Call-No Fall; Ouch! When You Fall!
Melody Cubas, BSN, RN-BC

Falls and fall injuries in hospitals are the most frequently reported adverse events among adults in the inpatient setting. Advancing our understanding of measurements and improvements on falls prevention is vital, since nurses play a key role in this component of patient care. When a patient falls, we find ourselves asking: What do we do when someone falls in our care? Why did the patient go down? What are we doing that is not working?

Preventing falls and reducing injuries maybe two of the biggest challenges that most hospitals face. Our primary nursing concern is to provide excellent patient care and quality patient outcomes. Falls is one of the negative patient-sensitive indicators that we monitor. And being a Magnet hospital, we want to make sure that our fall rates are below the national benchmark. Mount Sinai Hospital’s Falls Committee works tirelessly to achieve this goal. They have put together a group of Falls Champions, consisting of nurses and nursing auxiliary staff representing each hospital unit. The committee is led by Mr. Medel Paguirigan, Senior Manager of Nursing Research and Education, and Dr. Natalie Callis, Clinical Program Manager. They meet to discuss details about understanding different types of falls, practices on the units, and what works and what does not. They also discuss how Falls Champions can disseminate and share with staff information and guidelines on how to prevent falls and improve our practice. I am proud to be a part of this exciting group.

This past November, Dr. Patricia Quigley, PhD, ARNP, CRNP, FAAN, FAANP, a nationally recognized patient safety expert, particularly in fall prevention, was invited by Mount Sinai Hospital and Mount Sinai Hospital of Queens Falls Committee to share her knowledge and expertise in our hospital’s fall prevention and injury reduction program. It was a great honor and privilege to be chosen to escort Dr. Quigley during her visit. Sharing my personal and professional experiences with her was a priceless opportunity; truly one of my best nursing experiences and one that I will treasure forever. Dr. Quigley shared so much information with me, some of which she also presented during her PowerPoint presentation, discussions, and hospital unit tours during her visit. I realized that there are several nursing practices/issues that there are several nursing practices/issues.
Infant and Newborn Falls:
Continued from Page 1

**Nursing Perspective**
By Maria Almirante, RN

As a nurse, my main concern (among many others) is to continually maintain safety for my patients, especially the newborns. Having to convey new information in an effective manner during the patient’s hospital stay is a constant challenge. Quite often during the admission process, patients are mostly filled with excitement and are busy talking in the experience of having their new baby. And for some patients and their significant others the exhaustion, pain, and other physical effects of the childbirth process interferes with their ability to absorb any new information.

In most cases during the admission process, I feel like I am presenting too much information and that patients are either staring at me blankly, nodding without understanding, or half listening to what I am saying because they are too busy with everything else that is going on around them.

I have noticed, however, that by informing the patients that I am going to ask them to sign a newborn safety falls contract, after discussing it with them thoroughly, puts everything in a different perspective. I am sure that today’s litigious society has a lot to do with it. Having them physically sign the document focuses whatever little attention they can spare to what I am saying and explaining to them. In fact, some of them actually ask for more time to read over the document before adding their signatures. Even if this delay adds to my workload it does makes me feel more confident that the information will be more meaningful to the patient and other family members.

However, my work does not stop with them signing that piece of paper. Constantly reminding the patients in a subtle and courteous manner is a must. Repetition is the key, no matter how redundant it may become. Regardless of who is at fault, a scenario where a delicate newborn infant falls under my care will definitely cause me a couple of sleepless nights, and I will carry that burden with me always. So, at the end of the day, I am very grateful for the safety protocols we have in place to promote safety and prevent infant falls.

**References:**

Message from the Editor

**Dear Readers:**
Too many people suffer from destination disease. They have reached a certain level, attained a goal, and soon they are casting off what they have learned. Studies tell us that after graduating from high school, 50% of people will never read an entire book in their life time again. One reason is that they see learning just as a period of life, instead as a way of life. We had to learn so much when we were growing up in school. We had teachers, parents, coaches that taught us, expected us to learn, but now we think, “I am out of school. I am done with my training and I have my job.”

