One day in 2007, while rounding on her geriatric psychiatry unit, Clinical Nurse Manager Lorna Green encountered an agitated 89 year old crying for her Mommy and her doll. What do nurses do when confronted with emotional anguish? We stay present and listen. We feel and acknowledge the pain. We formulate a plan and act. Ms Green turned to Lola Bloomfield, Mental Health Associate and asked her to somehow come up with a doll. Ms Bloomfield created a pillowcase doll with arms and legs and “dressed” her with a red sash around her waist. The patient immediately embraced this pillowcase doll, her face lit up and she calmed down. Curious and determined, Ms Green investigated doll therapy. She found a small amount of information on the internet and noticed most of the doll therapy research was done overseas. She sent one of her nurses, Kathy Clancy to Toys R Us and their first doll purchase was made.

The Doll Project
Submitted by Sylvie Jacobs, RN, BSN

Now Klingenstein Clinical Center 7 South seems to have dolls all over. They’re on shelves, they’re riding in a cart and they’re being carried in arms. They are culturally and gender diverse, with different facial expressions and dress. They are offered to patients who choose their doll, saying facility. On follow up, he is still carrying and caring for his doll there.

This caught the eye of Dr Davis and Dr Porter who visited the unit and encouraged research to measure outcomes. 7 South began a log of patient observations. They also measured the use of prn Haldol between patients who had dolls and those that did not. These results showed that patients with pre-existing symptoms of agitation who accepted the doll, used less Haldol prns than patients who did not accept the doll.

Patients benefit by the care and connection they feel when holding a doll...members of the health care team can feel a greater sense of satisfaction and purpose.

(story continues on page 3)
Philippines Welcomes Leilani and Imelda
Submitted by Sylvie Jacobs, BSN, RN
Two Mount Sinai Nurses: 
Imelda Tuason, RN, BS of the Cath Lab and Leilani Pineda, RN, BSN of the PACU, returned to their native Bangued, Abra in the Philippines to participate in a Medical Mission.

Lani was going to her neighborhood Rockland Filipino store to buy some fish sauce. She ran into her childhood friend who is a surgeon in the New York metropolitan area. He invited her to join the group who was traveling to the Philippines. There they would work with local doctors, hospital personnel and students to help poor people who could not otherwise afford care.

The venture is sponsored every two years by the governor of Abra, the province where Bangued is located. He provides transportation from Manila and food for the group throughout their stay.

Imelda triaged the patients in the clinic where it was determined if they could be treated medically or if they needed surgery. Those that required surgery would return the following day for their surgery appointments. These were relatively minor surgeries: thyroidectomies, cholecystectomies, hernia repairs, mastectomy and one pediatric patient who needed a hernia repair. Lani worked in a four bed Recovery Room that had bare bones equipment including a portable sphygmomanometer, suction, pulse oximeter and an oxygen tank. Most of the equipment was cleaned and reused. This same equipment here would be considered disposable. Lani needed blowby for the 7 month old who had had a hernia repair. One of the volunteers showed her how to improvise cutting paper and using a nasal cannula to fashion a blowby O2 set up. There was no pediatric BP cuff, so they just monitored the baby’s pulse oximeter and heart rate. Patient’s families brought their own blankets from home since the air conditioner kept the room cool. The ability to speak Ilocano, the local dialect was very helpful since many poor people speak limited English. The patients and their families were appreciative for their care and gave gifts of food to the volunteers.

At the end the governor threw a party for the volunteers in the capital and gave them each a certificate. Lani says it was a heartwarming and gratifying experience to be able to help people in need, like a return to the essence of nursing for nursing’s sake. Imelda, who was a returning volunteer, feels everyone should be able to experience the deep satisfaction and rewards of helping others. We would like to add our thank you to Imelda and Lani for representing Mount Sinai and extending our excellent nursing care around the globe.

