Summer 2014

We were greatly surprised to learn that we had won an award that “recognizes caregivers in stellar units whose consistent and systematic approach to evidence-based care optimizes patient outcomes. Units that receive this national recognition serve as role models to others on their journey to excellent patient and family care.” We are so very proud of this accomplishment for a 14 bed unit with 46 nursing staff led by our Clinical Nurse Manager, Kathleen McCollum, RN, BSN, MS, PhD(c).

Our Beacon journey started in November 2011, with an initial attitude of “why not?” We really did not know what to expect or what this would mean to us in the CCU. This was a validation of our care, empathy, and respect which we give our patients every day. It was hectic and often seemed impossible for the teams made up of both day and night shift staff to get together to discuss and research HCAHP scores, nursing best practices, policies, and quality indicators, but somehow we managed and we did it!

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Batter Up
Sylvie Jacobs, RN, BSN, CPAN

Baseball season has begun. Nursing has quite a few things in common with baseball.

How so? Let me count the ways:

1. Team sport- we can’t do this alone. We all have a role to play. Team members depend on each other and count on competent performance from our team mates.

2. Weakest link- when one of us calls out sick the rest of us picks up the slack. Sometimes we get overtime to fill in, this is a nurse who works extra hours, and so probably has less energy, stamina and even perhaps, concentration, because of the extra work.

3. Experienced players lead the rookies- yes, the older, experienced team members lead and set examples. But the rookie has the energy, the enthusiasm and the flexibility to stretch, speed up and make difficult plays.

4. Coach- the importance of a competent, wise and compassionate leader cannot be emphasized enough. The tone is set, the game plan is constructed and the ‘on the fly’ adjustments made by a leader with clear vision and a courageous heart.

5. Equipment- How can you play without proper equipment?

6. Umpires – know the policy and procedures and review playbacks for controversial plays. There is learning from errors, no punishment or retaliation.

7. Safety- batters who get hit take a base. Structures are in place to protect the public.

8. Support personnel lack acknowledgement- the ancillary staff rarely gets the spotlight of recognition that the team players get, yet the game could not be played without them.

9. The VIP section gets amenity service

Magnet Survey Intention
By Sylvie Jacobs, RN, BSN, CPAN

Monday, June 2nd, 2014, Annenberg 6 PACU: enters Magnet Surveyor Peggy Riley, a recently retired CNO from Scottsdale, AZ. With a quick smile and handshake I am introducing myself. In one breath, “Hello, I am so pleased to meet you, Sylvie Jacobs, Clinical Nurse in PACU for 27 years, bachelor of science in Nursing and certified post anesthesia nurse, so happy you are visiting us, here are my colleagues...” and so it began.

A week long Survey looking not at Team 7000 cart sign-offs or listening to policies and procedures, but of examining our actions, thoughts, intentions, outcomes and perhaps most telling, our goals and plans for the future. Each Magnet re-designation I find I learn new things about where I work, who I work with and what I should be focusing on.

I had the opportunity to attend a Hurricane Sandy meeting where doctors, nurses, human resource personnel, building services and more were present to describe our experiences during that night and the days and months that followed. Patient stories, employee stories and personal stories all came out along with a lot of references to “a dark and stormy night”. It was evident by the Surveyors’ faces that they were captivated and impressed. All of our collective efforts, from Mount Sinai’s leaders in the Command Center to us, at the bedside, our individual experiences, were honored and given opportunity for expression. Our intention to put aside our personal needs to help those in distress were acknowledged and applauded. Most importantly, the fact that we had the know-how, structures and will to follow through with the plan, for however long it would take, was celebrated.

Wednesday, June 4th, 2014
Guggenheim 3 PACU: at one of our busiest times of day, 16:30, we are gathered round the desk to greet our “guest”. We were asked about our PACU outcomes. We had rehearsed, studied our PI board, graphs and charts and were prepared to present us. After listening, questioning and nodding, this Surveyor sighed gave us an inspirational pep talk about how we should be building our careers and every couple of years we should be evaluate if we’ve met our personal professional goals. She urged us to return to school, seek certification and undertake and present EBPs and research. “Avoid complacency and always strive for growth and learning”.

