was that three patients were transferred to the State Hospital. The remaining five were able to be discharged home with intensive case management and home care in place. Psych follow-up care was, as usual, arranged for the discharged patients. The last Bellevue patient was discharged on December 17th after a stay with us for 46 days. Mary Joy gives us a glimpse into how they managed to bring order out of chaos and help the psychiatric patients that the storm brought to them. Melody Cubas, who is a psychiatric nurse and Magnet Champion, expresses it perfectly and so I include her original email.

"I am a nurse at Madison 5. I worked through the beginning until the end of the hurricane days. I did it not do it because I had to or because I couldn't go home, but I wanted to. These are the days that I want to give back to my unit, especially to my manager. My manager Joy Adverderada has been so supportive of us not only during tough times but through good times as well. I even helped her call my peers to make sure they're okay in their own respective homes.

Our unit also took in 8 Bellevue psych patients. We converted the small side of our unit especially for the Bellevue patients who are mostly Chinese speaking. We made sure that all those patients are comfortable and feel at home. Aside from the presence of the Bellevue Chinese team on the unit from Monday thru Friday, my manager made sure that there's a Chinese interpreter present on the unit 24 hours a day so we can provide excellent care to them.

I remember one Chinese patient telling me how much he likes this place because he thought he's in a hotel, not a hospital.

I am so proud of Madison 5 staff who worked together to make sure we provide an excellent care to all our patients. I also would like to thank the administration for staying with us throughout this experience. Ms. Matos (Director of Nursing) even made rounds at 2 am just to check how we all are doing and thanking us for staying over.

These are some of my best experiences here at Mount Sinai and for that I love being a nurse, and proud to be a part of this hospital."

- Melody :)

The Call for Duty

October 50th for exams and chemotherapy treatments. In honoring the needs of our patients who needed supportive care, on Monday October 29, 2012, Colleen was “Zenfully” present with a cheerful smile, ready for duty.

Miwa Saito, RN – the Hello Kitty vein whisperer has the tenacious passion of a Samurai warrior armored with stickers of Hello Kitty. With her girlish charm displayed by her love for the fictional Japanese character, Hello Kitty and contagious laughter, Miwa has the ability to remove the darkness synonymous with cancer and empower our oncology patients with moments of solace and happiness. Miwa is the vein whisperer, because usually with her touch, the veins of our oncology patients requiring treatment through a peripheral intravenous line, appears. If Miwa is unable to access a vein for our oncology patients, it is usually an indication for a central line. Miwa responded to the call for duty with the poise of a Samurai warrior in true Hello Kitty grandeur, complemented by her signature pony tail and contagious laughter. For our oncology patients who were able to come in to the Ruttenberg Transfusion Suite to receive needed supportive care on Monday October 29, 2012, Miwa’s presence provided them comfort and encouragement. As her tenacious passion glowed through the walls of Ruttenberg Transfusion Suite, she created like Colleen and Jeremy a part of the glistening rainbow that shone in Mount Sinai Medical Center and provided momentary distraction for the gloom of Hurricane Sandy.

Jeremy West, RN –Supreme Advocate for HIPAA, is the epitome of loyalty, safety and dedication. When I spoke with Jeremy about his experience of responding to the call for duty, with a look of deep reflection, he said “it felt good to be able to do it.” Jeremy’s dedication to our oncology patients is an exceptional display of Relationship Based Care, his focus is always on the person, not the illness, and will go above and beyond with due diligence to ensure that the physical and psychological comforts of our oncology patients are met. Even if it is for a few seconds, he will acknowledge our oncology patients through a welcoming handshake. Jeremy takes the time to connect and develop that special relationship with our oncology patients. Jeremy is the Supreme Advocate for HIPAA, because he will ensure that before communicating patient information through the Vocera wireless system that the recipient of the call is in a patient confidential area.