Whether we are 9-years-old or 90, we should constantly be learning, improving our skills, getting better at what we do. We have to take responsibility for our own growth. Growth is not automatic. What steps are you taking to grow? Are you reading books? Listening to teaching CDs? Are you taking courses on the Internet or in school? Going to any conferences? Do you have any mentors? Do not coast through life on what you already learned. You have valuable treasure inside. There is skill, talent, and potential in you, but it’s not going to automatically come out. It has to be developed.

Whatever position you have with the Mount Sinai Health System, get better at it. Sharpen your skills. Do not be at the same place next year as you are right now. There is so much opportunity to learn in this institution. There is more knowledge available today than any time in history. You have no excuses to not improve. You owe it to yourself. Take at least 15 minutes a day to invest in yourself. You should be doing something strategic or something intentional every day to improve your skills.

You have skills that can open new doors, but the key is that the skills have to be developed. Every day you spend growing, learning, improving, you are preparing for a new level with the Mount Sinai Health System.

In today’s competitive market place with the economy so tight, and businesses so bottom line oriented, if you are not improving, you are falling behind. We should be so productive, so full of wisdom, that no matter where we are, we are always rising to the top.

Everyone should have a personal growth plan that lays out how one is going to grow. For example, on your drive in to work, instead of listening to the radio, put on a good teaching CD that will help you improve your nursing career. You can turn your car into a university.

If you are going to continue to grow, you are going to need good mentors. Let them speak into your life. Listen to their ideas, study them, find out how they think, and how they do what they do. You can even learn from their mistakes. My mentor is Clinical Nurse Manager Maureen Leahy from KP6. She inspires me. She challenges me to rise higher. She makes me a better person, and a better nurse.

**Do not get caught with destination disease. Make a decision to grow in some way every day. Exemplify Magnetism!**

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

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Become a Better Communicator

By Carla Alves, RN, MS

Becoming a better communicator with patients and their family members was the goal of a CommuniCare course I recently attended with several of my nursing colleagues from the Palliative Care Unit. This course was offered and graciously hosted by Ms. Susie West at her Manhattan home, who has served the Hertzberg Palliative Care Unit since its inception as a volunteer, friend and philanthropist. This course was modeled after the course, “Geri-Talk,” which is taught to physician students in the palliative care and geriatrics fellowship program at Mount Sinai, and borrows material from the book Mastering Communication with Seriously Ill Patients: Balancing Honesty with Empathy and Hope (Back, Arnold, & Tulsky, 2010).

CommuniCare was designed by nurse practitioners Ms. Julia Carl and Ms. Lauren Koch, social worker Ms. Diane Farquhar, nurse manager Ms. Maureen Leahy, and palliative care attending physicians Dr. Elizabeth Lindenberger and Dr. Laura Gelfman. They saw that a class like “Geri-Talk” would be beneficial if expanded to the scope of bedside nursing practice in end-of-life care. The one day course aimed to expand our toolbox of communication skills and provide roadmaps for challenging conversations. As Ms. Carl said, “The goal is to work on your communication skills. A skill that you already have and you are good at it, but our goal is to make it great.”

We worked on three communication skills: Ask-Tell-Ask, NURSE statements, and “I Wish” statements. Clinical scenarios using the nurse practitioners, physicians and social worker gave each nurse an opportunity to practice these new skills.

NURSE is an acronym for Name, Understand, Respect, Support, and Explore.

The last communication strategy, “I Wish” statements, can ease complex conversations when patients or family members are troubled by hearing bad news.

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Unit-Based Council:
Empowering Nurses to Improve Nursing Practice

By Carla Alves-Miraldo, RN, MS

Patients and their families expect and deserve the highest quality care from their nurses.

At Mount Sinai Health System, there has been a movement toward “shared governance,” a system which is based on the belief that patient care can be improved when practice decisions are made by the nurses working closest with the patient. Shared governance becomes a living part of the mission of the health care organization in the form of unit-based practice councils. Their purpose is to promote decision making at the unit level and provide an opportunity for participation by all staff. Goals include improving patient care standards, employee satisfaction, and patient safety. Changes are made using evidence-based practice. Establishing unit-based councils is a way for Mount Sinai Health System and management to recognize the professional status of the nurse.

