Creating New Knowledge: Nurses are **READI** for Nursing Research

By Arlene Travis, MSN, RN

Nursing Research is a key element of the “New Knowledge” (NK) Component of the Magnet Model. Magnet organizations support the advancement of Nursing Research, and Transformational Leaders support nurses in performing research. The Magnet nurses of 7 West are living the NK component of the model every day in their clinical practice through their participation in the “READI” Study: Readiness Evaluation And Discharge Interventions: Implementation as a Standard Nursing Practice for Hospital Discharge.

**READI is sponsored by the American Nurses Credentialing Center (ANCC).** Thirty-four Magnet hospitals in the US and Saudi Arabia are participating in READI, which is investigating the effect of nurses’ assessment patients’ readiness for hospital discharge on readmissions.

Why study Discharge Readiness? Discharge readiness is an important outcome of hospital care. Patients should be ready to deal with demands of life at home when they are discharged. During the transitions, patients are vulnerable to adverse events. The Agency for Healthcare Research and Quality (AHRQ) states that transitions of care can be a dangerous time for patients (US DHHS AHRQ, 2014), noting that almost 20% of patient’s have experienced adverse events within 3 weeks of discharge. Patients with low discharge readiness have higher rates of unplanned (within 30 days) readmissions and Emergency Department visits (Weiss, Yakusheva & Bobay, 2011).

Unplanned readmissions can be very costly to hospitals. Payers of hospital care costs, such as the Center for Medicare and Medicaid Services (CMS) view unplanned readmissions as a result of the poor hospital care. Reimbursements are now being linked to quality outcomes, such as readmissions, hospital acquired conditions, and patient satisfaction. The Affordable Care Act mandated CMS to institute programs that provide financial incentives for delivering quality care, such as the “Value Based Purchasing Program” and the “Readmissions Reduction Program.” Under these programs hospitals that don’t meet CMS quality indicators have a percentage of their total possible reimbursement withheld. This is in effect, a penalty for not meeting Quality goals.

Improving Hand Hygiene Compliance at Mount Sinai Hospital

By Rebecca Anderson, MPH

Director, Strategic Projects, Office for Excellence in Patient Care

At Mount Sinai Hospital, there has been an ongoing effort to decrease Hospital-Acquired Infections (HAI). Carefully observing rules for hand hygiene is the single most important way healthcare workers can protect patients and themselves from HAI. To achieve higher levels of hand hygiene compliance, Mount Sinai Hospital has implemented a hand hygiene initiative developed by The Joint Commission’s Center for Transforming Healthcare. The program focuses on collecting anonymous hand hygiene observations on hand washing compliance at room entry and exit. Thirty-four inpatient units, using a cohort approach, have been collecting data since September 2014, when the program was initiated.

As of February 2016, 29,585 hand hygiene observations have been conducted by over 1,200 anonymous observers and coaches. Overall, hospital-wide hand hygiene compliance improved from 37% in January 2015 to 67% in January 2016, an 81% increase in compliance. For nursing, the compliance rate increased from 46% in January 2015 to 76% in January 2016, a 65% increase in compliance. With over 12,000 hand hygiene observations of nurses, compliance ranges from 57%-91% per unit. The units with the highest compliance among nurses are 11W, P4, CICU, and 9C – all are above 85%.

In addition to compliance rates, the hospital is also collecting data on the reasons for non-compliance. The improper use of gloves is the number one reason for non-compliance in the hospital as a whole, as well as for nurses and physicians. All staff must perform hand hygiene prior to putting gloves on and after taking gloves off. Gloves are not a replacement for hand hygiene. In addition, gloves should be used only when indicated. If there is NO potential for exposure to blood or body fluids or a contaminated environment, then perform hand hygiene and do NOT wear gloves.

The goal for Mount Sinai Hospital is to achieve at least an 85% compliance rate by the end of 2016. The hospital has made enormous progress thus far, but there is still a lot of room for improvement!
Dear Readers:

We are seeking a fourth Magnet designation, which means the bar is set that much higher. As we prepare to successfully achieve this designation, we cannot give in to complacency and let "good enough" be good enough.