“We are quite fortunate to live in a land of plenty where most of us are privileged to have more than life’s basic needs of food, clothing and shelter. Most of us take those privileges for granted and sometimes forget the less fortunate.”

Helping Hand to Haiti
Submitted by Jeannie Jung, RN-BC, MS

These are the first two lines of an appeal for help for Haiti from Linda Benoit, a nurse at Mount Sinai.

Linda was among the first to go to Haiti on a medical mission after the horrific earthquake in 2010. She has since made several trips there to continue her work. She returned to Haiti for a three year project and is currently arranging for their 4th annual Medical Mission to Grandgoave and the Jeremi School of Nursing. She has touched the lives of many people with her strong will and caring nature.

Ms Benoit was born in Haiti and immigrated to the United States as a child along with her family.

She earned her BSN Degree at Dominican College and has worked as a Nurse for nearly 30 years. Currently she is working on getting her Master’s degree and has worked as a Clinical Nurse on Madison 6, Child Adolescent Psychiatry for over 10 years. She has occupied several leadership positions including being a Nursing Director for several hospitals and nursing homes in New York City. She was a Lieutenant in the United States Army Medical Corps Reserve for over 15 years.

In her free time, Ms Benoit spends time with her family which includes 7 grandchildren. She is the consummate people person, feeling that “God put her on this earth to help people”. Her volunteer work in the community includes responding to 911 calls and dispatching ambulances in the Rockland Ambulance Corps. She is involved in her church providing medical care and other services for the less fortunate.

Ms Benoit was characterized as a selfless and noble individual from a young age who was always passionate about helping others. It was only fitting that she would go on to pursue a nursing career.

Contact information for anyone interested in more information is Linda.Benoit@Mountsinai.org
The Doll Project
(cont. from page 1)

Having a doll seemed to do much more than just calm agitation. Patients became less fearful and anxious before tests or before discharge. They became more interactive with others and more willing to converse. They would talk about who the doll reminded them of or how the doll made them feel. One patient used the adjective “serene” as how she felt when holding her doll. Patients were more cooperative, had increased participation in groups and activities, improved sleep and were noted to smile more readily. Dolls were helpful in feeding and toileting activities and in exploring patient histories.

Currently, we are beginning to use doll therapy in other settings. A NSICU Nurse, Natalie Etienne had recalled seeing 7 South’s presentation at Nursing Research Day. An elderly, non-English speaking woman was suffering from agitation and delirium after brain surgery.

The rounding critical care team was planning to start 1:1 observation since the patient was trying to climb out of bed and was clearly at risk for injury. Ms Etienne suggested giving her a doll. An ethnically matched doll was sent to NSICU and was immediately embraced by this patient. She calmed down and patted its back saying “baby, baby”. The patient was able to rest and sleep and did not require 1:1 observation.

A second successful response occurred on Guggenheim Pavilion 8 Center. A doll was given to an agitated patient suffering from dementia and acute delirium. They observed similar results. The nursing staff there was able to use the doll to administer medications more easily. The patient became more cooperative with other treatments to the great relief of her daughter.

Out of a therapeutic nursing moment came this effective, inexpensive and safe intervention. Patients benefit by the care and connection they feel when holding a doll. Other patients, visitors and staff are spared the delirious screams of these patients. And all members of the health care team can feel a greater sense of satisfaction and purpose.

The KCC 7South team plans on expanding the doll project within the next few months. They would like to examine the effect of the dolls on agitated patients on non-psychiatric units. More information to come soon.

DID YOU KNOW?

Mount Sinai was visited by two international Magnet commissioners in March.

Ms. Veronica Casey from Australia and Mr. Franz Wagner from Germany were welcomed and we were able to share our initiatives and achievements. Mount Sinai Queens joined in and presented their journey to excellence as they are applying for their first Magnet designation when we apply for our redesignation in 2014.