My unit, The Wiener Family Palliative Care Unit, started a unit-based council. We believe it will increase staff nurse involvement: in our practice, attitudes, quality of work, commitment, the ability to influence patient care, and nursing standards. With the initial help from our manager, we started with the simple development of a mission and vision statement that is specific to our unit in conjunction with Mount Sinai’s mission and vision. We are now aligned with The Hertzberg Palliative Care Institute and the Mount Sinai Health System. We then set out to establish the purpose and function of our council. We have specific and fundamental clinical practice guidelines in Palliative Care, established through The National Hospice and Palliative Care Nursing Association and The Academy of Hospice and Palliative Medicine. We have begun to review, evaluate, analyze, develop, and update policies, protocols, order sets, and other documentation. We look at Performance Improvement, our quality metrics, and determine ways to improve outcomes. A part of our council reviews our current patient and family educational materials to identify needs and work on development. Team building, role clarification, interviewing, team accountability is a big part of any shared governance principle. We see this in action within our unit based council as we hold Unit Satisfaction among the highest priorities for our unit.

Our council is developing guidelines for our professional education and competencies. We discuss new technology, improved products, plan educational offerings, and we study together to reach our goal of 100% of the PCU nurses being Nationally Certified as Hospice and Palliative Care Nurses (CHPN) and our PCA’s becoming Nationally Certified Hospice and Palliative Care Assistants (CHPNA).

Unit-based councils empower the nurses to make changes using evidence-based practice. We improve patient outcomes as well as employee satisfaction. Through research, review of literature, and nursing involvement, a unit-based council can have an astonishing effect on patient care. It is fun. It helps to keep the essence of our ‘work’ the reason and purpose for our ‘job.’ It reminds me that I do this work as part of a team with shared purpose and vision to have the best possible experience for those in our care. I encourage you to get started on your unit-based council!
Examples of how to incorporate the three communication tools

ASK-Tell-Ask

“Do you mind sharing with me what the doctors have explained to you about your illness?”

“Would it be helpful for me to discuss some of the changes that you may see in your loved one?”

Ask-TELL-Ask

Share the information

Ask-Tell-ASK

“How is all of this information sitting with you?”

“I want to make sure I did a good job of explaining things. Can you tell me what your understanding is about your condition?”

NURSE Statements

NAME the emotion

“You seem frustrated, worried, relieved…”

UNDERSTANDING

“It must be so hard for you to go through this.”

“I can see how much the pain is affecting you.”

RESPECT

“I am so impressed you have been here every day to visit your loved one.”

“I know how strong you have had to be through all of these difficult treatments.”

SUPPORT

“My team and I will be here to help you through this.”

EXPLORE

“Tell me more about how you feel.”

“What do you mean when you say ___?”

“I Wish” Statements

“I wish things were different.”

“I wish we had stronger medicine.”

“I wish the team was able to give you better news today.”

Key point: Avoid saying “but” after “I wish” statement, as it will negate the previous support statement.

Become a Better Communicator

Continued from Page 3

The first communication tool, Ask-Tell-Ask, is very useful when you are meeting your patient and their family members for the first time. This technique helps make a conversation flow and helps you to determine the depth of patient and family understanding of a situation. The second tool, known as NURSE statements, are communication tools for complex conversations, especially highly emotional ones.

This course helped me with ways to understand where my patients are in their level of knowledge, and be more skillful at understanding their concerns. Furthermore it has changed how I approach patients, and how I deal with emotional moments during interactions with them.

This course should be offered throughout the entire institution because by

Blessings, Outreach, and Interconnections

Sylvie Jacobs, BSN, RN, CPAN

Clinical Nurse PACU

This past November, I attended a Community Religious Leaders Involvement breakfast hosted by the Mount Sinai Department of Spiritual Care and Education. I was deeply moved by the altruistic attitude of the attendees. These people were not gaining anything financially or professionally, they were just learning to help others. How refreshing! The target audience included community religious leaders who have influence over their congregants, their ministries, their communities and their neighbors.