Thursday June 5th, 2014 EPP meeting: As part of my role of Magnet Champion, I assisted with the Exemplary Professional Practice Taskforce, led by Maria Vezina, to help in the creation of our Care Delivery and Professional Practice Models. The Surveyors were very interested in how these models came about. They heard about Carol Porter’s trip out west to visit Kaiser Permanente Health System which inspired her to create our own version of these teachings and methods. Dr Porter described her work with Dr Joyce Fitzpatrick and how, and step by step, everything from what the nurses were actually doing to how we were doing it was deconstructed and examined, all with intention of improving, repairing, rejuvenating and excelling. Dr Fitzpatrick spoke about the concepts and theory upon which the models rest. Maria Vezina described the taskforce she led and I spoke about how the MSHRCC allowed me, the bedside nurse, to describe my practice method, embrace its tangibility and so be able to share it with others.
Major Kevin D. Croy:
Air Force Flight Nurse and Clinical Nurse Manager

This was my third deployment in the past three years. I was flying between Afghanistan, Kuwait, Iraq, Qatar, Bahrain and Germany with an occasional flight into the U.S. The Aeromedical Evacuation Crew consists of two flight nurses and three aeromedical evacuation technicians and we function both as health professionals and as crew members. My responsibilities as Medical Crew Director (MCD) include assuring care for up to thirty patients. This encompasses safe patient on-loading and off-loading, organizing patient care assignments and arranging SBAR report from the medical facility. If problems arise once airborne and the solution lies outside of our broad treatment protocols; I have the pilots connect to a flight surgeon on the ground to obtain orders, guidance and recommendations. For critically ill patients who are intubated, ventilated and on IV infusions, such as vasopressors, we fly with a Critical Care Air Transport Team (CCATT). This team consists of a critical care doctor, registered nurse and respiratory technologist. We care for up to thirty patients during flights that can be one hour to several hours in duration. We can and have seen almost everything. Our patients present with diverse physical and psychological trauma and disease. Examples are gunshot wounds (GSWs) that are less than 24 hours old up to several days, bomb or blast injuries with all levels of burns and orthopedic injuries that are immediate post-operative to several days post-op. We also get patients with medical issues, such as cardiac, respiratory and diabetic emergencies; or simple surgical cases like appendicitis and hernias.

Every mission I fly is different. It is extremely rewarding how appreciative these patients are. Military patients, expressing gratitude for efforts in relieving pain and suffering, even saving lives; those are the feelings I wouldn’t trade for anything. It is something you have to feel yourself to understand. Military patients have a very different perspective on what’s important to them. Something as simple as baking cookies on the plane to Andrews AFB from Ramstein in Germany means something special for soldiers who probably haven’t had tasty food for weeks or months; it reminds them they are heading home. Being in the midst of life and death situations heightens the preciousness of being alive and the value of simple human kindness.

That is what makes me want to go back again and again. I know it takes a toll on my family but they also understand my commitment and what it means to me to be an Air Force Flight Nurse- it’s the best job in the world for me and when it stops being fun I will resign. They will probably have to force me to retire before that happens.

I know I make a difference to some degree in all my patients’ lives, whether here or there. What brings ultimate meaning to me is that on my missions, military colleagues, whether peers or patients, are my brothers in all my patients’ lives, whether here or there. What brings ultimate meaning to me is that on my missions, military colleagues, whether peers or patients, are my brothers and sisters. I would lay down my life for them without a second thought and I know they would do the same for me.

Be Strong
By Sylvie Jacobs, RN, BSN, CPAN

Attending the 35th Annual Awards Ceremony for Excellence in Nursing Practice was energizing and inspiring. This Magnet Example of Structural Empowerment has become one of my favorite things to witness.

The nurses, sometimes overwhelmed, spoke with faltering, tearful and humble voices in giving their acceptance speeches. Others were able to robustly express themselves to describe why Mount Sinai Nursing has empowered them to be the nurses they’ve always wanted to be. All

expressed gratitude for the team effort it takes to make them excellent. Nursing leaders and family members stood proud. The winners view this as a catalyst for further advancement and as a challenge to be able to merit this recognition.

There is a special award created by the family of a deceased nurse, Pat Liang. Her family, to honor her, created the Pat Liang PACU Nursing Practice Award. They take time off from work and arrange airfare to attend the ceremony every year. They hold back tears and grief each and every time Pat’s name is mentioned, which it often is, since she is the essence of the award. Pat was an inspiring PACU nurse who many of us had the privilege of working with. I can hear her voice softly say, “Be strong”. As our patients lean on our strength, our colleagues depend on us to be our best, our families need us to nurture them; nurses, above all else, are strong. And so that is all I could say to her dear family, “be strong”. It’s a noble choice and one that allows us to make the most out of our human condition.
Excellence in Nursing Practice Award Winners

This year’s display of thirty posters was impressive and engaging. It was wonderful to see so many interesting ideas and great initiatives that come out of our minds, hard work and collaboration.

