

Welcome

# 2015

Nursing  
Annual Report



**Mount  
Sinai  
St. Luke's**

# Letter from Maria Vezina, EdD, RN, NEA-BC, Chief Nursing Officer and Vice President

*Mount Sinai St. Luke's: Nursing at its Best*

I am privileged to be the Executive Nurse Leader for Mount Sinai St. Luke's. I witness a community of nursing staff who are committed to giving excellent care always to the patients and families we serve. My goals as a transformational nurse leader are fourfold:



- Advance the professional practice of nursing to embrace the 21st century's strategies for health care delivery that produce safe and quality patient care.
- Lead the patient care experience by engaging staff to initiate Relationship Centered Care as a Professional Practice Model that focuses on the patient and family as our priority at all times in their continuum of care.

- Collaborate with all members of the health care team, executive leaders, clinical champions and union members to develop strong partnerships to set common goals for support of our staff and their environment of care and to assist their professional growth and development as clinical leaders who are second to none.
- Exercise prudent financial practices to enhance the growth and development of Mount Sinai St. Luke's as a Center of Excellence.

Celebrating nursing excellence has been an exciting experience in my tenure to date as the Chief Nursing Officer. Not to mention the countless experiences I have had personally with nursing staff who are committed to providing excellent care always! To create and sustain nursing excellence, it is critical to have a commitment to transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovation, continual performance improvement and empirical outcomes focused on quality and patient safety.

At Mount Sinai St. Luke's, the team spirit is extraordinary, executive team talent is unparalleled, the commitment to the West Harlem community is palpable, and the journey to develop into a Center of Excellence within the Mount Sinai Health System has begun with a sense of urgency, purpose, and excitement.

A handwritten signature in blue ink that reads "Maria L. Vezina".

**Mount Sinai Nursing Mission:** To advance nursing through unrivaled education, research and clinical care to provide exceptional experiences and outcomes to patients locally and globally.

**Mount Sinai Nursing Vision:** To continue to grow and challenge convention through a pioneering spirit of inquiry, advancements in nursing practice and research, transformational leadership, and collaborative approach to providing exceptional patient and family relationship-centered care.

# Transformational Leadership:

*Providing a strong mission, vision, and forward thinking to guide a professional nursing practice with a collaborative sense of advocacy and support to provide exceptional care to the patients and families we serve.*

*Nursing Leadership Team & New Nurse Leaders - 2015*



*Nurse  
Leaders  
Joined  
in 2015*



## The Joint Commission Survey 2015 - Quote from Hospital Administration

“As with any survey, there were findings that we will have to correct, and there are always opportunities for us to improve. Nevertheless, your months of hard work and preparation went regularly and repeatedly noticed by the surveyors. Many of our units were described as “spotless” and “sparkling;” some of our physicians and nurses were declared “awesome,” “amazing,” and “rock stars;” our split flow model in the Emergency Department was deemed “a fabulous job;” and our infection control team was proclaimed “awesome,” “amazing,” and “high reliability at its best.””

**AGREEMENT**  
*Between*  
**New York State Nurses  
Association and  
Mount Sinai St. Luke's  
and Mount Sinai West**  
**January 1, 2015 -  
December 31, 2018**