The breakfast began with a heartwarming opening blessing, which made me think that perhaps we should have daily RN huddles to do this on each unit—deity neutral expressions of gratitude for each other, ourselves and our collective efforts. Shortly after the breakfast, the presentations began. The first speaker, Ms. Lina Jandorf, Associate Professor and Director of Cancer Community Outreach Program for Cancer Prevention and Control, spoke about their program, Witness Cares. They are particularly interested in the Afro-American population and the importance of colorectal cancer screening.

The second presenter, Dr. Deborah Marin, Director of Spiritual Care and Education for the Mount Sinai Health System and Blumenthal Professor of Psychiatry, spoke about depression and mood disorders. I learned that a major depression diagnosis involves clinical symptoms which present for longer than two weeks. In the case of a personal loss, grief reactions are not identified as depression since they are a normal and healthy response to death. During a work-up of a patient’s symptoms of depression, there should be an assessment for suicidal ideations. Substances like alcohol, marijuana, and prescription medications can cause or exacerbate depression. Multiple methods are available to treat depression, but reaching many in communities who are not open to mental health care is quite challenging. We learned that conservative religious communities who “go by the book,” so to speak, are very resistant to mental health treatments since they are not specifically endorsed in the Bible. While these might be well-meaning communities of deeply religious believers, these prevailing attitudes maybe harmful because they interfere with diagnosis and intervention.

The third presenters, Ms. Catherine Mills and Ms. Shiyuan Liu, of the East Harlem Health Outreach Partnership (EHHOP), provided information on their student-run, physician supervised medical clinic at the Icahn School of Medicine. They provide care for uninsured and/or undocumented clients as well as anyone over the age of 22-years-old that needs free services. Their services include preventative and primary care, specialty referrals, including mental health, lab tests and imaging, health insurance enrollment and free medications. For children, adolescents and young adults between ages 10-22, there is the Adolescent Health Center located on East 94th St which provides confidential free care. Young people are spared having the involvement of parents which encourages full disclosure leading to many positive outcomes at a vulnerable time of life.

The event ended with everyone spending a few moments to reflect on the gathering, with a reminder of who we all are and how we are all interconnected. We were all then blessed and we left the breakfast feeling that indeed we truly are.

For further information about:

East Harlem Health Outreach Partnership (EHHOP)

Email ehhop.clinic@mssm.edu or visit their website www.eastharlemhealth.org

Witness Center:

Contact Karen Zorogastua (212) 659-5506 or email Lina_Jandorf@mssm.edu.
My US Open Volunteer Experience
Melody Cubas, BSN, RN-BC

I started doing volunteer work during my high school years in the Philippines. I used to help the nurses in the university infirmary take care of their patients, most of whom were victims of snake bites. I think that early experience is what made me decide to take up nursing as a profession. Providing compassionate care to other people made me feel special, and the emotional rewards are unparalleled. I continued to join various teams of other clinicians, and shared at least 1 to 2 weeks of my time doing volunteer medical missions in remote areas of the Philippines. The US Open volunteer experience was so different. I actually thought I would be doing the same clinical work as those in my medical missions and well, I was mistaken.

Last summer was the first time I had ever been to the Billy Jean King National Tennis Center in Flushing, Queens. In fact, I had never been to any stadium. I do not know much about sports and famous athletes but, I guess I probably know some of the more famous tennis players. I have watched Andre Agassi on television before because I used to love to see Brooke Shields watching in the audience back when they were a couple. I also know the names Steffi Graaf, Roger Federer, and of course, Venus and Serena Williams. Thanks to the Mount Sinai Health System being the official sponsor of the US Open, I got the chance to volunteer and experience this exciting event. Although I did not really know who was playing on which court, and really did not understand the game, being a part of the excitement of the tournament was amazing!

My main purpose was not really to watch the tennis matches, but to be a Mount Sinai Brand Ambassador. My responsibility was to raise awareness about skin cancer by offering the spectators sunscreen and UV silicon bracelets. I would ask them if they wanted information about skin cancer (in the form of a bookmark), and encouraged them to share their good thoughts and positive experiences about Mount Sinai through Social Media such as Facebook, Twitter and Instagram. It’s nice to hear positive remarks about Mount Sinai, especially about the excellent care and compassion that nurses provide to our patients. People also expressed how much they appreciated that we were giving away the most practical and useful item of the event ... the sunscreen! It was almost 90 degrees that day and I saw a lot of people at risk of being burned by the sun. The opportunity to work with other volunteers from the Health System was also a memorable one. We worked as if we had known each other for a long time!

