Meeting Donald Gardenier is deceptive in that he seems just like a regular nice guy. Underlying that calm, laid back, humble façade is a focused, intelligent, practical, perceptive and accomplished achiever.

(continues on Page 5)

Donald Gardenier, DNP, FNP-BC

Transforming Health Care

submitted by
Sylvie Jacobs, RN, BSN, CPAN

Meeting Donald Gardenier is deceptive in that he seems just like a regular nice guy. Underlying that calm, laid back, humble façade is a focused, intelligent, practical, perceptive and accomplished achiever.

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February, 2013...The Magnet Champion on Klingenstein Clinical Center 4, Lauren Casey, BSN, RN spoke up at the Magnet Champions meeting about low nurse satisfaction scores on her unit. KCC 4 had some unique challenges and Lauren wanted to create positive change from within.

Lauren described her colleagues as a cohesive group with strong loyalties to their work and each other. Their patient population was comprised of med/surg and geriatric/psych patients. At the suggestion of the Magnet Champions Group, Lauren called Lorna Green, MSN, RN who is the Clinical Nurse Manager on KCC 7S Geri-psych. Lorna brought two dolls to KCC 4 for patients with dementia. In Lauren's words, "It was one of the best feelings seeing two confused, lonely geriatric patients light up when they received these dolls.” Her co-workers discussed using doll therapy for future patients who might benefit.

The nurses, discouraged by low patient satisfaction scores, found there to be multiple factors involved. The survey return rate was low due to the inability of many of their patients to complete them. The patient surveys that were returned reflected the outdated conditions of their unit; the three bedded rooms provided little privacy for their patients. Patients who had seen the more up-to-date hospital accommodations in the newer pavilions were reluctant to get off the stretcher when they arrived to their rooms.

After meeting with Lauren, I had the opportunity to speak to Teobrise Osio, BSN, RN also known as Tobi,

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Skin Care Team

Irma Rivera, RN, MPH, CWOCN

Exemplary Professional Practice: CWOCN stands for Certified Wound, Ostomy and Continence Nurse. TC WOCN stands for Certified Wound, Ostomy and Continence Nurse. To achieve this certification a nurse must pass three separate certification exams. Skin Care reminds us that skin is an organ. It serves many functions, but is often overlooked with greater focus placed on vital organs. One of the goals of the skin care team is to raise awareness of the importance of protection, preservation and optimization of skin condition. Skin is the one organ we can see completely and yet we oftentimes overlook. It has a resilient ability to regenerate after trauma, like surgery, and so it is easy to take it for granted. In Irma's words, "If the body fails, we can expect the skin to fail".

New Knowledge, Improvements and Innovations: During these patient visits, the skin care nurses teach not only the patients, but also the rest of the health care team. They provide treatment recommendations to optimize wound healing. Online education and EPIC help teach staff how to prevent injury and promote healing. Bed selection guidelines and a new EPIC bed ordering pathway provide for timely orders and data collection which allow analysis of bed use, need and cost. Inpatient units now use new absorbent under-pads for incontinent bedbound patients, avoiding the need to "diaper" patients. These under-pads allow up to two liters of moisture to be wicked away from the patient's skin. They also allow air to pass through to the patient from specialized mattresses.

Using EPIC, one way to improve practice is to "put it in the plan of care". Three important components to prevent skin injury are to identify patients at risk, perform timely interventions, and have a system-wide implementation of prevention, education and strategies.

Transformational Leadership:
Irma Rivera is the Skin Care Clinical Program Manager for Mount Sinai Hospital. She manages the Pressure Ulcer Prevention Program and the Enterostomal Nursing Service. The goal of the PUP Program (Pressure Ulcer Prevention) is to prevent avoidable pressure ulcers, standardize treatment and protocols, facilitate communication, and improve quality of patient care utilizing a multidisciplinary approach.

Recipient of this year's Pediatrics Nurse Excellence Practice Award, Kathy squeezed me into her full schedule so we could chat about her practice. What I found out was that she holds a unique position in pediatric practice that supports the sickest and neediest of patients and their families. She fills this position in a unique way; with great compassion, wisdom, knowledge and care.