An impressive poster presentation followed our discussion. Outlined were our programs of Safe Patient Handling, “Call, Don’t Fall” Falls Prevention, Skin Care and Pressure Ulcer Prevention, and the works of the Cullman Institute and the Award and Recognition committees.

Also spotlighted was our Global Study Tour program in which we host a variety of nurses from other countries to show them our various clinical programs and Magnet level nursing practice. Mount Sinai Queens shared their “Tree of Life” Relationship Based Care initiative, Promoting Nursing Practice through Certification, hospital wide Quiet Time and Ask a Nurse program in which they provide designated times for patients and families to get information.

Carol Porter, DNP, RN, Chief Nursing Officer, Senior Vice President for Nursing and Associate Dean of Nursing Research and Education was honored by receiving the Edgar M Cullman, Sr., Chair of the Department of Nursing during our Nurse Week Celebrations. She holds the first endowed chair in the Department of Nursing.

The ANCC National Magnet Conference will be held in Los Angeles, CA on October 10-12, 2012. I have attended two Magnet conferences. They are memorable events that I felt recharged my professional battery. I came back to work excited and proud to be a Nurse in a Magnet Hospital and felt challenged to give the best care possible. I would encourage you to share in this remarkable adventure.

http://www.anccmagnetconference.org/

Mount Sinai is revising our Dress Code Policy # 1208 which you can find in your Intranet Policies on the website. The goal is to make the Mount Sinai Nurse readily recognizable and visible to our patients and their families.

The Dress Code Team would like to invite you to join in the final vote at the DRESS TO HEAL Fashion Show being held in the Annenberg West Lobby on Tuesday, August 7, 2012 from 0600-0800 and 1800-2000.

The Dress Code Team is led by Maria Vezina and Linda Paxton and consists of other Nurse Leaders and Clinical Nurses from all departments. The uniform choices are being made with the idea of keeping them gender neutral, professional and comfortable.
Nursing Research and Evidenced Based Projects
By Sylvie Jacobs

If I am like many of you, I have yet to conduct Nursing Research or an Evidenced Based Project. I not only feel intimidated by the concept, but dread the thought of creating yet even more work for myself. Even though Florence Nightingale started Nursing Research in 1859 with her Nurses Notes, it’s only just recently that I am opening to the idea of conducting our own project. I am realizing that we have an obligation to our patients to establish best practices. I am beginning to appreciate the power of generating knowledge. It is no longer acceptable to do things because that’s the way we’ve always done them. Now, more than ever, we must use research supported evidence to guide our clinical practice. The difference between Research and EBPs is that research has global applications, while EBPs consider the patient’s preference and apply to a specific practice setting. The beginning step is to ask a question. Then wording the question in PICO format: is identifying and describing the Population, Intervention, Comparison, Outcome and over what Time. Once you have your key words for framework you can do a database search. After searching the evidence you appraise it, integrate it into your practice change and then evaluate the outcome. Mount Sinai has many resources to help with Research Projects and EBPs. During our Nurse’s Week Celebrations I attended a presentation by Sharon Wexler, PhD, RN Nurse Researcher from Mount Sinai of Queens and Assistant Professor at Pace University School of Nursing and Emerson Ea, DNP, RN Senior Manager EBP, Nursing Research at Mount Sinai and Clinical Assistant Professor and NYU College of Nursing. They spoke on writing Abstracts and developing Posters and made it all seem completely doable. They both extended themselves to assist and support any project, research or poster we may want to create. The Mount Sinai Nursing Research Committee invites proposals for EBP/ Nursing Research to be forwarded to Emerson.ea@mountsinai.org. Prior to contacting him you should have discussed your idea and received approval from your clinical leadership. Also you need to have prepared a one page abstract that includes: Title, name and credentials of the Investigator and Co-investigators, description of the problem, significance to patient care, purpose and specific objectives and methods including setting, targeted sample, variables under study, measurement and proposed statistical analyses (as applicable). There are multiple resources from the Levy Library. The Levy Library’s mission statement is to support the clinical, educational and research programs of Mount Sinai. They can be accessed online at http://library.mssm.edu and your Mount Sinai email login name and password allows you to log on to most of their online resources from off-campus.

