Boosting New Nurses
By Christine Seidler, BSN, RN-BC

There is probably not a single day at Mount Sinai that you don’t pass by a nursing student. They are such a constant presence that we may not recognize how we impact these students and future nurses.

Many nursing schools collaborate with Mount Sinai Hospital to offer clinical rotations in patient care. One of these schools is the Helene Fuld College of Nursing (HFCN). Originating in 1945 as part of the New York City Hospital for Joint Diseases (later known as North General Hospital) the College is named for a health care crusader of the 1880s. From its beginnings as a training school, the program evolved to become, in 1964, the first program in the United States for LPNs to become diploma RNs. In 1975, the College received a charter to confer the Associate in Applied Science Degree in Nursing and in 2012, the Bachelor of Science degree emphasizing urban health nursing.

In the 2013’s fall semester, nineteen HFCN students participated in clinical rotations at Mount Sinai, according to Melissa Rodriguez-Ramos, RN, MS, FNP-BC, Clinical Instructor. The students observed and participated in providing care to patients in the Cardiac Catheterization Lab, Coronary Care Unit, Dialysis, Endoscopy, Electrophysiology, Noninvasive Cardiology Lab, Medical Intensive Care Unit, and GP 10 West Medicine. Melissa found it easy to find units interested in collaborating with the program; “All of the nurse managers and nurses have been responsive and receptive to teaching our students.”

(continues on Page 7)

Local Hero finds Benefits of Exercise
by Sylvie Jacobs, RN,BSN,CPAN

No one knows the benefits of exercise better than G. Liale Badawy, BS, and BSN, RN from Guggenheim Pavilion 7 Center, a medical telemetry unit. Liale had received her first degree in Exercise Science and Sports Studies in 2007. She then received her BSN in 2009 and worked in Morristown Memorial Hospital. In 2010, Liale transferred to Mount Sinai and is studying for her NP MSN degree to become a Nurse Practitioner.

On this particular evening at the gym, she became aware of an unusual hush that filled the normally bustling, noisy space. After inquiring, she was told that a gym member was “seizing” upstairs. Without hesitation she bolted up there and found an unconscious young man supine with his
Ireneo Jore, RN, BSN, Clinical Nurse, Interventional Radiology

I have been involved in several medical missions in the past with my wife, Jovel, who is also a nurse in Mount Sinai. We have done missions in different parts of Capiz and Iloilo provinces. This time was different since it was my own province that was devastated by the typhoon and so I had mixed emotions upon arriving at Ninoy Aquino International Airport in Manila.

I prepared myself for ruined edifices, traumatized victims, and families who lost all: property and loved ones. From the airport there was a long trip to reach Roxas City. There I met nurses from other states, Maine, California, Los Angeles, Minnesota and Texas, who all traveled there to help. It was heartwarming to know that people, regardless of their background, were united to work hand in hand during this difficult time.

Medical missions have been such an overwhelming, all-encompassing job. Oftentimes, you feel pulled in so many different directions by so many diverse patients and their needs. I had a similar thought one day at home while trying to make supper. The kids, now three of them, were clamoring for my attention, a snack or to be held. I didn't know where to turn first. All nurses have had this experience. Nursing is giving and “taking care of”, just like parenting.

I think of nursing as a profession with layers: going deeper and deeper still, with always more to learn. There are other units and specialties and always something new to learn. Being a parent is like that too. Each stage of childhood uncovers more layers. Parenting moves beyond changing diapers and feedings—beyond “taking vitals” to managing different personalities, strengths, and learning styles.

When I learned that the National Nurses Union through NYSNA was recruiting nurses for medical mission in the Philippines, I volunteered without hesitation. I was deployed to the area struck by Typhoon Haiyan. This was my hometown, Roxas City, Visayan Island which was devastated by Haiyan.