Metabolic and Bariatric Surgery Comprehensive Center Survey  
October 2015

**MBSAQIP**  
METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality:  
Highest Standards, Better Outcomes

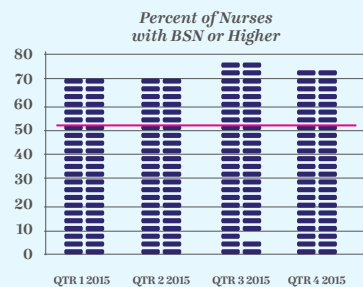
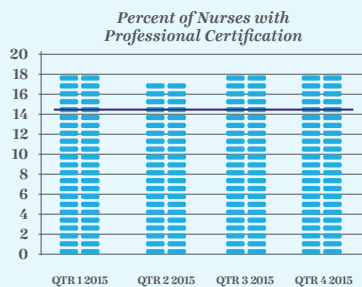
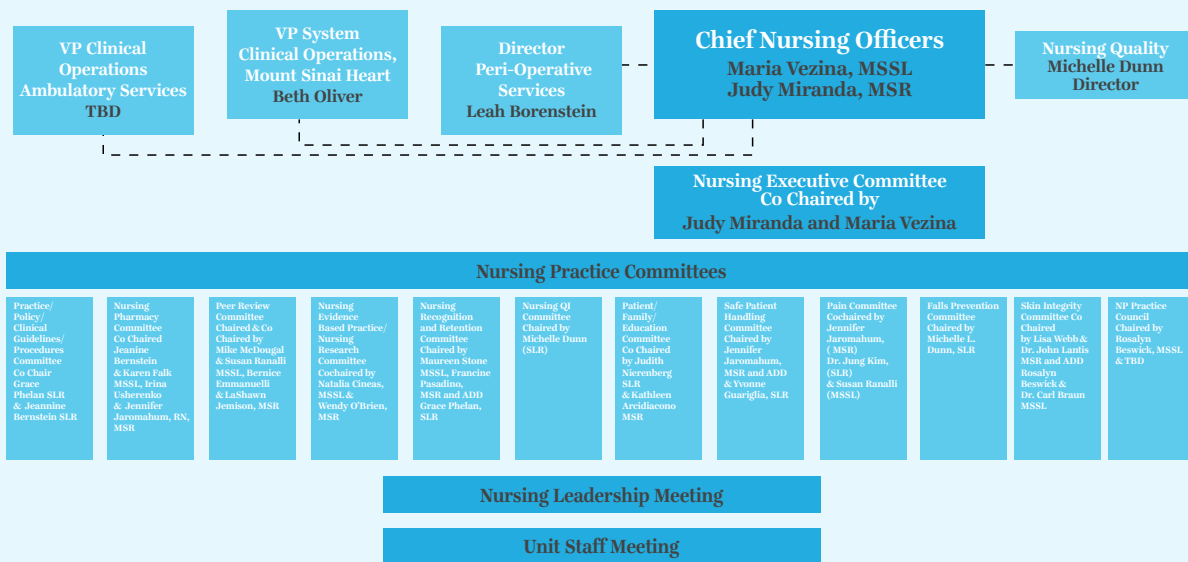


# Structural Empowerment:

*Structures and processes are in place to empower nurses to participate in decision making, establish standards of practice, and advocate for lifelong learning and recognition.*

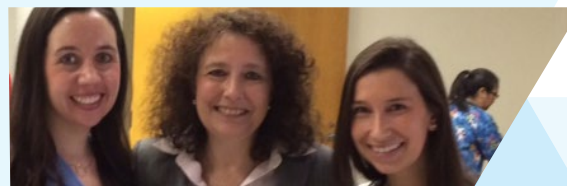
**The Nurse Executive Committee (NEC)** is accountable for ongoing communication with each standing committee on issues related to professional practice and patient care. Nurse empowerment is fostered through committee participation in developing and reviewing evidenced-based practice, policies, standards of care, documentation and clinical procedures, recognition, retention and patient education. These issues guide nursing practice and are brought forward to the NEC.

## The Mount Sinai St. Luke's and Mount Sinai Roosevelt: Department of Nursing Shared Decision Making/Nursing Practice and Quality Structure.



## 2015 Falls Prevention Awareness Week

*“Take a Stand to Prevent Falls”*



Student Affiliations

# Exemplary Professional Practice:

An overarching conceptual framework for nurses, nursing care, and interdisciplinary patient care delivery guided by our professional practice model: Relationship Centered Care.

## Care Delivery Model: Modified Primary Nursing



## Tenets of Modified Primary Nursing

- Nurse Patient Relationship
- Accountability
- Autonomy
- Continuity
- Collaboration