We know that Mount Sinai Hospital is an institution of greatness. We are not going to settle for less. We are going to stretch. We have so much in us. We are full of talent, ideas, creativity, and potential. We have the DNA of a Magnet warrior. We are structured, fully loaded, and empowered.

If you are planning to implement a new practice, do something innovative, or feel that something you are doing is a "Magnet Moment," let Ms. Nancy Lamberson or myself know via MSH email. Don't let "good enough" be good enough! Be determined. Be a Magnet leader. Show your Magnet qualities and enlarge your vision of our hospital.

We are in this designation to win it!

With my best wishes for you and those you love,

Carla Alves-Miraldo, MSN, RN

To find out what's happening right now, follow Mount Sinai on:
Twitter - @MountSinaiNYC
www.facebook.com/mountsinainyc
Luis Vega is used to being busy. Until age 57, he enjoyed a career as a mail carrier and a construction worker. In 2010, he was diagnosed with Hepatitis C and cirrhosis, and underwent a liver transplant. Then in 2012, he was diagnosed with metastatic hepatocellular carcinoma. The diagnosis did not come as a complete surprise. His lifestyle was not doing him any favors. He spent 18 years behind bars for living life in the fast lane and for using and selling illegal drugs.

“I’ve done so many things in my life, but I only wish to be remembered for the good things I have done. There’s more bad than good. I don’t want people to remember me for drug use, but for my small accomplishments, and for being a positive person,” he said while wiping tears away from his hazel eyes. “I care about people. Caring about people is how I want to be remembered.”

He is most proud for graduating from Bronx Community College with honors, where he majored in paralegal studies. “Education is the only thing you have in this life. That’s something that no one can take away from you,” said Luis. “If you want to have something to fall back on, it’s your education.”

With the relentless support from family and friends, and his practice in Buddhism, he is battling his disease. “The more I practice Buddhism, the more I learn about myself and the more at peace I am with myself.”

With remarkable resilience, Luis has insisted on keeping the mood positive during treatments where he must stay in the hospital for days. When he is not hospitalized, he enjoys walks in the park, eating cod fish, octopus salads, and sancocho, a traditional Latin American soup. He is an avid reader. The Finding of the Third Eye by Vera Stanley Alder is one of his chosen books. “Man on Fire” is his favorite movie and he likes the color black, “Because it’s a color of mystery,” he said.

Luis also likes to listen to music, especially from the Puerto Rican Salsa music orchestra, ‘El Gran Combo.’

“Me and my wife used to get out on the dance floor and burn it up.” Luis and his wife, Carmen, were married for 30 years at the time of her death in 2007 from spleen cancer. His only son also died in 1994 from AIDS at the age of 25. He has two daughters, Yvette and Janelle. When I asked Luis what advice he would give me, he replied, “Be loyal to your husband and raise your children the right away. Don’t lie to children. Always tell them the truth, even if it’s going to hurt them. And always respect other peoples’ beliefs. Respect will take you a long way.”

Luis died March 8, 2016.
**Personalizing Patient Experience at the Medical Surgical Specialty Clinic in CAM**  
*Continued from Page 3*

The smile and joy from the children holding their toys with their parents was so rewarding. The gesture of gift giving from the staff surely eased their anxiety and discomfort during their clinic visit.

The 2015 holiday was very special as the Tegus Entertainment Group with Mr. Ken Teg, Lesley Gonzales and Carrie Wosolowski of the TV Movie Talk Show joined forces with our staff's gift drive and donated toys for different ages for our young patient population. Tegus staff also came in dressed in holiday costumes and played music to uplift the children's spirit.

**Being engaged and listening to patient voices is so important. We are challenged every day by the demands to offer excellent care to our patients. By taking simple steps and understanding the “personal” level of patient need we can enrich our own work life and also increase patient satisfaction.**

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**Ostomy Champion Program**  
*By: Dara Duncan, RN, BSN*

We can always count on our nurses at Mount Sinai Hospital to organize, inspire, motivate and enrich the skills and knowledge of their colleagues in the specialty field where they have special expertise. That is just what Ms. Denise Robinson, MPH, RN, CHWO CN did when she started the champion program for skin care, wound care, (including ostomy care), and fall prevention.