To the Great Nurses of Mount Sinai Medical Center who were able to respond to the call for duty, despite Hurricane Sandy, I salute you. Your display of teamwork, loyalty and dedication gave hope to patients who needed your care. I leave with you a quote from Steve Harvey which I believe epitomizes the meaning of the glistening rainbow, “your career is what you are paid for, your calling is what you are made for.”
“We are all caught up in an inescapable web of mutuality, tied in a single garment of destiny. Whatever effects one directly, effects all indirectly.” This was a quote from Martin Luther King on the DiversityNursing.com website weeks after Hurricane Sandy.

The daily press releases during the storm and through the days that followed helped us understand the scale and impact of what we had survived. The Mount Sinai community handled the emergency with mass cooperation and sense of commitment and dedication. I had seen this before; in 9/11, in the blackout, in the blizzard and in the fire. The last 11 years have given me ample examples of how we rise to the occasion, come through for our patients, each other and our communities and how we go to extraordinary lengths to do the right thing.

Trevor Sutton authored an article in Advance for Nurses which informed us that the hardest hit hospitals were New York University Langone Medical Center who evacuated around 300 patients, Bellevue Hospital who evacuated 726 patients and Coney Island Hospital who evacuated about 200 patients. Mount Sinai was able to accommodate an initial 107 evacuees. Our 70-person Mount Sinai Emergency Preparedness Team activated its Emergency Command Center on Sunday, October 28th. Coordination with NYU began at this time, with plans to transport adult critical care, pediatric critical care, neonatal intensive care and obstetrical patients via ambulances with NYU Langone staff and physicians.

Mount Sinai’s elective procedures scheduled for Monday, October 29th and Tuesday, October 30th were cancelled. Staff was encouraged to come to work Monday morning expecting to sleep over in order to be available to work on Tuesday. The Mount Sinai School of Medicine and The Graduate School of Biological Sciences cancelled classes and clinical rotations. There were over 1,200 physicians, nurses and support staff who worked or slept at the hospital on Monday night. Over 100 volunteers which included medical school students assisted during the storm. After the storm, Bellevue psychiatric and rehab medicine patients found refuge at Mount Sinai. The Mount Sinai Urgent Care facility at 91st and Columbus remained fully staffed and open to accept outpatient cases.

On November 5th the press release covered the emotional and psychological effects of Hurricane Sandy. They offered information about how to manage stress symptoms as well as contact numbers to those who needed assistance in coping.

Individual stories started to stream in: The parents, who were expecting the C-section delivery of their 29 week baby arrived...
Handling Hurricane Sandy
(continued from page 3)

safely at Mount Sinai. The father had to direct the ambulance driver from NYU to Mount Sinai, since the EMT was a member of a FEMA crew from Michigan. The C-section was successful and the proud parents had a 5lbs, 1oz baby boy who was brought to the NICU. Through the efforts of NYU, FEMA and Mount Sinai they had a successful birth. There was a tiny infant girl in the NYU NICU who was transported down the stairs by flashlight. Her care was resumed by the pediatric cardiology and ICU team at Mount Sinai to the relief of a very grateful mother. There was a 22 day old NICU baby boy, whose Dad found him in a Nurse’s arms being carried down the stairs to an ambulance which brought them to the Pediatric Cardiac ICU at Mount Sinai. Everyone who lived through Hurricane Sandy had their own experience. Some nurses opened up their nearby homes to staff that had long commutes. Some nurses had to cope with the devastation in their own homes and neighborhoods. Others were volunteering in places like Staten Island, Breezy Point and Long Beach on their time off from work. People were greeting each other with not just “How are you” but also “Do you have gas?” “power?” At times colleagues’ tempers became short as they were working beyond full capacity with no end in sight. Inpatient units had to be altered to accept the extra patient load. For example, the former Derald H Ruttenberg Treatment Center was converted to an inpatient unit and KP4 was transformed into a post-partum unit.