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Medicine is my first profession and then I became a Nurse. I volunteered as a nurse, but having been a practicing physician and a native of Roxas City, Capiz, I know how hard it is for the local people to survive on a daily basis let alone after a natural disaster. We saw destroyed churches, uprooted trees and felled electric posts causing massive power outages in Panay Island. I checked on my family there and was relieved to find them all safe and unhurt, although their homes were devastated. We were assigned to a birthing clinic in Roxas City and began assisting the local workers. We witnessed how they attended patients with care and concern. I could see the relief of the expectant mothers seeing us assisting them.

“We were assigned to a birthing clinic in Roxas City and began assisting the local workers. We witnessed how they attended patients with care and concern. I could see the relief of the expectant mothers seeing us assisting them.”

On visiting the northern part of Iloilo, a coastal area, we saw more ruined houses, schools and fishing
Making Mistakes

By Sylvie Jacobs, BSN, RN, CPAN

All humans make mistakes. That’s part of being human. What happens when a nurse makes a mistake? We end up either hurting ourselves, our colleagues or even worse, the patient. The patient: the person who is already suffering from illness or injury, the person we are there to assist through a difficult time, the person we are charged with to ‘take care of’. What happens when a nurse makes a mistake?

At Mount Sinai, our Magnet approach is to investigate the reason for the mistake in a non-punitive and fully transparent environment. If a patient is involved, a Huddle and Debriefing occur as soon as possible after the event to capture all the factors that allowed the error to transpire. The Risk and Quality departments and heads of medical and nursing services meet with the involved staff members to find out what happened. Then the RCA or Route Cause Analysis meeting occurs. This is an interdisciplinary group that examines and discusses all factors that were present when the mistake occurred. They deliberate what could have led to the mistake as well as what can be done to ensure it from never happening again.

The members of this group then take it back to their areas and further analyze and scrutinize their practices and policies that allowed the error to occur. Changes take place, more safeguards are established and life goes on.

But what does that nurse do to resolve the issue personally? He or she has to live with the knowledge that other people have been injured, their lives irrevocably changed, perhaps shattered by his or her actions. I have never met a nurse who did not want the best for his or her patients. I know there are nurses who perform better than others. In my Mount Sinai experience, I see fellow colleagues who pour their hearts, soul, blood, sweat and tears into making sure their patients progress in their journeys as best they can.

There comes a time when we have to ‘let go’ of who we are to become what we can be. Forgiving ourselves is one of those times. Choosing to be ever more vigilant, dedicated to creating and maintaining balance so that optimal decision making can occur and having faith that life unfolds as it should is some of what I’ve learned from my mistake. That, and how very, very precious life is.

MAGNET MOMENT

GP- 6 West

By Antonio Campodonico, BSN, RN-C

After 11.5 hours of an intense shift, I was asked by one of my co-workers to start a new IV site on one of her patients. She indicated that patient had very poor access, in other words a difficult situation. Of course my response was “Now? At the end of the shift?”, but I saw that my co-worker very concerned about leaving her patient without an IV access. She had my respect as I knew her to be an excellent nurse and colleague. I couldn’t say no to her. We both went into the patient’s room. I found a 90 year old woman who was bed-bound and very frail. She appeared very happy to see us.

I explained the procedure of reinserting her IV. I applied the tourniquet and palpated her arm to find a vein. I was surprised by the patient’s reaction. She had started stroking my hand with her index finger and smiling. My co-worker and I could not believe that while we about to inflict pain on this woman, she responded with loving kindness.

She was very thankful and kissed my hand. I told her “You made my day, now I know why the best is for last”. As I said “Good Night”, she replied, “Thank you, again and Good Night to you”.

This is why I am a nurse.

Typhoon Haiyum

(Continued from page 2)

boats with their nets at the seashore. We treated 500-700 patients, mostly children and older people, who were mainly from the tent city where evacuees were sheltered. After that we went to a forested area in Iloilo, where medical services are normally rare. We rode on a dump truck, the only transportation which can endure the rough roads going to the remote region. It was a bumpy ride. Each time we reached the designated place, there were bunches of people waiting patiently. They had traveled many miles by foot or by local transportation, and they had skipped meals in order to be seen by the medical team.