I attended a four weeks ostomy champion program and was glad I did. The goals of the program were to empower nurses and PCAs with the essential skills and knowledge needed for ostomy care, provide knowledge in the anatomy and physiology of colorectal diseases, and understand how stomas are created.

The program provided extensive hands on workshops with the aim to increase the knowledge and understanding of the following: basic ostomy and tube care and ostomy care management, use or access to ostomy care products, referral and access to wound care services, and understanding basic ostomy skin care. The program succeeded in doing all of that and more.

The program's hands on approach was key in keeping the participants interested, involved and enthusiastic. We were placed in the role of the patient and asked to apply ostomy products and appliances of different types and shapes, with preparation methods to fit each individual stoma, to our own abdomens.

Being in the patients’ shoes gave nurses and PCAs a sense of how difficult it must be for new ostomates to learn, adjust and care for their stoma and ostomy appliances. The challenges include learning how to empty and clean the appliances, controlling odor, traveling with the appliances, using public restrooms, and troubleshooting all the things that can go wrong with stomas and ostomy appliances.

The most important take home message of the program was the need for nurses and PCAs to support, educate and advocate for our new ostomates and their families. As Ostomy Champions, our goal is to listen to their fears, concerns and complaints, assure them that they will get better, and helping them become more skillful in caring for their ostomy. In addition, we can provide patients and their family members with information about resources such as WOC home care for the first few weeks after surgery, and encourage them to take part in support groups to share experiences and learn from other ostomates. We can make a real difference in the attitudes of our patients and how they view their lives after an ostomy by empowering them, and in time helping them feel like champions.

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**The Future of Aging Care**  
*By: Carla Alves-Miraldo, RN, MS, MSN*

**Palliative Care Unit**

By 2020, about one in six will be age 65 or older. Their collective health presents challenging societal issues. But if you or someone near and dear to you will be among those 55 million, the issues are also personal—and that’s the subject of this story: How do we grow old healthfully and gracefully in the 21st century?

To discuss this matter, a lecture series entitled, “When Old is New: What We Know about Aging Care Today,” was held at Stern Auditorium, January 28, 2016. The presenter, Eileen Sullivan-Marx, PhD., RN, FAAN, is a nationally recognized leader in the care of older adults, sustaining models of care using advanced practice nurses locally and globally, and developing health policy in community-based, long-term care settings. Her distinguished body of research has focused on improving functional outcomes of older adults, and studying factors that promote and prevent exercise in the community for frail older adults.

Dr. Sullivan-Marx’s lecture focused on how one needs to think about healthcare, economics and the aging population. She emphasized that one of the most important areas of healthcare today is aging. In the U.S. more than 10,000 people a day turn 65. Not only can the current system barely keep up with the healthcare needs of today’s aging population, but radical changes will be essential to manage the massive demand for care in the coming years, according to Dr. Sullivan Marx.

> What is causing some of the population growth in aging today has a lot to do with the life expectancy of infants. Epidemiologically, for example, when you are born in the USA and you are a woman, on average you will have a life expectancy to 85 to 87. Twenty and thirty years ago, the life expectancy was less and that was primarily due to the number of people who died under the age of one. So by improving infant mortality, you are improving the number of people who are going to survive beyond that age.

Continues on Page 7
Proud to be a Mount Sinai Nurse

By Jacqueline Zeigler, MSN, RN
KP 8 Mother-Baby Unit

The possibilities generated by a nursing career at Mount Sinai Hospital are endless. As a Mount Sinai nurse, I have been able to see first-hand the many facets that this incredible institution has to offer. In 2010, I began my tenure here as a nurse recruiter, which was very different from my experience as a clinical bedside nurse. This new role provided me the opportunity to learn the ins and outs of nursing administration and the detailed work that goes into staffing a 1,100 bed hospital. Managing the many needs of different departments and specialties takes countless hours of effort by nursing recruitment and nursing management to make this hospital run seamlessly.