For questions about your Mount Sinai email login and password, please contact: Levy Library Computing by phone: (212) 241-7091 or via email at HelpDesk@mssm.edu. There is a knowledgeable and helpful librarian to assist you in the library.

New York’s Friendliest
By Sylvie Jacobs

Why not? We have New York’s Finest: Police and the Bravest: Firefighters. I think Mount Sinai Nurses could strive to be New York’s Friendliest.

What is prompting this thought is my recent shocking discovery that the patient rating of Mount Sinai Nurses showed that we don’t come across as particularly friendly or courteous to many of our patients and their families. At first I found this hard to believe, but then I took a good look in our collective mirror and came to accept that we do have room for improvement in this area.

Many of us are friendly and courteous. After all, we want to instill trust and build a therapeutic relationship with our patients and their families. We know that this is the most effective way to create a healing and learning environment. We need to be open and emotionally available to our patients who are vulnerable, anxious and ill, injured or dying.

But sometimes things get in the way. Sometimes it’s fatigue, hunger and thirst as the long shift wears on. Or perhaps we are having a disagreement or conflict with a colleague that sours our mood and makes us seem preoccupied with other things. Certainly commuting by subway, where beating someone out for a seat is viewed as a good thing, can erode one’s sense of courtesy. Perhaps our relationships are being affected by our prejudices; are you more friendly and courteous to celebrities, young people, wealthy people, thin people, those of your ethnic group or from your native country or who practice your faith? Does that mean you are being less friendly to those of the opposite groups?

So how do we find our way back? How do we remind ourselves and each other of how vitally important being friendly and courteous is in a patient’s perception? I think we start with ourselves. Being aware of our states of mind, controlling our thoughts so they don’t overwhelm our experience, coming to work rested and preparing for a long shift with snacks, maintaining healthy relationships and seeking help when needed. Then we turn to our colleagues. Offering help when we can, being generous with supplies and resources, remembering that workplace manners may differ from how we act at home or with personal friends, Being polite, speaking softly, holding doors for people and not taking things personally. If a problem arises, address resolving it with the appropriate person, don’t just complain to the nearest listener, don’t be that negative whiner draining your colleague’s energy.

Now you are ready to present your best self to your patient. You are ready to smile, offer a welcoming touch and an open heart. Mount Sinai’s Friendliest; the Nurses.
CLINICAL NURSE EXCELLENCE AWARDS

Perioperative Services
Jefferson Aglipay, BSN, RN, CNOR, Clinical Nurse

The Mount Sinai Hospital of Queens
Preciosa Basiao, BSN, RN

The Heart Hospital
Gerry Basler, MSN, RN, CCNR
Clinical Nurse, CCU

The Mount Sinai Hospital of Queens
Claudine Brown, MSN, RN

Mary Mendes Award
Patricia Burke
Nurse Clinician, Pediatric Outpatient

Advanced Practice: Nurse Practitioners
Marisa Cortese, MS, RN, FNP, BC, The Tisch Cancer Institute

Rehabilitation Nursing
Marie Daniel, BSN, RN, KCC 2

Rookie of the Year
Sofia Fleischman, BSN, RN
Clinical Nurse, PICU

The Mount Sinai Hospital of Queens
Dechen Lama, RN

Medicine/Clinical Research Center/ Ruttenberg Treatment Center
Cathy Lin, BSN, RN
Inpatient Dialysis

Psychiatry Services
Krystal Locke, BSN, RN, Madison 6
Clinical Nurse Preceptor
Kim Mayo-Smith, BSN, RN
Clinical Nurse, KP 8