It didn't dawn on me to ever complain about how tired I was or how inconvenient it was to reach these areas. Seeing these people who were eagerly waiting for routine medical services made me feel so humble and grateful. I could only want to reach out to them and experience their smiles that so touched my heart. I am deeply thankful to have joined this medical mission. Being able to offer my services to the best of my ability as a nurse to help ease physical and emotional pain and trauma was life changing and a blessing. My volunteering meant that someone cares in a time of great calamity and confusion. But what the people gave me was so much more. I thank God to have been able to serve.
Sepsis is a systematic inflammatory response to infection that can lead to septic shock and death. Mount Sinai staff recognized that a delay in recognition of sepsis was contributing to sepsis mortality. The STOP SEPSIS Initiative is a patient–centric, data-driven solution to enhance early identification and management of patients with suspected sepsis.

Partly, the cause of the 50% mortality rate that sepsis is known for is due to delayed diagnosis and initiation of aggressive treatment. American hospitals spend approximately twenty billion dollars each year combating sepsis: it accounts for 2% of hospital admissions, but for 17% of their deaths. (Nursing Made Incredibly Easy, Jan.Feb.2014).

Since 2012, the international medical community formed a committee to reduce sepsis related mortality. New York State took a lead in battling the potentially lethal condition in the United States. Governor Andrew Cuomo instituted new regulations that mandate hospitals to use evidence based practice to curb sepsis mortality rates. Mount Sinai uses the Electronic Health Record (EPIC EHR) to screen and track sepsis, and then notify the Department of Health.

In April, 2012, the Sepsis Screening protocol was initiated in the Adult Emergency Department (ED) and piloted on Guggenheim 9 West and 10 West, adult general medicine units. It expanded to GP10 Center and 11East the following month. The Sepsis Screening protocol was implemented hospital wide in February, 2014.

Identifying who we are helps us stand apart and show pride. We want to be a beacon of professionalism and comfort in every way— including our appearance. We do not want to leave our image, our role, and our identity to chance. Rehab Nursing Staff embraced and supported new color coded uniforms and we wear them proudly. Uniforms alone do not make the professional, but they go a long way in helping us to do what we do best: heal, teach, support, comfort, nurture and save lives.

Stop Sepsis
By: Praimraj Balwant, BSN, RN, OCN, Clinical Nurse GP11E and Yahaira Gonzalez, BSN, BA, RN, Clinical Nurse GP10C

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Sepsis screening starts on admission and routine screening is completed every 4–6 hours with vital signs. There are separate adult and pediatric sepsis protocols. Adults are (Continues on page 6)
What is Palliative Care?
- Specialized medical care for people with serious illnesses.
- Provides patient relief from the symptoms, pain, and stress of a serious illness – whatever the diagnosis.
- Improves quality of life for both the patient and the family.
- Provided by a team of doctors, nurses, and other specialists who work with a patient’s other doctors to provide an extra layer of support.
- Appropriate at any age and at any stage in a serious illness, and can be provided together with curative treatments.

Mount Sinai’s Lilian and Benjamin Hertzberg Palliative Care Institute represented one of 3 hospitals Nationwide honored with the American Hospital Association’s (AHA) Circle of Life Award in 2013. The Circle of Life Award recognizes programs that have effectively provided patient centered timely, safe, efficient and equitable palliative care for their communities. Dennis Whalen, President of HANYS said, “Being among a very small group of national award recipients is acknowledgement of The Mount Sinai Medical Center’s high caliber quality care for individuals dealing with advanced and complex illnesses and is an example for others in the provision of such care.”

In making the announcement, The Circle of Life Award Committee said that it “was particularly impressed with the integration of palliative care and physician support throughout the medical center, interdisciplinary teams with strong Nursing Leadership, and emphasis on primary palliative care.”