On the second day of my awesome volunteer experience, I was fortunate to work with Ms. Mary Joy Adverderada, our Unit Manager in Madison 5, and Ashley, a Marketing Communication Director. As usual, our sunscreen and UV bracelets were going like hot pancakes, and people were asking questions about how to find the best dermatologists or internists. I also finally got to watch a live tennis match where I actually knew who was playing...Serena Williams!

It was an amazing experience and I would not mind doing it again this summer! My experience at the US Open made me realize that any volunteer work can be rewarding, whether it’s clinical or community outreach. The extra time I dedicated to this effort was definitely worth it.

My First Year as a Mount Sinai Psychiatric Nurse
Marielle Cabalquinto, RN, BSN

After an arduous journey called nursing school and getting my license, I was thankful to be hired as a new nurse on Madison 5- Adult Psychiatry. I am not new to Mount Sinai. I will be here 10 years in March 2015 on the same unit, but I am new to the nursing profession. I am blessed to have such an amazing nurse manager, Ms. Mary Joy Adverderada, BSN, RN and preceptor, Ms. Melody Cubas, BSN, RN-BC. I am eternally grateful for their compassion and their patience. I have known both of these nurses for nearly 10 years and have learned from them the meaning of empathy and dedication in the nursing profession.

After three weeks of classroom orientation, I was placed on the floor with a preceptor who assisted me as I learned my day to day role as a psychiatric nurse. Beyond administrating medications, doing the assignments, and charting, I learned how to communicate with my patients and my colleagues. I learned to be flexible and to work as a team player which is highly important when it comes to handling aggressive and agitated patients. Furthermore, I mastered how not to take what patients and visitors may say personally, knowing how ill the patients can be and how stressed the family and friends must feel. Every day offered learning experiences, whether good or bad. With every mistake, I vowed not to repeat them, but I did and then I would question myself: Would I learn everything? Would I learn to manage my time better? Would I learn to complete a late admission, an incident report, and finish other tasks before the end of my shift?

Continues on Page 6
My First Year as a Mount Sinai Psychiatric Nurse

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As a new nurse, I was enrolled in the Mount Sinai Transitions Program for new nurses, where we would meet throughout the year to discuss our experiences, present cases, and learn about different aspects of being a nurse. I was privileged to be mentored by the wonderful, Mr. Medel Paguirigan. I enjoyed the camaraderie of these sessions and felt a sense of comfort knowing other new nurses who felt anxious, unsure, afraid to make mistakes and yet were excited and willing to learn as new nurses. We are the future of nursing as the next NPs, nurse managers and faculty of the future.

I am a new nurse and it will take me a while to be comfortable in certain situations. I know I will make mistakes and be uncertain of what to do, but I also know that I am surrounded by colleagues and managers who are willing to help me improve and do better. With each new day that I am a nurse, I learn about helping others and learn more about myself.

I love being a Mount Sinai nurse because this institution takes care of its nurses. I notice how experienced nurses willingly assist the rookie nurses. I see how nurse administrators work diligently to make this facility a Magnet hospital. I see how they take nursing to a higher level by encouraging nursing research and higher education. It is inspiring to work in a place with such vision and I can only hope

Call No Fall

Continued from Page 1

bed alarms, the practice of hourly patient rounding, the use of hi-low adjustable beds, the use of companions, the patient room layout, and the post-fall huddles with the patient. Furthermore, I now understand the importance of standardizing the practice of assessing orthostatic blood pressures on patients.

During the hospital tours, Dr. Quigley and I realized when we asked around, that there were four different ways for taking orthostatic vital signs. It should be standard across the board since this is one of the important risk factors that we may be able to use to prevent falls.