The November 12th “Inside Mount Sinai” brought much needed acknowledgement and encouragement to our staff. Peter W May, Chairman of the Boards of Trustees wrote on behalf of the Boards of Trustees of their pride and appreciation of the physicians, nurses, staff, students and leaders of Mount Sinai. Kenneth Davis, our President and CEO wrote how “our ability to coordinate a strong-and-nimble response during a citywide crisis, and to provide continuous high level care to so many patients, is a testament to the outstanding staff we have in all areas of the institution.” Wayne Keathley, President and COO, said, “Mount Sinai once again has met the challenge of providing care under extraordinary circumstances to our patients and our communities”. Dennis Charney, the Anne and Joel Ehrenkranz Dean of Mount Sinai School of Medicine and executive VP for Academic Affairs noted, “Mount Sinai’s student volunteers were organized and tireless in their efforts to ensure that our clinical operations ran smoothly throughout the storm and beyond.” In fact, around 30 of these volunteers provided assistance to elderly residents living downtown without electricity on the Saturday following the storm. They checked vital signs, filled prescriptions and distributed meals provided by FEMA.

Carol Porter, CNO and Senior VP for Nursing and Audrey Ludmer, NYSNA President and Clinical Nurse expressed appreciation for the “exceptional expertise and compassion” with which patients and families were cared for. They wrote a personal year end letter in which they said, “With transportation to Mount Sinai difficult, and in the midst of one of the worst storms to ever hit the Metropolitan New York area, nursing care never faltered. Then we opened our doors and our arms to patients from neighboring hospitals in need—patient care units made room, intensive care units were at maximum capacity, and nurses and physicians from other hospitals were quickly credentialed. All of you contributed so much—being away from your families, working long hours, and sleeping on cots—you remained calm and determined. Your commitment to working with every member of patient care team and your never-ending willingness to always do more is what distinguishes us as a Magnet Hospital.”

I truly hope this storm was an anomaly that we will not see repeated in our lifetimes. I do know that there will be other disasters though. We have proven our ability to weather, if you will, these disasters and continue to provide excellent patient care, despite them. Our performance and outcomes through Hurricane Sandy allows me to have confidence in our abilities, pride in our intentions and commitment to our actions. Sinai Strong.

Dedication, Commitment, Resilience
Submitted by Sylvie Jacobs, RN, BSN, CPAN

I spoke to a clinical nurse at length about her personal Hurricane Sandy experience. She deserves recognition for her dedication, commitment and resilience. She is representative of the many Mount Sinai employees who served their patients and community despite their own misfortunes. Marie Payen works in Maternal Child Health on KP4. She lives in the Flatland section of Brooklyn, requiring her to drive since it would take a combination of bus and train and multiple hours otherwise. Hurricane Sandy flooded their area, destroying her family’s three cars and the downstairs area of their home. Her family insisted she stay home and deal with this devastation. She insisted she show up for duty at KP4. Marie stayed for two days in the hospital, working through the event that she is still trying to sort out even now, five months later. She finally made it home, but with no transportation it was difficult to get to work. She found a way. Her family ‘chauffeured’ her to and from work for the next two months until they could replace her vehicle. She cared for NYU patients on KP4 for several weeks and then was floated to various units until NYU was able to re-open.

What is note-worthy about this all is her outlook. She holds no resentment or bitterness. The chief emotion I got from her was gratitude. Yes, she was grateful for all that she and her family were spared and thankful for all that she has. No, she’s no saint. Marie still gets frustrated when there’s a delay in getting meds from the pharmacy or when she feels the doctor’s orders are taking too long to show up in EPIC. She gets tired and has back trouble from time to time. But, somehow, despite her obstacles, she remains happy, satisfied, grateful and committed to her patients and her hospital. I believe her attitude is present in of many of our workers and that I’ve just not had an opportunity to talk with all of them. I am very glad to have had the opportunity to speak with Marie and learn how very strong, firm and unwavering she is.