Many of the posters demonstrated ways to improve practice outcomes like decreasing the incidence of Pressure Ulcers. The two that stood out to me were MICUs formulation of SWAT teams (Skin and Wound Assessment and Treatment) because they involved the PCAs in turning their patients. The Skin Care in Pediatrics poster showed how babies and children have unique skin care issues and how creating a team of skin care champions proved to be an invaluable resource to peers and increased awareness of maintaining skin integrity in hospitalized pediatric populations.

Other posters reflected initiatives on safety and falls prevention both in and out of the hospital. There were posters on optimizing health and increasing awareness of risk factors like the "GO RED for WOMEN” health screening event from the Heart Hospital. To address quality and safety we saw the CCU being recognized with the Beacon Award, the Reduction of Percutaneous Injury in Health Care Workers with the use of retractable winged steel needles, Hand Hygiene and the decrease of Surgical Site Infection from the CSICU. Medel Paguriran and I spent a bit of time speaking with Mr. Pitta and Ms. Rosado, two of the creators of this poster. I had a personal interest since I was an old CSICU nurse (way back when) as well as knowing that in my current focus (PACU) we have made similar efforts at preventing post-op infections. I loved how they flagged at risk patients, how they used interdisciplinary collaboration (infection control, plastic surgery, and housekeeping) to formulate this effective plan in reducing surgical site infections.

There were posters on the practitioner’s diverse roles: pediatric surgical NP and Pronouncement of death in Palliative Care which expanded the nurse’s role,

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According to the reviewers of our document at the AACN the benchmarks the CCU scored highly in were:
- Effective communication, knowledge, management, learning and development
- Evidence-based practice and processes
- Leadership structures and systems
- Appropriate staffing
- Staff engagement
- Patient outcomes

Now we understand why it is referred to as a journey. The writing, editing, re-writing and re-editing lasted for approximately ten months. Thanks to the encouragement and tremendous support of our Clinical Nurse Manager, Kathleen McCollum, RN, BSN, MS, PhD (c), Director of Nursing for the CCU Sonia Zabala, RN, BSN, MPA, Vice President of Clinical Operations Beth Oliver, RN, DNP and Senior Director of Nursing Education and Professional Practice Maria Vezina, EdD, RN, NEA-BC, the end product led to this prestigious award.

This achievement is even more meaningful knowing that we are the first in Mount Sinai history to receive this award. In addition, to being the 14th unit in all of New York State to receive this award and Mount Sinai is one of only ten hospitals in all of New York State.

Mount Sinai is only the third hospital in the whole of New York City to have been granted the Beacon Award of recognition for excellence in nursing practice. We the nursing staff of the CCU collegially challenge all other units of Mount Sinai Hospital to start their journey and we pledge to GO for GOLD come 2017.

Nurses Week 2014 Poster Session
By Sylvie Jacobs, RN, BSN, CPAN

(continued from page 4)

improving parental and patient satisfaction in pediatrics through Family Presence in Rounds and the Skin to Skin Transition of the Newborn. New ways to manage patient education from orthopedics showed us their Three day plan for total joint replacements.

The 2-4-6-8 pre-op fasting policy increases patient satisfaction and decreases patient discomfort as does the Stereotactic Radiosurgery for Spine Tumors. I got to chat with the Radiation Oncology nurse and discovered we had a shared experience with an oncology patient, after brainstorming we came up with a suggestion for the surgeon, anesthesiologist and radiologist to provide more complete pain relief for our patients. (After the session I sent off that email.)

This was an opportunity to meet my colleagues, examine my personal professional goals, brainstorm ideas, and see what others have come up with. It provided brilliant examples of our Exemplary Professional Practice, Structural Empowerment, Transformational Leadership and New Knowledge and Innovations. And the Empirical Outcomes, of course, our improved outcomes, which is what gives our practice meaning.
Be Well Program and Mount Sinai Wellness Events

Mount Sinai applies the Magnet Tenet of Structural Empowerment to support and assist its employees in personal development and health management.

Some examples illustrated here are weight control & healthy eating, exercise, meditation, smoking cessation, disease prevention and early detection and the PEAK program.

**WEEKLY MEDITATION SIT**

Every Wednesday, Students for Integrative Medicine (SIM) hosts a meditation sit that is open to all students, residents, staff, and faculty. There is no cost and SIM provides participants with chairs, or blocks/blankets for those who prefer to sit on the floor. The meditations are simple, breath-centered meditations that are loosely guided. For more information, or to be added to an email reminder list, email Kalla Gervasio at kallagervasio323@gmail.com.