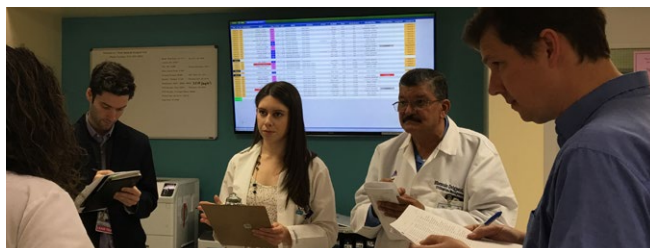
## Outcome Dimensions

- Quality
- Safety
- Patient Experience

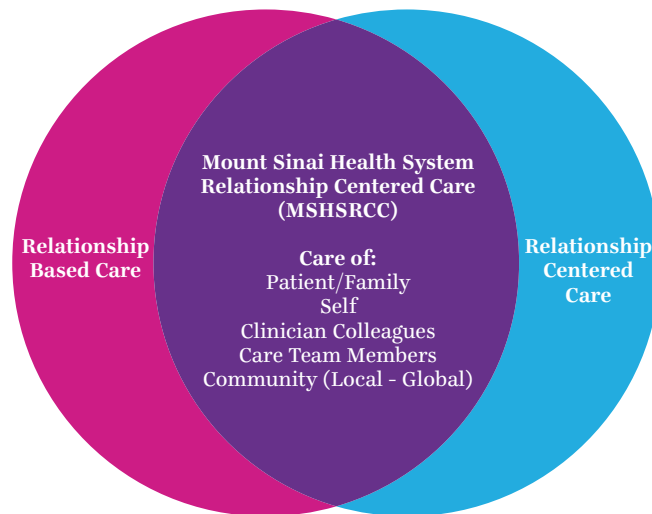
## Falls Prevention Champion Program



## Interdisciplinary Patient Communication Screen



## Professional Practice Model: Relationship Centered Care



## The Mount Sinai Health System Relationship Centered Care (MSHSRCC)

## Tenets of Relationship Centered Care

Relationship Centered Care (RCC) is the Professional Practice Model for the Mount Sinai Health System Nursing Departments. A Professional Practice Model is an overarching conceptual framework for nurses, nursing care and interdisciplinary patient care. RCC is represented by the schematic description above showing how nurses practice, collaborate, communicate, and develop professionally to provide the highest quality care for those served by the organization.

### The tenets of RCC include:

- Admission Welcome
- Bedside Shift Report
- Purposeful Hourly Rounding
- HELP
- AM/PM Care
- 5 Minute Sit Down
- Medication Review
- MD/RN Unit Collaboration (Unit Dyads)
- Discharge Wrap-Up

# New Knowledge, Innovation, and Improvements:

*Integration of evidence-based practice, continual performance improvement such as Lean and research into clinical and operational processes.*

## PEOC

The Patient Experience Operations Committee (PEOC) is an interdisciplinary group of health care professionals focused on improving the patient experience through collaboration and engagement of staff, patients, family members, and the community. The priority goal of PEOC is to guarantee “Excellent Care Always” for ALL patients through the delivery of relationship centered care and standardization of work.

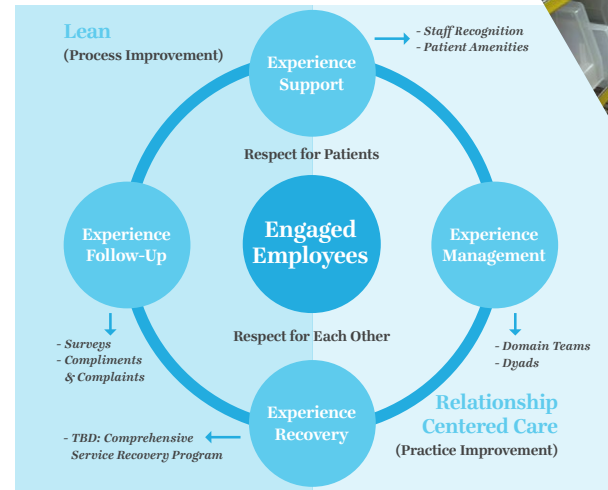
## LEAN Management

Lean management is an approach to running an organization that supports the concept of continuous improvement, a long-term approach to work that systematically seeks to achieve small, incremental changes in processes in order to improve efficiency and quality. Lean emphasizes value added work and seeks to eliminate non value added work through purposeful design.

## 2015 True North Metrics



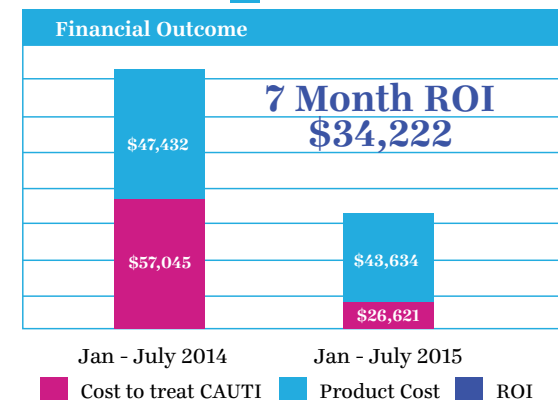
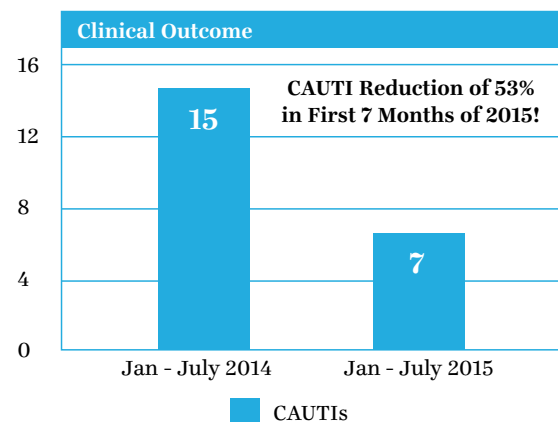
## Mount Sinai St. Luke's: Patient Experience Cycle