The Joint Commission recently awarded the Palliative Care program at Mount Sinai it’s Re designation of Advanced Certification for Palliative Care, after a rigorous preparation and onsite visit from a Joint Commission surveyor in December of 2013. The Wiener Family Palliative Care Unit at Mount Sinai was one of many focused elements of the Joint Commission Survey. The Palliative Care Unit opened in the Kingenstein Pavilion in the summer of 2011. The unit has 10 private rooms and a shared room of 3

Skin Care Fair
By Sylvie Jacobs, RN, BSN, CPAN

I visited the skin care fair today, February 19, 2014 and met Denise Robinson, MPH, BSN, RN, CHWOCN who is the Skin Care Clinical Program Manager. Ms Robinson is also the Associate Director of Nursing Specialties, The Spine Center, ENT, Urology, Orthopedics, WOC Nursing and has joined us only recently to assist with our efforts to minimize pressure ulcer incidence.

The fair itself was memorable for education about skin care and ways to prevent breakdown including a new solution for skin fold management called InterDry Ag. This is a textile with antimicrobial silver complex that can be cut for individualized fit and wicks away moisture from skin fold areas that foster fungal growth. This product can be ordered from the Storeroom with the PMM# 234205. I picked up a quick look reference for staging pressure ulcers, some free samples of cream and was reminded of all of our skin care products for cleansing and moisturizing. I’m sure I missed some of this fair’s offering, but I appreciated the opportunity to learn and be reminded of the importance of skin care for our patients. There is a clear effort to assist nursing efforts and prioritize skin care for our patients. Preventing pressure ulcers saves money, yes, but from the patient’s perspective prevents pain, suffering, perhaps debridement and skin flap surgeries. The patients and their families get a strong message of the nurse’s intention and dedication to give the best possible care.
assessed for eight sepsis criteria and pediatric patients are assessed for nine, except for patients who are at end-of-life comfort care.

When three sepsis criteria are met, a Sepsis Screening Alert in the form of a Best Practice Alert (BPA) prompts nurses to complete sepsis screening questions and escalate care. The Clinical Nurse calls the Primary team and the Sepsis Team then becomes involved. The Sepsis Team has six Nurse Practitioners (NP) headed by Dr S Lorin, the Medical Director of the Medical Intensive Care Unit (MICU).

**Empirical Outcomes:** In Committee meetings, Nurse Managers and the Clinical Coordinators evaluate all sepsis cases for adherence to protocol.

A final list of hospital wide cases of sepsis is referred to Dr. S Lorin and the Physician committee who then sends it to the Department of Health. There has been a downward trend in deaths at Mount Sinai Hospital since 2011. Sepsis mortality has decreased each year: 52.4% and 24.8% respectively for 2011 (552 deaths) to 2012 (489 deaths), a decrease of 7.6%. Significantly, the number of sepsis cases diagnosed increased each year, 2011 (1,704) and 2012 (1,974), an increase of 270 cases (Mount Sinai Data). There was a decrease of 1.8% for the first six months of 2013.

These guidelines were developed to help nurses recognize early signs of sepsis so that aggressive treatment can begin as soon as possible. We are

### Adult and Pediatric Sepsis Criteria

**Adult Sepsis Criteria** (≥ 18 years old)

- 3 screening questions
  - Suspected or known infection?
  - Rigors?
  - Change in Mental Status from baseline?

- 5 abnormal vital signs
  - HR > 90
  - RR > 20
  - SBP < 90
  - O2Sat < 90
  - Temp ≥ 38.0°C or ≤ 35.8°C

**Pediatric Sepsis Criteria** (< 18 years old)

- 4 screening questions:
  - Is patient immunocompromised and/or have an indwelling device present?
  - Are there cardiovascular changes consistent with sepsis?
  - Are there Respiratory changes consistent with sepsis
  - Are there CNS changes consistent with sepsis

- 5 abnormal vital signs
  - HR elevated for age and corrected for temp
  - RR elevated for age
  - SBP low for age or < 90
  - O2Sat < 90
  - Temp > 38.0°C or < 35.8°C

**3 of 8 criteria met**

**Patient at Risk for Sepsis, escalate care to Providers for evaluation and management**

**4 of 9 criteria met**

**Stop Sepsis** (Continued from page 4)

**Local Hero** (continued from Page 1)

head being supported on the lap of a teammate. She immediately assisted in carefully repositioning his head to open the airway while checking for breathing and a pulse. Finding none, she began compressions and shouted for a defibrillator. There was no movement from any of the sixty or so bystanders.