**DIABETES PREVENTION PROGRAM**

fitness and health coaching aimed at reducing diabetes risk. Sixteen week program for adults who are at risk is free and open to all Mount Sinai employees. Mount Sinai employees covered by United Healthcare should call 800-237-4942 to register for the program. Individuals interested in the program who are not covered by United Healthcare (this includes NYSNA nurses and medical students), can call 212-912-2524.


**WALKING GROUP** meets at the Guggenheim Pavilion at the Fifth Ave entrance on Wednesdays at noon. They walk Central Park and return to Mount Sinai before 1pm.


**RUNNING CLUB** On Thursdays at 5:15 pm, staff and students can meet at the Starbucks in Guggenheim Pavilion for a group run through Central Park. Contact Samantha Baxter at [Samantha.Baxter@mountsinai.org](mailto:Samantha.Baxter@mountsinai.org) for more information or for a release statement.

Thursdays, 5:15 pm

Group runs will take place every Tuesday until November, and are for all three levels (Beginner, Intermediate, Advanced). For more information on the group, and the different running levels within the group, email [becky.amaya@mountsinai.org](mailto:becky.amaya@mountsinai.org).

Tuesdays, 6 pm, Central Park Entrance, 97th Street and Fifth Avenue

**WEIGHT WATCHERS AT WORK PROGRAM**

To fulfill the health and wellness needs of Mount Sinai employees, the Be Well program and Weight Watchers have partnered to offer a Weight Watchers at Work program at The Mount Sinai Hospital campus. Weekly Tuesday sessions began on April 29, and will run through Tuesday, July 15. To RSVP, or for more information, email [Samantha.Baxter@mountsinai.org](mailto:Samantha.Baxter@mountsinai.org).

**BREAST AND CERVICAL CANCER OUTREACH PROGRAMS**

Esperanza y Vida and The Witness Project of Harlem teach the importance of breast and cervical cancer screenings. Programs are held monthly at Mount Sinai. For more information, contact Carina Rodriguez at 212-824-7801 or Clarissa Martinez at 212-824-7805.

**MOUNT SINAI DEVELOPMENT AND LEARNING** brings a new institution wide learning management system called PEAK or Portal for Education and the Advancement of Knowledge. Register online by logging on to the PEAK website and clicking on Classroom-Based Training section.

**QUIT SMOKING TODAY: THE MOUNT SINAI HOSPITAL EMPLOYEE TOBACCO-CESSATION PROGRAM**

The Mount Sinai Hospital Employee Tobacco-Cessation Program is free and open to all employees. The program offers a full range of services to employees, including consultation and assessment, withdrawal symptom management, behavior modification, relapse prevention, and prescription of nicotine replacement. For a one-on-one appointment with the tobacco cessation physician, call 212-824-7690. For more information, email Kristin Oliver, MD, at kristin.oliver@mountsinai.org.

**“WINNING BY LOSING”** by the Department of Clinical Nutrition runs eight weeks by registered dietitians to support participants in efforts to lose weight. Mount Sinai’s Weight Management Program is hosting weekly orientation sessions titled “Toward Lasting Better Health.” The sessions, led by physicians and dietitians, aim to help people who are trying to lose 30 or more pounds and require patients to receive a comprehensive obesity screening by an endocrinologist before starting.

The sessions take place on Mondays at 5 pm in the Atlan Building’s Fourth Floor Conference Room, AB4-11. To reserve a seat, call 212-241-4891.
2014 Magnet Statistics

October 2013
19 volumes of data/ 4,700 pages of Nursing data was sent to the Magnet Program: credentialing, quality, accomplishments

Opening session
28 of our executive leadership from MSH & MSQ

Physician leadership Session
25 of our MD leaders
71 Units had survey reviews 1 hour in length
45 hour long focused group interview sessions

Education Prep
Web based classes, centralized classes, unit based sessions, ancillary dept. education sessions = over 5,400 staff

Collaboration with numerous hospital wide departments across all disciplines and at all levels.

Newsletter Contact Information

A schedule has been created to encourage submissions. As always, this newsletter is for nurses, by nurses. Please submit articles with name and credentials to Sylvie.jacobs@mountsinai.org

Submission deadlines:
March 10
June 10, 2014
September 10
November 10

Publications: May 1
August 1
November 1
February 1

Tell us your stories, your achievements, your challenges, your journey and your goals.

The Mount Sinai Magnet Nursing Newsletter is an online publication by the nurses for the nurses. It is supported by Mount Sinai Nursing Leadership and is produced by Thomas Denardo, Technology Specialist and Graphic Artist.