Thank you, Marie, for giving us an example of coping with adversity. For demonstrating that; “Whether we regard our situation as heaven or as hell depends on our perception.” (Pema Chodron) And for representing the best of the Mount Sinai spirit.
Hurricane Sandy—Advance Team
Submitted by Audrey Schmerzler, DNP, RN, CRRN, NE-BE

Hurricane Sandy hit New York City with ferocity and impact that surprised us all. Despite advanced warning from the meteorologists, many businesses, homes and hospitals were ill prepared for its strength and power. Mount Sinai, as it does in any predicted severe weather alert, directed its employees to be prepared to have to stay at work for the duration of the storm. Hospital administrators instructed staff to bring any needed medications and clothing. Staff was told that sleeping arrangements would be made. Clinic areas, physician offices, and therapy gyms were set up with stretchers and inflatable beds to try to accommodate the staff. Managers adjusted staffing schedules to ensure that not only was there enough staff available to care for the patients but that the staff would have adequate rest and sleep periods. As it turned out, some staff was onsite for up to four days. Shortly after Hurricane Sandy touched down in New York City, The East River surged and flooded basements, streets and buildings along the East River. This was in the evacuation zone also designated as Zone A. Many of these building had generators located in the basement and this resulted in a subsequent loss of power, gas and heat. Hours after the onset of Hurricane Sandy it became evident that a number of New York City Hospitals who were located in Hurricane Zone A were in trouble. It was apparent that these hospitals would have to evacuate their patients. The evacuation would have to occur during the midst of the storm; among the heavy rain, wind and in the middle of the night.

New York University Hospital (NYU) was one of the first hospitals that needed to evacuate. They approached Mount Sinai Hospital (MSH) with the request to accept Intensive Care Unit (ICU) patients. Due to the high acuity of these patients, the MSH Emergency Management Team knew that the transporting and transition of these patients would need careful coordination and planning. To accomplish the evacuation in a seamless and smooth way, an ‘Advance Team’ was created. This team of MSH personnel would go to NYU to assess the situation and help organize the transfer of these patients. Three nurses sent were Mary Ellen Murphy RN, MSN,ANP, Clinical Nurse Manager (CNM) of the 7 East Coronary Care Unit, Lindsay Condrat, RN, MSN, ACNP, Clinical Nurse Manager of the 7 Center CHF Telemetry Unit and Audrey J Schmerzler, DNP, RN, CRRN, NE-BE, Clinical Director of Rehabilitation Nursing. They recorded the names of the patients, their diagnosis and the name of ambulance that would be transporting the patient from NYU to MSH. Once the ambulance left NYU, the Advance Team would call MSH command center with the patient information. They worked closely with the NYU Command Center members to ensure the safe transfer of these critically ill patients. It was planned that Mount Sinai personnel would meet them when they reached Mount Sinai and escort the patient(s) to the appropriate Sinai unit. The next day, Bellevue Hospital, of the Health and Hospital Corporation (HHC) System, also needed to be evacuated. The Greater New York Hospital Association (GNYHA) approached Mount Sinai to accept patients from Bellevue’s Psychiatry and Rehabilitation Units. The transfer of these patients occurred between 2:00 am and 6:00 am on October 29, 2012. Both psychiatry and rehabilitation staff and management were onsite to accept and welcome these patients.

By November 1st, the Psychiatry unit had a total of eight Bellevue patients. Only one of the patients could speak English, the rest spoke either Mandarin or Cantonese. In an effort to meet the needs of these Chinese speaking patients, it was decided to convert Madison East, one of the MSH psychiatry units, into an Asian unit. Along with the patients came a Bellevue Team of Physicians, Psychologist, Social Worker and Activity Therapist. This staff was credentialed by Mount Sinai. In addition, MSH provided interpreters around the clock. Some of the interpreters were MSH medical students who were fluent in Cantonese or Mandarin. One of the students spent three hours with a patient, found the patient to be in crisis, and appropriate interventions were initiated.