She shouted for an AED; again meeting silence and stillness. Finally she shouted for “the thing that shocks someone” and that’s when the AED was supplied which fired after Liale had placed it on his chest.

After three rounds of compressions-shocks-compressions, the young man became responsive, breathing and making loud grunting noises. By this time, the EMTs had arrived and took the young man to begin his five day ICU stay where he was maintained in a hypothermic coma.

_Today, this nineteen year old basketball player is neurologically intact and enjoys the good health that his AICD and adherence to diet affords him. Liale gave him so much by her swift, selfless actions: life, health and gratitude. And Liale received recognition, appreciation and the satisfaction of being able to change the course of this young man’s life. Best workout ever!_
Boosting New Nurses

(Continued from page 1)

I had the opportunity to work with many of these students on my unit, Noninvasive Cardiology Lab. It was inspiring and rewarding to see their enthusiasm and influence their impressions of nursing and the role of nurses. On their last day I listened to their reflections.

Even though their experience was brief, about a half day per unit, the students took away many observations. They discovered the variety of specialties available and this exposure helped them get a feel for the types of nursing they might like to pursue in their careers. They saw that developing time management skills was vital; seeing how nurses organize, budget and adjust their time in order to accomplish the day’s goals. They observed that what is being studied in class was actually being performed; this helped them translate theory into practice. They were grateful to be taken under the Clinical Nurse’s wing; they could see what it was like to be an expert nurse in a particular field. They found patient interaction gave them a sense of purpose. Meeting the patients and being greeted as professionals endorsed a sense of accomplishment. Patients offered support, advice, and encouragement about career plans and congratulations when hearing of a student nearing graduation. It was clear from all of the students that the patient relationship was what gave meaning to their Mount Sinai experience.

For further information about the College or to learn how to host a nursing student on your unit, please contact
Melissa.Ramos@helenefuld.edu
212-616-7200.
The College is located at Helene Fuld College of Nursing
24 East 120th Street, New York, New York 10035

With Special Thanks to all of the nurses who participated in the interview
Meeryeo Choi, Duronnel Dorcemus, Xiaoyi He, Billy James, Benito Joseph, Nadine Newman, Arnold Pryor, Daisy Rivera, Nina Tacut

Magnet Style Palliative Care at Mount Sinai

beds. During the survey, we were proud to boast of our excellent Nursing staff and provided the surveyor with proof of our ongoing commitment to our patients and families as they face serious illness. The hallmark of good Palliative Care is its ability to demonstrate coordination, interaction, and communication among team members, between the team and organization staff, with patients, families, and community partners. You can find many of Mount Sinai’s finest nurses among the staff of the Wiener family Palliative Care Unit. One of our Nurses, Joshua Lasseigne RN recently received his National Certification in Hospice and Palliative Nursing after studying for and passing a challenging exam. Our goal is to have the majority of RN’s working in Palliative Care Certified in our specialty. There is also a Certification in Hospice and Palliative Care Nursing Assistants that the PCA’s on the unit are currently studying for, and will take their exams within the next 2 years.

Transformational Leadership is inherent in the Palliative Care program as a whole, and on the unit. It is evident in its very essence of advocacy, inspiration, and respect. The culture of the unit is one of shared, mutual understanding as our nurses’ care for patients and families facing catastrophic illness, a myriad of symptoms, pain, and often the challenges of standing with others through profound loss. Palliative Care Nurses are structurally empowered as they often round on other units throughout the hospital sharing their expertise with other nursing units, assisting our consult teams. They attend local, state and national conferences to grow and expand their network.