Emergency Department
Lisa Menotti, BSN, RN, Clinical Nurse

Clinical Nurse Manager
Linda Pagan, MS, RN, CARN, Ambulatory

Specialized Practice
Patricia Sterner, MSN, RN, CNS, IBCLC, Lactation

Surgical, Medical Specialties and Transplantation Institute
Nicole Wells, BSN, RN, CMSRN, Clinical Nurse, GP 8E

Internal Medicine Associates
Melissa Williams, BSN, RN

Women & Children Services
Stephanie Yabut, BSN, RN
Clinical Nurse, KP5

Departmental Winner:
Pat Lang Award and overall Departmental Winner
Sylvie Jacobs, BSN, RN, CPAN
Clinical Nurse, PACU

NURSES WEEK 2012

Thirty two Nurses were honored by being nominated for Clinical Nurse Excellence Awards. Nineteen of these received Awards on May 1, 2012: Congratulations to all.

Mount Sinai Hospital, along with Mount Sinai of Queens Hospital, presented their posters showing us some excellent studies, EBPs, projects and interventions. They gave us the opportunity to think about our own practices, learn from their hard work and explore possibilities for future projects and interventions. I have tried to summarize them for those of you who missed them. I hope I got most of it right. They were a strong representation of some of our best nursing collaboration.

See page 7 for descriptions of some of these outstanding posters.
Spotlight on GP 9C

By Sylvie Jacobs

The mission of the Living Related Transplant Program is to provide high quality health care to potential and Live Organ Donors. Their goal is to create an environment focused on wellness through the latest medical advances, comprehensive evaluation, support and education before, during and after donation. They use a multidisciplinary approach to live donor transplant which requires the donor and recipient have two separate teams to provide an unbiased evaluation and ensure safety. There is a collaboration of care between these two teams. The Program offers an enhanced Independent Donor Advocacy Team (IDAT) which provides comprehensive patient focused medical and psychiatric care to promote long term wellness to donors.

The Living Related Transplant Program hopes to increase the number of live donor procedures performed by increasing awareness and to advance the science of living donation through innovation and psychosocial and outcomes research. In an effort to increase awareness The Recanati/Miller Transplant Institute partnered with the New York Organ Donor Network last April to celebrate National Donate Life Month. They staffed a table by the cafeteria where people could learn about organ donation, meet donors and register to become an organ donor.

Some of you may be asking what is so important about living organ donations. The answer is that they greatly increase organ availability. If you are interested as to what this means to individual people, just visit 9C and notice the many thank you cards from patients thumbtacked on their board. Then step into their visitors’ lounge and read the poetry of J Feller. He was a patient who wrote a poem before his transplant and then again, after. You can read about his anger, fear and smell of death and see how it is transformed into joy, gratitude and a renewed zest for life.

Other advantages to this form of organ donation is that the recipients experience less life threatening complications and the organs are not traumatized by temperature changes. Of course there are negatives, these being that a healthy person is faced with potential complications that could be long or short term. To minimize the risks to a potential donor the Federal and State government and UNOS requires an Advocate. It’s actually an Advocacy Team consisting of a Designated Live Donor Social Worker, RN, Administrative staff member, Psychiatrist, Nutritionist, Data Coordinator, Nurse Practitioner, Nephrologist or Hepatologist and Surgeon. The psychosocial evaluation includes a potential donor’s competency, assuring there is no coercion or monetary reward or any evidence of substance abuse or psychiatric disorders. A health care proxy is established to assure that the Care Team for the donor is separate from the recipients. The Care Team provides education on what to expect as well as emotional support both before and after surgery. Their follow-up continues for two years after donation.

The Nine Center Clinical Nurses volunteer to be Designated Donor Nurses for people who are planning to serve as live organ donors. His or her role is to accompany the patient through the pre-operative screening and testing process which takes approximately 1 ½ to 2 days. The Nurse then follows the patient through the post-operative period and their already established relationship benefits the patient during their recovery. This seems to be a rewarding and fulfilling experience for the Nurse since they have about 25% of their staff volunteering to serve as Donor Nurses. This opportunity comes up about once a month and the Nurses are reimbursed with overtime pay for their time and efforts.