The Mount Sinai Rehabilitation Center accepted thirteen patients from Bellevue. All had a diagnosis of Traumatic Brain Injury. Of the thirteen, only one spoke English. All were confused and had significant cognitive deficits. Some had some physical deficits as well. Eight of them required some degree of constant visual observation (CVO). Bed switches were made on the three rehabilitation units so that the Bellevue patients could be grouped together. As many as possible were placed on the two units that specialize in Brain Injury. Hurricane Sandy brought us many things: more patients, damage to our buildings, sleepless nights, expenditures. But it also brought us the opportunity to act with kindness, courage and empathy for our neighbors and our community. We were able to extend our arms and give a lift up to nearby hospitals. We aided those in need and demonstrated our commitment to patients everywhere. We learned that all of us are vulnerable, all of us are interwoven and all of us are in this together.
Neonatal Intensive Care Unit and the Hurricane
Submitted by Sylvie Jacobs, RN, BSN, CPAN

The most vulnerable patient population can be found in the Neonatal Intensive Care. Every organ in these patients is immature. Their fragility is uppermost in the minds of the nurses and doctors who care for them. This is during normal times. During a disaster, like Hurricane Sandy turned out to be, it became an obsession. The challenge was how to evacuate NICU babies from New York University Hospital and safely bring them to Mount Sinai Hospital. Somehow, with the dedication and heroic efforts of NYU staff and the receiving Mount Sinai staff, all these precious new lives were safeguarded.

Here are two email acknowledgments from staff that were present during that night:

From: Berlinski, Melissa
Sent: Sunday, November 04, 2012
Subject: Hurricane Sandy

Hi All
Just wanted to send a little message about the week of the hurricane and our staff. Although we were extremely busy and sleep deprived I'm so proud to be a part of this “NICU Family.” The way we were able to pull together with all of the back to back admissions on nights from both in house & NYU was amazing. Although everything happened so quickly, it was great to see how many hands were around to help without asking. Whether it was admitting babies, moving/opening new rooms, or just covering an area, everyone was more than willing to help and always asking one another if help was needed. Lorraine was in charge and honestly, she was exceptional. She made the night flow smoothly and knew exactly who to move where, whose assignments were to be changed, and how everything was going to flow. Every time she's around we know that no matter what happens we'll be okay and although all of our charge nurses are wonderful, it was like an extra security blanket knowing she was there to turn to. Even though we know we all work very hard, it's always nice to have positive feedback. I know we wouldn't have been able to have gotten through this weekend without the hardworking staff that we had. Cheers to our nurses for making a rough couple of days move as smoothly as possible! Thanks again for the great idea of using the evacuation sleds as our makeshift beds. They really helped!!
- Melissa

I know that the parents of these patients must have had their hearts overflow with gratitude for the extra efforts made by the NICU staff.

“We never know how high we are, till we are called to rise.” - Emily Dickenson

From: Mallin, Sarah
Sent: Wednesday, October 31, 2012
Subject: NICU teamwork during Hurricane Sandy

Hi Debbie, Chuck, and Jenn,
I just wanted to write you all a quick email to express how impressed I was with the NICU night staff Monday and Tuesday night. Of course, I am always pleased with how well we work together, but during those nights the hard work of all nurses was on full display. Lorraine did an exceptional job as charge nurse, she organized us so well that I don't think anyone felt like they had an unsafe assignment because we had help/support from fellow nurses, especially for those admitting patients. She really knew how to organize us, I don't know how she did it given the numbers and number of admissions. Not once did I hear a nurse complain that night. We were disappointed when the NYU nurse could not stay, and were all a little nervous given the circumstances and staffing; however, the night ended up being more than okay. I don't believe the last few nights would have gone so smoothly or safely if it weren't for our teamwork. Also, thank you for your hard work and support. I already thanked Jenn for her extra help during the set up and admissions. I know hard work replaced sleep the last few days, so thank you all.
- Sarah
I arrived at work a bit earlier than scheduled on Monday morning, October 29, 2012. The weekend of worry listening to “Superstorm” predictions had made for an uneasy Sunday night’s sleep. The elective surgical cases had been preemptively cancelled by Geralyn (PACU director, Geralyn Mcdonough) and Annie (Phase II PACU CNM, Antoinette Griseta) the day before. This resulted in the number of PACU nurses who came to work on Monday exceeding the number of patients who were having surgery. Annie presented the staff two scrumptious homemade apple pies, creating an almost festive feel: excitement in the air, good food, anticipation.