There are a myriad of educational opportunities available to our nurses, who often take part in the weekly educational seminars in Annenberg, and many are currently enrolled in programs for advanced degrees. Nurses on the PCU self-schedule, and are an integral part of the care plan process in our daily IDT rounds on the unit. They are professional and current in all licensing and palliative care specific competencies. Last year the

Parallels:
Nursing and Parenting

(Continued from page 2)

I find myself praying for guidance which helps ground me through the trials of finding a home-work balance and parenting a son whose own challenges include navigating life with Asperger’s.

It took us a while to figure out how to best help him with his education and socialization needs. Finding strength, energy and patience has been an experience akin to walking on shifting sands. Being a nurse has definitely given me the confidence to trust my instincts. That intuitive feeling of ‘what’s right’ has helped me be a better parent. Both my nursing and motherhood callings remain ‘works in progress’ which require frequent touch ups.

I pray and hope for the strength to do my best: as a mom and as a nurse. My family and my patients are reaping the benefits of my day to day efforts, but I am developing and growing in ways that will nourish my soul for a lifetime.

We are all so proud of our Palliative Care program at Mount Sinai. It is our nursing staff on the Palliative Care Unit that contributes to our confidence that we are indeed among the best of the best. It becomes evident very quickly when you meet any of them, that there is something very special about those nurses who find themselves called to this very special, very poignant kind of care.
Marielle is a new nurse in Madison 5, Psychiatry. She worked her way through school as a BA (Business Associate), after obtaining a BSN and passing the NCLEX, became a Clinical Nurse on our unit. Even while a BA, she was known as someone who would go above and beyond her duties to assist patients and colleagues. As her preceptor, I am inspired and pleased to be able to guide her through her professional evolution from BA to RN. Please enjoy reading her article on how our Psych unit transitioned to wearing our new Mount Sinai scrubs.

Melody Cubas, BSN, RN, Clinical Nurse and Magnet Champion

Magnet Moment Madison 5
By: Marielle Cabalquinto BSN, RN

Transitioning to uniforms in psych meant more than changing clothes. When uniforms were mandated for the nurses and auxiliary nursing staff, most of the staff resisted the change. Wearing business attire is standard in many psychiatric units since it was viewed that uniforms would be a barrier to patient communication. Psychiatric nurses and nursing auxiliary strive to build strong rapport with patients, strengthen communication and decrease blockades. The prevailing belief was that uniforms would be an obstacle in trying to gain patient’s trust and respect.

After so long, why change now? Many of our nurses have been in Psychiatry for a long time. An informal poll showed that out of nineteen nurses, only three wanted to wear mandated uniforms, even though some wore their own scrubs at work. Questions arose: “Would we have to pay for our own uniforms? How many would we receive? What color would we have to wear?” Once everyone started wearing their uniform, the staff began to like them. The uniforms were easy to clean and simplified the decision of what to wear to work.

But would the patients react negatively? Two female patients were asked about our uniform change. They had known the staff prior to the policy change. One patient expressed that she did not like it at first. She was used to us wearing ‘regular’ clothes, but over her visit had gotten accustomed to the uniforms. Another patient immediately liked the uniforms. She said it was easier to recognize who was who and felt it looked more professional.

Looking back to pre-uniform times, we concluded that some patients had trouble distinguishing who was who. Who is the doctor? Who is the nurse? With uniforms, it became easier for patients and their family to find someone who could help them and answer their questions. A caring person is a caring person with or without a uniform. Our patients see who we are as people not a uniform.

“What the uniform does is add professionalism and unity to the nursing staff of Mount Sinai. We are a family of caregivers, helping our patients and their families become more mentally and physically healthy.”
Dynamic Duo
(continued from Page 1)

For more than 15 years, Sonia and Susan have been the Co-Chairs of the NYC Chapter of the American Association of Critical Care Nurses (NYCAACN) Community Service Projects. Their goals are to raise global awareness and encourage critical care and step down nurses to participate in community service. Currently, they are expanding programs beyond AACN to include the Mount Sinai Hospital Community of Nurses.