Nursing directors and clinical nurse managers are always at the forefront of filling vacancies with the most suitable candidates who can provide the nursing excellence that Mount Sinai is known for. The recruiter role also afforded me the opportunity to then transition into a nursing clinical coordinator with the Selikoff Centers of Occupational Health and World Trade Center Program. This position gave me the opportunity to closely work with first responders of the World Trade Center attacks in an observational research study of the many illnesses related to their exposure. The clinic still sees hundreds of patients monthly with new patients still coming into the clinic for the very first time since 2001. Once it's been confirmed that their diagnosis is related to their exposure, they can see a physician at Mount Sinai free of charge. I have also been afforded the opportunity to become a nurse recruitment officer, which allows me to get out to the new hires and welcome them into the Mount Sinai Family. I have also been afforded the opportunity to travel and work with first responders of the World Trade Center attacks in an observational research study of the many illnesses related to their exposure. I have also been afforded the opportunity to become a nurse recruitment officer, which allows me to get out to the new hires and welcome them into the Mount Sinai Family. The recruiter role also afforded me the opportunity to then transition into a nursing clinical coordinator with the Selikoff Centers of Occupational Health and World Trade Center Program.

Through this clinical coordinator position put me back in the patient realm, I always knew that there was much more that I could do as a nurse. Currently, I am pursuing my dream of being a nurse practitioner and transitioning back to the bedside by working on KP8, Mother-Baby unit. After my experience as Trauma/Neurosurgical ICU nurse, in the short time that I have been on KP8, my heart has been filled with the joys of newborns. It is beautiful to see the opposite end of the spectrum of life.

While this clinical coordinator position put me back in the patient realm, I always knew that there was much more that I could do as a nurse. Currently, I am pursuing my dream of being a nurse practitioner and transitioning back to the bedside by working on KP8, Mother-Baby unit. After my experience as Trauma/Neurosurgical ICU nurse, in the short time that I have been on KP8, my heart has been filled with the joys of newborns. It is beautiful to see the opposite end of the spectrum of life.

Each of these positions has helped me grow personally and professionally and I am thankful for each experience. I also feel as if I have left a small legacy with Mount Sinai through all the excellent new hires that were brought on board with my help. The first-hand accounts I have heard about 9/11 and the heroism that was demonstrated that day have been unforgettable. Also, hearing the cries of a newborn and seeing the precious bond between mother and child has been priceless. From management to maintaining data to maternal and child health, I have travelled down a long and interesting road. I am very proud to be called a Mount Sinai nurse.

Erin Figueroa: Our Gem

By Nicole Yunginger, RN and Maria Almirante-Mariano, RN
Contributors: Breda Mulvey, RN, Sarah Bram, RN, Patricia Ramharak, RN, Kari Bezrutzck, RN, Olga Meza, RN, Patricia Stewart, PCA.
KP8 Mother-Baby Unit

It is truly something special when a manager is well loved and considered a gem by her staff. Ms. Erin Slattery Figueroa, BSN started her journey with KP8-Mother-Baby unit as the night clinical coordinator. It was a seamless transition when she stepped in to fill the vacant managerial position for the unit. Ms. Figueroa proved to be a refreshing start to a much needed change.

Through Ms. Figueroa’s hard work and her continued effort to understand the needs of her staff, whether it involved workflows, clinical or personal issues, she was able to consistently prove her fairness, dependability, and compassionate discipline. The trust that her staff gives her and her leadership by example, enables Ms. Figueroa to develop and implement changes that motivate her staff to go above and beyond. It is very common to see Ms. Figueroa assisting patients down the elevator or offering to help staff when the need arises, in spite of her busy schedule. Because of this, KP8 is one of the few units in the Mount Sinai Health System that boasts of a Tier 1 status on nursing engagement. Her leadership allows her staff to embrace this essential Magnet characteristic. She has motivated the staff of KP8 to become well rounded, satisfied and continually working together to improve patient satisfaction scores and bringing nursing care to a new level.

Like a light that cannot be contained, her good work goes beyond KP8. Ms. Figueroa is also the Magnet Co-Chair Champion and an active member of other hospital committees. Within the hospital, she initiated an outreach project, Children in Tanzania, to support children living in impoverished areas of Tanzania. Among her other accomplishments, she helped facilitate a smooth discharge process with the patient experience committee. Also, her continued collaboration with other managers has fostered good relationship among other units.