Dr Dianne Lapointe Rudow is the director of the Zweig Center for Living Donation program.

Guggenheim Pavilion’s Nine Center is the location for the new Zweig Center for Living Donations in the Recanati/ Miller Transplant Institute. Barbara and Martin Zweig donated 5 million dollars to create this new Center and establish an Endowed Professorship.

They had their ribbon cutting on May 8, 2012. The Center consists of five beds, three private and one semi-private. Dr Dianne Lapointe Rudow is the director of the Zweig Center for Living Donation and it is hoped that this beautiful environment will contribute to the advancement of the Living Related Organ Donation program.

Nine Center also provides care to transplant recipients. Post-operatively, Kidney transplant recipients spend four hours in the Post Anesthesia Care Unit before transferring to 9C. Liver transplant recipients go to the Surgical Intensive Care Unit directly from the OR before they are able to transfer to 9C. For stabilized patients requiring continued monitoring and more intense care, they have a TICU or Transplant Intermediate Care Unit. These are four bedded rooms equipped with bedside monitors and an RN caring for those four patients. All transplant recipients require many various medications to protect the newly transplanted organ from rejection and to minimize complications from infection and medication side effects. Patients’ lab results must be carefully monitored. Close vigilance on intake and output monitoring and fluid replacement is important to assure adequate support and functioning.
World Trade Center Health Program: had 2 posters, the first addressed respiratory status among the workers and volunteers post 9/11 and the second evaluated the effect of a stress reduction program on asthma symptoms among WTC workers and volunteers.

Pediatrics, Psych peds and Neonatal were well represented with several posters:
- Pediatric Nutrition: Patrice Burke showed how simply translating patient education into native languages enhances learning surrounding pediatric nutritional needs in this vulnerable patient community.
- A team on Madison 6 explored using collaboration and less restraint and seclusion use on their child and adolescent unit.
- Kelli Ann Naughton investigated Sucrose and Non-Nutritive Sucking to help with procedural pain in the term and preterm neonate.
- A Child Life collaboration looked at how all kinds of creative arts therapy helped coping and depression in teen and preteen girls with chronic diseases.

An initiative to promote professional practice through certification by personal invitations, providing resources for test preparation and application.

The Mount Sinai Cardiovascular Institute was represented with:
- Guidelines for 90 minute door to Balloon time for STEMI
- Pillars of Success in the Cath Lab with striving to elevate performance

Oncology examined Cultural Competency and Disease Awareness of Oncology Nurses caring for patients with Adult T–cell Leukemia and Lymphoma.

More cultural competency in Examining the Spiritual Practices and Relationship between well-being and depression among elderly Filipinos.

A look at Patient Autonomy for Pain Management from our orthopedic nurses.

Nurse Practitioner Roles and Competencies

How Hourly Rounding affects outcomes on HCAHPS from the Cullman Institute for Patient Care

Pediatric Inflammatory Bowel Disease practitioners surveyed parental attitudes toward CAM for IBD children.

Mount Sinai of Queens presented several posters:
- They implemented “Quiet Time” on an Inpatient Medical Unit to enhance the patient experience.
- Again on an inpatient medical unit, they implemented an “Ask a Nurse” program to promote Relationship Based Nursing Care.
- Another Implementation to advance Relationship Based Nursing Care was to use the “Tree of Life”, also on an Inpatient Medical Unit, a personal diagram illustrating the patient’s interconnections between family, friends and caregivers.

Perioperative efforts to optimize efficiency in Operating Room Turn over between Cases

Alternative Interventions to Improve Patient outcomes in the Geriatric Psych patient (see newsletter column on KCC 7 N and their “Doll Project”).