When it comes to measuring orthostatic blood pressures, Dr. Quigley said the first thing to do is have the patient rest in a supine position for at least five minutes before taking their BP and HR. Then have them stand up for three minutes before taking another BP & HR. Dr. Quigley said you only do supine to sitting position if the patient is unable to stand up. A drop in BP of systolic ≥20 mm Hg, or in diastolic BP of ≥10 mm Hg, or an increase in HR of ≥20, or experiencing lightheadedness or dizziness are all abnormal symptoms.

During her presentation, Dr. Quigley talked about hi-low adjustable beds and how they must be kept in a low position for selected patients, but should be adjusted according to patient’s height to assist them to transfer or stand. She showed the audience a video of a mechanical patient falling off the bed from high position and also from a low position. One would assume that there is less injury when a bed is in the lowest position, right? However, studies show that when a patient falls from a high bed position, they hit their head first, and when falling from a low bed position, their legs hit the floor first. The impact on the whole body is worse when the patient falls with their legs first than with their head first. Therefore, to prevent/reduce injury, the use of floor mats on hi-low adjustable beds is recommended. Floor mats should be placed only while patients are in bed. Dr. Quigley also mentioned the effectiveness of the use of hip protectors to reduce injury.

She also touched on the topic of the different types of falls; for example, anticipated physiological falls, unanticipated physiological falls, accidental falls, and intentional/behavioral falls. I learned that using bed alarms is not for everyone, but may be used based on case reports and clinical expertise. Also, when a physician orders a patient to be on 1:1 observation for falls, the companions do not really prevent falls, but rather assist in breaking the falls or promoting assisted falls.

In addition, Dr. Quigley spoke about the purpose of hourly patient rounding, which is to enhance patient satisfaction; however, it can be used to structure toileting, especially for patients on diuretics. When rounding, she suggested asking the patient, “Do you want to go to the bathroom now or in one minute from now, because I want to help you.”
Sixteen years ago, my brother, Alex, was born with Down’s Syndrome. He has changed my perception of life in a very positive and profound way. When Alex was one-year-old and doing so well in terms of his education and health, we decided to pay it forward.

The Alexander Begonia Foundation was created and inspired by Alex. Alex is currently in high school, where he excels in all his subjects. On weekends, he stays active by swimming and playing basketball. He is the absolute light of our lives. I noticed that when I am having a bad day, he makes all the negative feelings disappear with his loving smile.

His success inspires us to show our appreciation by giving back to the local and global community. We have been using our own money to fund a majority of the foundation’s programs. Along the way, people have been touched by our story that they donate unexpectedly out of the goodness of their hearts. As a family of nurses, this foundation is another way for us to demonstrate caring and compassion.

Since 1998, we have been funding scholarships for poor and well-deserving students, feeding children, building playgrounds, coordinating small medical missions, establishing special need programs, and purchasing motorcycle taxis in Alaminos City, Pangasinan, Philippines.

- **Scholarships:** Every year we sponsor one elementary school graduate student in the Philippines to be able to attend high school.
- **The Alexander Begonia Caring and Compassion Award** with a small amount of cash is awarded to two graduating students, male and female, that demonstrate caring and compassion towards others in the Philippines.
- **Feeding Program:** We started funding two elementary school feeding programs with a yearly budget of $600 each. Since we started the program three years ago, there are now 17 schools with feeding programs, including the seven we are starting this year.
- **Special Needs Program:** One of the goals of the foundation was to establish a school for special needs children. The foundation donates school supplies, conducts feeding programs, and provides transportation allowance to children whose parents do not have the money to send the children to school daily.

In addition to the programs described here, we also donate playground equipment, and fund small medical missions. We have never solicited or fundraised in the past, so all the money that has been donated has been a result of informal conversations with generous individuals and organizations about the foundation and what we do as a family to give back to the community. This year, for my birthday, I set up a crowd-funding account through ‘GiveForward.’ I was able to raise my goal of $1500, which I set aside for foundation playgrounds. I realized that a personal birthday gift would not make me happy; true happiness for me is seeing the smiles and feeling the warmth of those in need.