Excellence like this seldom goes unnoticed. Quite recently, Ms. Figueroa was tapped by one of Mount Sinai Health System’s affiliate to assume a higher position and take on a new role provided me the opportunity to learn the ins and outs of nursing administration and the detailed work that goes into staffing a 1,100 bed hospital. Managing the many needs of different departments and specialties takes countless hours of effort by nursing recruitment and nursing management to make this hospital run seamlessly.

“Erin is the kind of manager you look forward to seeing every day and the kind of person you want as a true friend, a true gem. When Erin is around, you know she has your back.”

As Ms. Figueroa prepares to embark on her new journey and leave KP8, it is clear that she will be sorely missed. When her staff was asked what they think of Ms. Figueroa, common words that describe her included professional, caring, trustworthy, compassionate and hardworking. One said, “Erin truly embodies the characteristics any hospital could wish for as a nurse manager. She is an amazing educator, leader, and motivator.” Another nurse chimed in that “Erin is a professional who leads by example.” How the staff feels about her is summed up by this quote: “Erin is the kind of manager you look forward to seeing every day and the kind of person you want as a true friend, a true gem.” When Erin is around, you know she has your back.

As much as the staff would want to clone her so she can continue all the good work she started, it is accepted and understood that she can do more good work at a higher administrative level. Indeed it is bitter sweet for the staff of KP8. You often hear staff saying, “We are truly sad to see her go, but so excited for her and wish her success in her new endeavors.” Her departure will leave a void in KP8 and the staff remains hopeful that her position gets filled by someone who can continue all the good work she started.

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Nurses are **READI** for Nursing Research

(Continued from Page 1)

The overall Principal Investigators are Marianne Weiss, DNSc, RN, Professor of Nursing at Marquette University in Wisconsin and Kathleen Bobay, PhD, RN, Associate Professor of Nursing at Marquette. They oversee all 54 Magnet study sites, each of which has its own on-site Principal Investigator. The study builds on their previous work. They developed and validated the “Readiness for Hospital Discharge Scale” (RHDS) which measures discharge readiness. It includes a nurse assessment (RN-RHDS) and a patient self-assessment (PT-RHDS). They also demonstrated that nurses can accurately identify patients with low discharge readiness, and patients with low readiness are 6-9 times more likely to be readmitted (Weiss, Costa, Yakusheva & Bobay, 2014).

READI takes these observations to the next step by actually implementing discharge readiness assessments by nurses as standard nursing practice at the unit level and testing its effect on readmissions. “Unit Level” means discharge readiness assessments are done by all nurses on all patients as routine care. READI is a “randomized controlled trial” (RCT): the "gold-standard" of research designs. A RCT involves two groups: one that gets the intervention (implementation group) and one that does not (control group). The outcome of interest (readmission rates) is compared between groups. In READI, 7 West is the implementation group, and the control group is another unit, which is making no changes to its usual practices. Assignment to implementation or control was made "randomly" i.e. by chance. The ANCC’s goal in sponsoring the READI study is to involve clinical nurses in research about their practice, and to create research opportunities in the clinical setting for nurses.

Mount Sinai became involved in the READI study as a result of a clinical nurse (myself) attending the 2014 Magnet Conference, where I heard Dr. Weiss and Dr. Bobay give a presentation on the study. I inquired if Mount Sinai could be one of the participating hospitals. Beth Oliver, DNP, RN, Sr. VP of Cardiac Services, provided the Transformational Leadership that supported nursing research and my suggestion. READI has three Phases. In Phase 1, all patients are assessed for discharge readiness by their nurse using the RN-RHDS. Phase 2 adds a patient self-assessment using the PT-RHDS, and Phase 3 adds additional measures.

The nurses of 7 West are in phase 2 and are among the top performers of all 54 Magnet hospitals. Dr. Weiss and Dr. Bobay visited 7 West in December of 2015 and were impressed with the nurses, stating: “We visited the hospital and implementation unit in early December to see the study in action. What we can away with was an incredible sense of how committed the site study team and the unit management and clinical staff are to the quality of care they provide and to nursing research to build new knowledge for practice.”