To illustrate, this is a story Kathy relayed about a ten year old boy from India whose parents had traveled to Mount Sinai in the last ditch hope of reversing his cancer. He had metastatic Ewing's Sarcoma and while had been treated well in India, was brought here to ensure that there was nothing else that could be done. What Kathy gave him was autonomy over his last four months of life. She addressed his nutritional, pain management and pressure ulcer needs. She mobilized her network and found a physician and his wife who shared their culture. They were happy to volunteer and were able to provide a sense of community, bringing familiar foods to the patient and family. Then she went further and found out how this patient wanted to complete his life. His need to "be a kid" was respected and honored. He got to "go to school" by way of being visited by tutors and being challenged in having to take tests. He wanted to have a party and he invited his caregivers. He was joined by Kathy, her colleagues and his family as they celebrated his life with music and dancing around his bed. He and his family were able to embrace the positive in his life and accept his fate. When Kathy received a text from his mother: "I need you", it summed up her role. This time she was being called to support (continues on Page 6)
Telling Our Stories: Pursuing Dreams, Achieving Goals

By Shirley Wilson RN, BS, CNOR

From the time I was a little girl I dreamed of going to college and becoming a nurse. I also had a love of taking things apart and putting things back together.

I was born in the Bronx. My parents were from the South and were new to New York and its complex education system. I had little guidance in college preparation, but was accepted to the nursing program in Queensborough Community College. I knew that college tuition would be a financial burden for my parents, so I put my dreams on hold. While I was working to help my family I learned about a city program called Manpower which provided financial support for a one year practical nurse program. I was accepted and proudly graduated as an A student with a nursing diploma one year later. My first dream, becoming a nurse, was realized.

I took a nursing position at Jamaica Hospital. After ten years of practice I decided to return to school to pursue a degree. I began an accelerated nursing program for a college degree in nursing. I continued working at Jamaica Hospital up until I graduated. My second dream of obtaining a college degree was achieved. Later that year I passed the Nursing State Board and received my Registered Nurse License.

After graduation I transferred to Mount Sinai to train as an operating room nurse. I had been attracted to OR nursing from my exposure in my clinical rotations at Mount Sinai. I enjoyed the technical aspects of OR nursing and was excited and proud to complete my training in the orthopedic operating rooms. I was assisting in surgical procedures such as total hip and knee replacements as well as a variety of the surgical procedures. My aptitude for taking things apart and putting them back together fit well in this new role.

My parents and family provided me with help and support and gave me the opportunity of pursuing my dream of becoming a nurse. I achieved my goals of obtaining a college degree: mastering OR nursing, assisting in surgical procedures and helping people recover from illness and injuries. My nursing career has also provided opportunities as joining a Medical Mission to Haiti, attending an International Nursing Conference in Jerusalem, Israel and serving as Grievance Co-Chairperson on the Mount Sinai New York State Nurses Association Executive Committee. When we pursue our dreams and goals we may have to take detours and overcome challenges, but the rewards are great when you see those dreams and goals realized.

Carmen Andujar, RN, BSN

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program, did data entry and created advanced directives. This was at a time before health care proxies were routinely used. She had to educate her patients and their families in these ideas as well as teach them how to advocate for themselves to get the services they need. Completely self-taught in computer skills, Carmen created a data base using Microsoft Outlook to schedule appointments. She would read through all the charts and evaluate patient needs. Over the years, they grew, and an office assistant, Nancy Enríquez, was hired to help take referrals and order labs. Dr. Boal presented the need for and received additional support from Hospital Administration and Dr. Muller, who is now Dean of Medical School Education, collaborated with the Medical School.

Currently, medical students and residents have a rotation with the Mount Sinai Visiting Doctors Program where they learn community service and how to conduct home visits. The program also has two NPs: David Skovran and Sylvia Chavez, who also make home visits. The Program works closely with many agencies to provide home care services. Social Work support, Psychiatry and Palliative Care are some examples of consulting services used.

A second nurse, Adaga Catano, RN, triages patients and works with Carmen in organizational support and practice management. Collaboration with the medical school has also led to Call Remedy and The East Harlem Initiative. Call Remedy is a group of medical students who work with Carmen to collect gently used medical supplies for donation to third world countries. The East Harlem Initiative, run by Dr. Yazmin Miah in the Mount Sinai Medical School collaborates with The Visiting Doctors Program.

The Mount Sinai Visiting Doctors Program is successful because it is kept patient centered. Carmen describes their group members as having “no egos”. They work well together and maintain clear, respectful communication. Their focus is on “making a difference” in the lives of these patients and their families. Often times it takes the form of optimal pain management and advocating for the patients’ needs in their effort to keep them in their homes. Improving the quality of life for these patients and families is the single-minded motivation. Carmen describes it as “a little program with a big heart.”

Telling Our Stories

submitted by

Sylvie Jacobs, RN, BSN, CPAN

The June, 2013 Magnet Champion Meeting was dedicated to Mount Sinai Hospital Relationship Centered Care.

Dr. Joyce Fitzpatrick was a guest speaker and differentiated our Professional Practice Model and our Care Delivery Model. She asked our group “What do we do as nurses?” Jeannie Jung, BSN, RN from Madison 6 Psychiatry, gave a working definition of nursing as “The art and science of helping people to achieve optimal patient health through nursing interventions.”