## Patient Experience Operations Committee (PEOC)



## Evidence-Based Practice

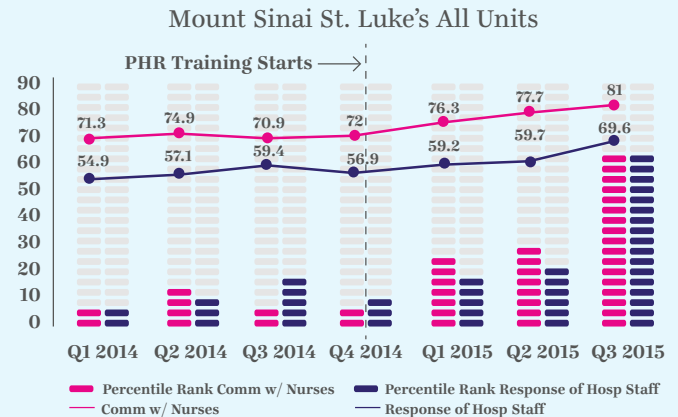


# Empirical Outcomes:

*Demonstration of quality outcomes made by nurses as an essential contribution to patient care, nursing workforce, and organizational and consumer outcomes.*

## Purposeful Hourly Rounding (PHR):

The goal of Mount Sinai St. Luke's is to provide excellent care to every patient, every day, every shift. An important part of providing patients with excellent care and service is purposeful hourly rounding. RNs and nursing assistants round on patients every hour. During rounding, the nursing staff checks on patient well-being, monitors comfort and pain, assists the patient to change positions, and assists with trips to the bathroom. Hourly rounding is now a part of the culture at Mount Sinai St. Luke's.



## Nursing Unit Quality Boards

## Clark 9 Falls Reduction Initiative



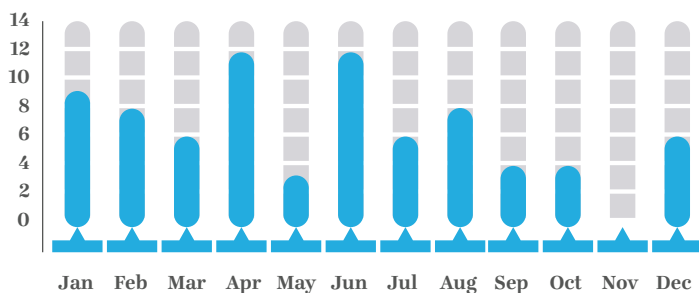
## CAUTI Bath Basin Elimination: The Nurses Role

**Bath Basin Elimination:**  
Removing the bath basin to reduce catheter-associated urinary tract infection in critically ill patients

Natalia Cines, DNP, RN, NEA-BC, Senior Director of Nursing, New York, NY • Rosalyn Beswick, RN, MSN ANP-BC CMOON, Wound Ostomy Manager • Maria Vozicek, EdD, RN, NEA-BC

Section	Key Points
<b>Purpose</b>	The purpose of this study was to compare the effectiveness of two methods of patient bathing and incontinence care on overall cost and patient outcomes for catheter-associated urinary tract infections (CAUTI) in critically ill patients.
<b>Background</b>	Healthcare-associated infections (HAI) are common, costly, and associated with significant morbidity and mortality. Prevention strategies are often underutilized, particularly for CAUTI. CAUTI rates by hospital are now publicly available and the Centers for Medicare and Medicaid Services (CMS) will no longer reimburse hospitals for the additional costs of caring for patients who develop CAUTI. A growing body of evidence supports that the removal of reusable bath basins can reduce CAUTI.
<b>Methods</b>	<ul style="list-style-type: none"> <li>CAUTI rates were measured for a 12-month period on all hospital units (2014) to provide a baseline measure.</li> <li>The 2014 standard of care in the general care units was once-daily bathing with soap, water, peri-spray and reusable bath basins; incontinence care was performed as needed using the same supplies.</li> <li>In January 2015 a new bathing and incontinence care protocol was implemented where all basins were eliminated and replaced by a one-time use packaged bathing product.</li> <li>Product cost and CAUTI were measured for a 12-month period (January–December, 2015).</li> </ul>
<b>Results</b>	<ul style="list-style-type: none"> <li>There were 22 CAUTIs in the 2014 time period and 9 CAUTIs in the 2015.</li> <li>This represents a 59% reduction in CAUTI.</li> <li>Return-on-investment (ROI) was calculated by using the differences in supply costs associated with each bathing process as well as the cost avoidance attributed to CAUTI reduction.</li> <li>ROI for the 12-month intervention period was \$33,234.</li> </ul>
<b>Conclusion</b>	The use of the new bathing and incontinence care protocol will continue throughout the hospital, with ongoing tracking of compliance, clinical outcomes and cost. These findings add to the emerging body of evidence supporting the benefit of basin elimination on HAI reduction and the associated economic benefits.

## Number of Falls in 2015: Geriatric Psychiatry





20  
15  
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**Mount  
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**Department of Nursing**

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