RA Paulette Leslie likes the READI study. She feels that nurses opinions on patient’s readiness for discharge are very important, stating that “nurses are the ones who are with the patient all the time, down to the very last minute the patient is on the unit. They really know what is going on with the patient.” Clinical Nurse Jessica Prawer thinks READI may empower nurses, stating that she is “happy that nurses will eventually have more of a say in the future of our patients, including their readiness for discharge.” She thinks that patients appreciate being asked their opinion on their readiness and it might have a positive influence on patient satisfaction. Abel Andrade, RN, thinks the study improves patient care, stating “having the input of patients on their readiness, which can be used in decision making about discharge may enhance a safe and high quality discharge, and prevent readmissions and complications.” Dr. Oliver states, “It is great to see the nurses so engaged in research that could change clinical practice and positively influence outcomes. For me, as Principal Investigator who has been involved many studies over the years, READI is one of my all-time favorites. It is research designed by nurses, conducted by nurses, on nursing practice itself.

In 2011, there were approximately 3.5 million unplanned hospital readmissions, with an associated cost of $41.3 billion (Hines, Barrett, Jiang & Steiner, 2014). The individual cost per readmission for readmission conditions such as heart failure and pneumonia was $11,000-$15,000 per patient. In 2016 about 75% of US hospitals incurred some financial penalty for excessive readmissions. Readmissions are costly to hospitals, and any contribution to reducing readmissions is can mean increased revenue for hospitals. If nurses’ assessment of discharge readiness reduces readmissions (the hypothesis of the READI study) then dollar value of nurses’ work will become increasingly evident.

References


Year of the Nurse at Mount Sinai Health System Libraries

By Rebecca Shows, MSIS Reference and Instruction Librarian

In 2016, the Mount Sinai Health System Libraries is focusing on nursing as part of a collaborative initiative between nursing and the libraries.

Seminars, instructional workshops, and new nursing databases will all be offered this year to support research and evidence-based practice within the Mount Sinai nursing community.

To learn more about nursing support at Levy Library, find us online at: http://libguides.mssm.edu/nursing/ email us at Refdesk@mssm.edu and on Twitter, @Levy Library!

RN Survey

By: Lynette Joy Romanovitch BSN RN CRRN (KCC 3S Magnet Champion)

We MSH/MSHQ Nurses have key roles to play as our organization continues the quest for nursing excellence by seeking our 4th Magnet Re-designation in 2018. We have a unique professional practice environment that promotes greater autonomy and responsibility, participatory decision making, clinical collaboration and increased opportunities for professional development and education. Research indicates that those in Magnet organizations reported significantly more positive perceptions of nursing competence in their work environment.

Our RN Survey will be in May, 2016. By taking 15 minutes to complete the survey, you are using the power of engagement to contribute to the creation of meaningful action plans to improve our work environment, which in turn ultimately impacts patient care outcomes.

The Future of Aging Care

(Continued from Page 4)

Those in the field of healthcare have seen a big change in the way one may think and talk about growing older. There has been a movement toward empowering and helping everyone remain as independent, active and engaged as possible, even as they face physical and intellectual challenges. With the increased longevity, this is an important aspect to individuals, families and our society as a whole. However, according to Dr. Sullivan-Marx, general public opinion has not kept up with this evolution of thinking about how to age successfully. And this can be a barrier to achieving improved supports and solutions for promoting good quality of life for seniors.

Dr. Sullivan-Marx emphasized that aging is something we all experience. It is not a barrier or a battle, but it is a unique characteristic of who we are—and who we are becoming—and it needs to be reflected in public thinking, public policy, and public discourse.

“We need to get used to the fact that we have an older society. No policy on health care payment is going to change the fact that we age and get sick. And the way to address aging is going to be by addressing the associated cognitive and physical functional changes and working together in teams.”

The scholar lecture series was made possible by the Cullman Family, long-time members of the Mount Sinai Boards of Trustees. The lecture was named in honor of Edgar M. Cullman, Sr. who had a longstanding and deep admiration and respect for nurses and a keen understanding of the dynamics of patient care.

“I learned the value of nursing through his eyes,” said Ms. Susan Cullman, his daughter. “My parents had 24 hours nursing care when they got sick. The nursing that they had was so extraordinary. I know that the quality of their lives was due to these wonderful nurses who took charge of their lives and their health. They made our parents’ lives happy, made all of us happy to know that our parents were in such good hands.”

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