Dr. Fitzpatrick explained that the Care Delivery Model translates this definition into practice.
Donald works in both primary care and liver medicine with patients suffering from liver diseases, concentrating on hepatitis C. Eleven or so years ago, he was a co-investigator in a prevalence study which showed that, in the IMA patient population, there was an 8.3% prevalence of chronic hepatitis C. I did not know what that meant until Donald informed me that the general population’s prevalence was 1.7%.

This study led to case finding and the development of a clinical program. The first patients were seen in primary care to manage this disease. Since then it has expanded to include screening and community outreach. The difficulties lie in the fact that most people who have hepatitis C do not know. Those that had been diagnosed years ago were told that there was no treatment which was true at that time. There have been huge advances in developing treatment for hepatitis C with more expected by the end of this year and next.

Donald and his team worked closely with the New York City Department of Health to form the Harlem Hepatitis C Task Force. There is a high rate of substance use and mental illness in the population infected with hepatitis C. This task force helps screen and provides a linkage to care for this underserved population. The work of identifying the patients, educating them as to current and emerging treatment options and establishing the needed rapport to gain their trust is done by Donald and his staff with support from outside funding. Donald has worked closely with the State Department of Health and they were inclusive and eager to set up a successful model that works in this population. Donald recently presented his work at the Society for General Internal Medicine’s 36th Annual Meeting together with similar programs from Boston University, Emory and Einstein in the Bronx.

The Center for Disease Control recently recommended that baby boomers, that is, those born between 1945 and 1965, to be tested once for hepatitis C. Their recommendation is to have “opt out testing” which would mean that your primary provider would automatically screen you, unless you refuse.

Donald also serves on the Board of Directors of of the American Association of Nurse Practitioners... He works with them to establish practice guidelines and develop standards, promoting favorable regulatory environments and eliminating barriers to NP practice.

Donald invited Loretta Ford to visit Mount Sinai during NP week and she accepted. One of the columns she wrote for The Journal for Nurse Practitioners is about NP week and is scheduled for publication at that same time. NP week takes place in early November. It looks like this year’s will be memorable.
Skin Care Team

Outcomes: The National Data on Nursing Quality Indicator (NDNQI) shows a downward trend for prevalence; an improvement of rates for Mount Sinai Hospital. Collaboration with all disciplines is necessary for the collection of Quality and Performance Improvement data and comparison of our rates to NDNQI, CMS and UHC rates. The goal for CMS rate is “0”. An important role for Irma is being a resource in supporting performance improvement initiatives. Irma organizes a SKIN CARE Fair every fall to raise the awareness of what we are doing to provide evidenced based skin care and ensure patient safety. The SKIN PUP (Pressure Ulcer Prevention) SQUAD which includes Clinical RNs and Patient Care Associates, participate in the quarterly Pressure Ulcer Prevalence Survey and the Skin Fair.

Structural Empowerment: Carol Porter, DNP, RN, Chief Nursing Officer, Senior Vice President for Nursing, Edgar M Cullman, Sr. Chair of the Department of Nursing and Associate Dean of Nursing Research and Education-Mount Sinai School of Medicine, is the Skin Integrity and Falls Committee Chairperson. Clearly this demonstrates a strong administrative commitment and support for patient safety. She has increased awareness of our collective responsibility towards this initiative. The Skin Integrity and Falls Prevention Committee is multidisciplinary with nutritionists, nurse educators, clinical nurse managers, physical therapists and physicians collaborating to improve patient safety and excellent outcomes.

Dr. Fitzpatrick strongly suggests that we use opportunities to educate the public. Some examples:

- Introduce rounding which includes nurses to participate (propose to PPC, nursing leadership and chief resident)
- Review your Visitor’s Policy to assure it can meet the needs of family members
- Educate the Parent Support Group members in Pediatric Practice about MSHRCC©
- Celebrate positive life changing occasions with families such as having “birth day” parties for newborns
- Explain MSHRCC© while using 6W Courtesy Cart (which provides eye shields and ear plugs for their Night Quiet Initiative)
- Telling our Stories (Why did you become a nurse? What is it you do? What does that mean to you?)

I challenge you, as a Mount Sinai Nurse, to email me or jot down your story and send it to me at Sylvie.jacobs@mountsinai.org or the PACU on GP3 box # 1159.

It would advance our profession, strengthen our professional practice and solidify Mount Sinai Hospital Relationship Centered Care.

Thank you.

Pressure Ulcer Staging to identify stages of pressure ulcer development during patient admission.