Understanding international health challenges, mentoring and providing examples and opportunity for humanitarian activism, Susan’s objectives are to continue to inspire and lead nurses to where they are most needed. Sonia’s goals are to encourage engagement and achievement; inspiring nurses to go further and accomplish more. Their vision includes no obstacles in achieving their goals.

Feeling inspired? Join in; Sonia and Susan are always looking for a few good nurses.

From community to the world: Letters to Santa program initiative
NYC AACN adopts 4 families in need during the holiday season.

As NYC AACN Board of Directors members, they have expanded the program to Mount Sinai Hospital Clinical Units. Nurses of GP 8 West, NSICU, GP 8 Center, and GP 10 East collect food, clothing, money and toys to meet the needs of families within the Harlem Community.

Providing educational services to community residents
Nurses are supported in educating local residents in Stroke Awareness, Hypertension, Diabetes, Weight Control, Body Mechanics, and Lipid Screening.

Events have been held at various churches and senior citizen centers in the NYC area and at food pantries such as NY Common Pantry (formerly Yorkville Common Pantry). Partnering with local health professionals and members of the local police and fire departments, a recent event was held at Christ Episcopal Church in Lynbrook. Sonia and Susan excel at engaging members of the nursing staff to participate in these valuable educational programs.

Participation in student education programs
Through the Center for Excellence in Youth Education (CEYE) Program, Sonia and Susan invite students from local high schools to observe and learn from the staff on the unit.

Recognizing the importance of helping new nurses get their start, Sonia and Susan are very welcoming of Student Nurse Interns on GP 8 West. In offering learning opportunities to future nurses, Sonia is proud to note that a former student nurse intern, Ann Marie Mollina, now works as a clinical nurse on GP 8 West.

Staff education and support
As strong proponents of educational advancement, Sonia and Susan encourage and assist clinical nurses to give a scholarly presentation within six months of being on the unit.

The nursing staff is also empowered to educate PCAs to help improve provision of care on the unit. Nurses attending conferences and lectures are asked to share their newly gained knowledge and experiences with their nursing colleagues. The unit also actively participates in Nursing Grand Rounds presentations. For example, Sonia described a lecture presented by a clinical nurse to the PCAs about the differences of right and left sided stroke.

They encourage nursing staff to join NYC AACN and post letters on the units to help bolster participation. They are supportive of nurses’ involvement in AACN and are fortunate to have amongst their nursing staff, 5 nurses who have served as President of NYC AACN (Beatrice L. Davis Fincher, Mary Jones Johnson, and Felice Rosen.)

Promoting global awareness
For nearly 5 years, in their endeavor to promote global understanding, Susan and Sonia have been instrumental in transforming NYC AACN Chapter’s Evening Education Series to encompass global nursing awareness programs.

2009- they hosted the co-founder of the African Refugee Organization in Staten Island, Jacob D. Massaquoi II, at a showing of the film, “Pray the Devil Back to Hell”, which illustrated genocide in Africa and human rights violations against women and children. Mr. Massaquoi, a genocide survivor, spoke about the film and his experience at Mount Sinai Hospital with AACN members and Mount Sinai nurses attending. Response to this event was donations of time, money and supplies to the African Refugee Organization. Nursing units even “adopted” four African Refugee Families during the 2009 Christmas season.

2010-Looking to promote further involvement in global issues, Helping Hands Bring Sunshine to Haiti Co-Founder (and former Mount Sinai nurse hired by Sonia Nelson) Fran Juste, RN, was invited to present at the AACN evening program in 2010. Relief efforts were conducted to collect food, clothing, funds and medical supplies to be distributed to those in Haiti affected by Hurricane Tomas.

2011- Susan and Sonia brought “Women, War and Peace”, a PBS film revealing the atrocities of Bosnia War Crimes and portraying inhumanities to women and children throughout the world for the AACN NYC chapter program.