Transplant team who examines Collaborative Approaches for Transplant medication education (see newsletter column spotlighting 9C).

The Mount Sinai Department of Nursing displaying The Mount Sinai Hospital Global Nursing Tours (we hosted 28 study tours in the last 4 years).

It was an impressive and inspiring glimpse into the dedicated work of many of our colleagues.

Hope to see yours next year.
As a nurse, I often found myself reflecting on how limited my geographical areas of practice seemed to be. Being a nurse—at its core—means taking care of patients, and those patients were always located within some room or series of rooms within Mount Sinai Hospital. Sometimes I wondered what was going on in other parts of the hospital or in other hospitals in general, but the work in my individual unit often kept me so busy that the thought was fleeting at best. Reading nursing magazines like Advance or Spectrum gave me a glimpse into how nursing was being practiced elsewhere, and allowed me for a bit to see things on a bit more of a macro level. But the feeling of wanting to see more did peek through strongly from time to time.

This past year, I unexpectedly had a chance to not only see more, but to see more overseas in an entirely different country. My husband was offered a sudden opportunity to work on a project in Israel for his company, and we decided to take that opportunity and experience what it would be like to live somewhere else for a year. I emailed the Director of Nursing at Hadassah Hospital, a big regional hospital in Jerusalem, and asked her if I would be able to shadow a nurse who worked in a unit similar to the one I was working in at the time—PACU. She was gracious enough to pair me up with a wonderful nurse who was originally from California, but had done her nursing training in Israel. Since Israel does not have a HIPAA-type law on their books, it was easier for me to gain access to the hospital and to the experience of caring for patients first hand in an environment and language so different than what I was used to. The first idea that struck me was that no matter what the language or culture, patients’ needs for care remain the same. And that I could always fall back on my knowledge of the mechanics of nursing to somewhat cushion the difference between how we did some things in the US versus how they were done here. A-lines were the same, even if PCA pumps looked different. I’d had Spanish or Chinese speaking patients at Mount Sinai that I often couldn’t communicate so well with; my options then were to use the translator service (which I often did) or to have someone help me. Those options were still available to me here, once I learned some basic vocabulary words (urine, pain, blood pressure, etc.) in the predominant language of Hebrew. The nurses I met were of all different nationalities: Russian, Arab, Israeli, Ethiopian, but there was a good working relationship among all of them. The nurse I shadowed, Stephanie, had come to work in the PACU straight out of nursing school, and was as competent and knowledgeable as any of the nurses I had been privileged to work with at Mount Sinai. Similar to the US, politics seemed to fade into the background while I was in the hospital, relegated to a far back burner while the business of taking care of sick people loomed large. Although the region has had its issues splashed across newspaper headlines for decades, the feeling of the hospital was professional and serious. Hadassah Hospital is an academic one, like Mount Sinai, and most of the rounds I participated in were conducted in English. Since healthcare is socialized, there is not as much fear about being sued or about malpractice suits and I found this very liberating as a nurse. There was less pressure to document and more opportunity to provide care. While some may say this compromises quality, I did not find that to be the case in the PACU I worked in. Nurses were just as attuned to a patient’s pain: rating it and treating it, just as attuned to lab results and medication administration, and just as attuned to follow up care as I had been accustomed to. I did wonder at times how the concept of Magnet certification might go over in Israel, and if it would help improve the general climate for nurses and patients in any way. Although it wasn’t relevant for me as yet, I was contacted by an American-trained Nurse Practitioner who is employed at the hospital and has put together a working committee to try and help certified NPs find their place in the Israeli medical system. At the present moment, the idea of “physician extenders” is not recognized within the Israeli healthcare environment. Hadassah Hospital has sent graduate students to observe NPs in practice in the States, including a group that visited Mount Sinai, in the hopes that the role can be further developed within Israel. Like American hospitals, hospitals in Israel are overwhelmed and overcrowded. I arrived in a year that has seen numerous strikes take place by the doctors’ and nurses’ unions to protest difficult working conditions. Furthering nurses’ roles within the system in a formal way would certainly aid in reducing some of the patient care resources shortage. In the PACU I was in, the “charge nurse” on days was a fellow with so many years of experience that he basically functioned as an on-site NP for many issues that arose: allowing him to formalize that training would be very beneficial. They are Masters Degrees available at Hadassah University, and only recently have they become more practice-oriented as opposed to more academically oriented.