I am sharing this story to show you that even a little boy with a disability can make a huge difference in the lives of people who are truly in need. If he can do it, we can definitely do it. Alex has done more good deeds and helped more people than I have done in my lifetime even at his young age and with his disability. Alex is such a beacon of light to anyone around him because of his joyous disposition. He taught me to look at life differently; I learned to enjoy life everyday as if it’s the last day, and not to sweat the small stuff.

**Therapeutic Yoga at the Bedside**

**Deborah Matza, RN, MPH, RYT-500**

Therapeutic Yoga (TY) is a particularly effective practice for those recovering from, or living with, injury or illness. TY is a deeply meditative experience - it provides the opportunity to step away from the busy-ness of the outside world and access the deeper wisdom that resides within us. TY blends restorative yoga (supported postures), gentle yoga, breath work, hands-on healing, and guided meditation techniques combined in such a way that it is an excellent choice for those who need something gentle yet effective for bringing the body into balance and reducing stress.

In the hospital setting, TY can help to relieve pain, stress and fatigue by promoting physical and mental relaxation. It can also offer self-care tools for patients to ease their anxiety and discomfort. This form of yoga is also very beneficial as it can be individualized and adapted for each patient’s unique needs. As a yoga therapist at Mount Sinai hospital, I also offer a mini-relaxation session to family members and caregivers to help relieve their distress and worry about their loved one.
Nan, whose real name is Nanita Lim-Sulit, RN, PNP, has always caught my eye. She is the perky, energetic and upbeat NP that frequently follows the pediatric patients and families through the PACU experience. The Annenberg 6th Floor PACU cares for pediatric surgical post-operative patients, as well as patients from other services like GYN, plastics, EENT and ophthalmology.

Ms. Lim-Sulit graduated from the University of Santo Tomas in the Philippines in 1980. She came to the United States in 1983. After spending two years as a neonatal nurse in Bellevue Hospital, she began nursing at the Mount Sinai Hospital Neonatal ICU in 1985. She continued NICU nursing until 1987 when her own baby was diagnosed with a heart murmur. To learn more about congenital heart disease in infants, she transferred to the Pediatric Cardiac Surgical ICU and pursued an interest in cardiac surgical patients. Ms. Lim-Sulit has worked with the division of pediatric surgery at Mount Sinai since 1987 and is one of the first fully trained nurse practitioners in pediatric cardiac surgical ICU.

In addition, she is promoting the ‘Meet Me at Mount Sinai Program’ where pediatric patients may prepare for their surgical experience with medical role playing and touring the ORs and PACU areas. She works with social workers and child life specialists to offer this service to any child over two years of age who is having EENT, orthopedic, urological or general surgery.

Even after describing all her achievements and accomplishments, I feel I have failed to convey what is so special about Ms. Lim-Sulit. She has a certain energy, engagement and caring presence that are palpable to families and colleagues. She serves up knowledge, skills and presence that are palpable to families and colleagues. She comes to the bedside, where her patients and families are enveloped by her soothing and healing presence.

The TY sessions for our patients include aspects of the following five basic practices:

1. Gentle re-positioning using pillow/blankets to maximize comfort, alignment and respiration.
2. Simple yoga breathing techniques of breath awareness and diaphragmatic breathing to deepen respiration and elicit relaxation.
3. Guiding in progressive relaxation and imagery.
4. Light touch (Reiki) to enhance the comfort and relaxation responses.
5. A series of gentle seated movements to promote circulation and flexibility in the joints.

There are several TY poses that encourage alignment and flexibility while promoting physical relief and rest. Several of these poses can support the respiratory system by placing the patient in an optimum position to gently stretch the chest and respiratory muscles. Careful positioning of a patient can be very important to their overall comfort.

Three re-positioning TY poses that are commonly used for hospitalized patients are: ‘T Pose,’ ‘Cobbler’s Pose,’ and ‘Supported Side Line Pose.’

The goal of TY is to be able to teach patients simple skills they can use for their own well-being. These skills can offer them a sense of control over their health at a time when things may seem to be out of control. I offer a CD with a breathing meditation for our patients and their family members who wish to continue these practices on their own.

Experiencing a serious illness can be very stressful and frightening to our patients and their families. If we can use yoga practices to help them find some moments of peace and stillness at a time when they are feeling so vulnerable, we are truly offering a priceless gift.