By midday, Geralyn called for a huddle. Five nurses volunteered to sleep over so we could be available for work on Tuesday morning. At 9pm, we had discharged our last postop patient and were settling down for some rest. That's when Michael (Michael McCarr, Senior Vice President for Perioperative Services), phoned us that we would be expecting New York University Langone Hospital's patients. Both their Surgical Intensive Care and Pediatric Intensive Care patients would be evacuating to our Post Anesthesia Care Units. Geralyn returned a few minutes later and we started to prepare the GP5 PACU for the ICU patients and the A6 PACU for the PICU patients. Our search for stretcher beds was hampered by the fact that many were missing mattresses. They had been “borrowed” by employees who were sleeping over. Respiratory came to set up more ventilators. Cables and pumps were made ready.

In Annenberg 6 PACU, Dr Bruce Darrow instructed Denise and me on the downtime forms we'd need to use since NYU Langone did not use EPIC. We learned how to avoid confusion by using the date of birth and name as identifiers. We were told how we would get medications, send labs, order tests and, in Dr. Darrow’s words, “be heroes.” Valerie Oreiliana from Human Resources came with a team to verify credentials of NYU staff. Milagros (Mimi) Valencia, from bedboard came with Christopher to register us. "I'm a leader, despite not always being able to communicate it, does have a plan. When giving hand-offs, make sure they know my name, location and phone number. Fill up my bathtub and pots of water; keep a supply of batteries and flashlights, candles and matches on hand. Be grateful, every day, be grateful."

My personal take-away:

On my walk home I saw swirling clouds, streets littered with debris, twisted and broken trees and torn and tattered leaves. My apartment building, located between 1st and 2nd Avenue, had flooded with 7 feet of water from the East River. I walked up to my 14th floor apartment and was able to reassure my 23 year old son who had spent the night alone listening to swirling winds and watching his cell phone battery deplete. We listened to radio reports and learned how incredibly lucky we were and how some areas had sustained unimaginable devastation.

I later learned that two NYU nurses had come to relieve the night shift in A6 and the PICU patients were being transferred into various pediatric units. By the afternoon the inpatient units in the hospital had absorbed the PICU patients. A6 PACU was cleared of patients, cleaned and empty. Almost as if nothing had happened.

In the number of patients were all busy working through the night along with Geralyn and Michael. Michael, I later learned, was outside in the wind and rain, directing personnel as to where to bring the patients. Michael told me he'd been handed a crying newborn followed by the crying mother. Several patients and NYU nurses struggled in throughout the night; the nurses had given hand-off, but didn't have the names, locations or contact numbers. Dr Seims and her blackberry thankfully were able to track where these patients were supposed to go. Francine in the KP5 pharmacy called to say she'd be filling our medication requests. Materials Management's Andrew Lebron and his colleagues replenished supplies at around 4 am. Linen and food services made special trips up to A6 PACU to bring us diapers and deliver breakfast to the patients and staff.

Several patients and staff, Lillian Sims, a PACU nurse who had worked the day before reported to work as our reliever. After 24 hours, Denise Nepaulsingh and I were free to go, however the Pediatric nurses still hadn’t gotten relieved. As I was exiting A6 PACU, I ran into someone who was rounding from Mount Sinai’s command center. I told him that the four remaining nurses needed relief.

On my walk home I saw swirling clouds, streets littered with debris, twisted and broken trees and torn and tattered leaves. My apartment building, located between 1st and 2nd Avenue, had flooded with 7 feet of water from the East River. I walked up to my 14th floor apartment and was able to reassure my 23 year old son who had spent the night alone listening to swirling winds and watching his cell phone battery deplete. We listened to radio reports and learned how incredibly lucky we were and how some areas had sustained unimaginable devastation.

My personal take-away:

"I am stronger than I knew.

Mount Sinai Leadership, despite not always being able to communicate it, does have a plan. When giving hand-offs, make sure they know my name, location and phone number.

Fill up my bathtub and pots of water; keep a supply of batteries and flashlights, candles and matches on hand. Be grateful, every day, be grateful.”