I will always be grateful for the opportunity I had this year to “be a nurse” in a different country, with a different language and a different milieu. I learned a lot about my own skills, and met some fellow nurses that I will always have great respect for. I gained in my cultural understanding, and my ability to see nursing as a true continuum of care, crossing all borders and nationalities. I look forward to bringing this enrichment back with me to Mount Sinai, or whichever hospital I should land in going forward. I look forward to rejoining my colleagues back in New York, and to learning even more about the wonderful profession of nursing with all its layers, vast possibilities, and unlimited potential for caring.
Spotlight on GP9C
(cont. from page 6)
of the transplanted organ. Often these patients have been very ill for some time, weakened by their organ failure, requiring intense and comprehensive nursing care. So how does a busy unit provide this level of quality care to their Patients and maintain such excellent patient satisfaction scores? (Their only sub-par score was concerning the noise level at night). The Clinical Coordinator, Joel Valena and Clinical Nurse, Johanna Medina were quick with their answers. They have frequent daily to weekly huddles, monthly staff meetings, providing a strong focus on communication and on reinforcing positive coping strategies. They pre-empt conflict by counseling all their Staff on how to handle problematic situations. The Staff is collegial and supportive and frequently uses humor to deflect stress. They are respected and valued by their Nurse Leaders. As a matter of fact, the week after this interview they were scheduled to enjoy a visit from Pal Care, a company hired to provide fifteen minute massages for any who wished to participate.

The Nine Center Nurses expertly care for a challenging patient population. Their inter-disciplinary efforts with Doctors, Nurses, Social workers, Administrators and Coordinators, Mental Health Staff and Nutritionists all bring hope and second chances to patients and their families. Their efforts enable people to be able to donate gifts of life. Their remarkable work and dedication instills a sense of hope and redemption for us all.

Donee to Donor

I never met you,
But I love you.
Your signature on the back of your driver’s license
Became my license to live.
Now I can pass go
Now I can collect $200
Now I can stumble on some finders keepers cash on the parking lot
I can’t land on Park Place
I can’t dance on Boardwalk,
But Baltic Avenue is mine.
I enjoy my simple life.
The everyday joys of breathing; walking; talking; smelling; eating; sleeping, etc.
I have a vibrant, loving life again.
No, not again, life is sweeter,
Tastier on this second go around
Yet and still there is a glitch
I am here because you are not.
You and your families are heroes.
Saying Thank You seems trite.
Yet….Thank you!!!
I look up to “The Higher Powers”
As I breeze on by.

By patient: Jeff Feller

“Their remarkable work and dedication instills a sense of hope and redemption for us all.”

Calling all Mount Sinai Nurses

An opportunity to highlight the magnificent magnet moments that you experience in your daily practice. Please contribute and share by sending in ideas, comments, critiques or articles to magnet.newsletter@mountsinai.org or contact the editor: sylvie.jacobs@mountsinai.org

We would like to thank our Magnet Newsletter advisor, Pat Matos, DNP, RN, Director of Nursing in Psychiatry and Magnet Program Director for her support.
In 2007, with input from a broad representation of stakeholders, the COM developed a Model for Magnet that reflected current research on organizational behavior. This Model guides the transition of Magnet principles to focus healthcare organizations on achieving superior performance as evidenced by outcomes. Evidence-based practice, innovation, evolving technology, and patient partnerships are all evident in the Model.