Telling Our Stories

Advancing Professional Nursing Practice (pictured right), was coauthored by Margaret Glembocki, DNP, RN, ACNP-BC and Joyce J Fitzpatrick, PhD, MBA, RN, FAAN. Each Magnet Champion present at the July meeting received a copy to deliver to their units to use as a resource. The book delves into the theory and model of Relationship Centered Care.

Dr. Fitzpatrick reviewed how Mount Sinai Hospital Relationship Centered Care incorporates relationship with self, with patients and families, colleagues, local and global communities and all the health care team members. She reminded us that it starts with our own practice; that we should role model Mount Sinai Hospital Relationship Centered Care (MSHRCC©) and extend our actions out to the world. Our Care Delivery Model, which describes our practice, packages what we do in the correct framework, uses terminology that helps define us and our actions.

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Thank you.
the Clinical Nurse Manager. She was in the midst of CMS and DOH survey preparations, but was still eager to meet with me. She relayed her concern and appreciation for her staff and some of the difficulties they faced in delivering the excellent care they provided.

Fast forward: three months later...
Renovations had brought sinks to their hallways and a newly updated medication room. But the KCC 4 staff would get little use from these improvements since they were moving upstairs.

Two weeks later on the eve of the Big Move...
Tobi was preparing to bring her staff upstairs to KCC 5. There they would benefit from a newly renovated unit. KCC 5 has semiprivate or private rooms, so no more three bedded rooms. They will no longer have to share space with other services and Tobi was focused on how this would enhance their cohesiveness. Her positive outlook was contagious as she spoke about moving forward, focusing on patient care and minimizing negativity. She described her staff as “a good bunch of nurses”, and spoke about their strong physician-nurse collegiality. Tobi gave specific examples of her excellent nurses: Lauren, who she asked to precept new grads to the unit and Brianna because she seeks out the reasons behind nursing policies and procedures. Tobi feels her entire staff embraces challenges and she tries to support them by using hospital resources such as Human Resources, the Employee Assistance Program and with her own knowledge and skills. Tobi has been nursing since 2001, practiced as a midwife in Nigeria, joined Mount Sinai Hospital in 2005, served as Clinical Coordinator in 2009 and was promoted to Clinical Nurse Manager in 2011. The most striking difference in American Nurses, she feels, is our strong voice and demand mutual respect in our health care team.

Speaking with Lauren and Tobi made me recall a book I had recently read. Steven Southwick, from Yale University School of Medicine and our own Dennis Charney, Mount Sinai School of Medicine authored Resilience: the Science of Mastering Life’s Greatest Challenges. It is an excellent analysis on what it takes to “weather and bounce back” from all types of stress and trauma. The resilience formula: optimism, facing fears, being ethical, drawing on faith, having social support and role models, being physically and mentally fit, having a flexible attitude and finding meaning in your actions. It sounds like KCC5 nurses are resilient. “Putting forth their best efforts” and committing to nursing with “purpose, growth and resilience”.

Kathy Hoffstadter-Thal, CPNP, MSCR
(continued from Page 2)
the mother who was having a hard time dealing with the fact that her son was now actively dying.

Kathy brings her nursing expertise of three decades, her multiple advanced degrees, her research experience and her heart to the Mount Sinai pediatric population. She works with the Pediatric Palliative Care, Pain management Teams, Pediatric Gastroenterology Nutrition Support Team and Wound Care and Ostomy Program. She is a member of the Mount Sinai Institutional Review Board, has assisted in creating the Pain Free Me- Leave Me Be Initiative and is currently enrolled in a certification program in wound and ostomy care. She is insistent on excellence in each and every aspect of her position and is always seeking new knowledge and learning opportunities. She has raised awareness of the need for Pediatric Palliative Care by presenting its mission to Child Life, the Medical Student Interest Group, the Family Advisory Committee, United Jewish Appeal and Schwartz Center Rounds.

Love for her patients, all children, enthusiasm for learning and insistence on being the best possible practitioner has motivated Kathy to her level of practice.

She authored her memoir, The Stranger in our House, to validate her upbringing in the shadow of Holocaust Survivor trauma. She has had numerous Meet the Author events and has donated all the proceeds from those event sales to charity which include the Mount Sinai’s Child Life Department.

Proceeds from those event sales to charity which include the Mount Sinai’s Child Life Department.

Newsletter Contact Information
The Mount Sinai Magnet Nursing Newsletter is an online publication by the nurses for the nurses. It is generously supported by Mount Sinai Nursing Leadership and is produced by Thomas Denardo, Technology Specialist and Graphic Artist. All submissions are welcomed and can be sent to Sylvie.jacobs@mountsinai.org. If you are not a ‘writer’ but still have something to say, you may contact me at the same email address and I will gladly meet with you to hear your story.