New York State began monitoring prescriptions in 1972, but many of the subsequent programs were underutilized and reported information that was not timely. Thus in 2012, legislation was passed in New York State to crack down harder on prescription drug abuse by the modernization of the state’s Prescription Monitoring Program (PMP). Much of the success of this new law rests on the online E-prescribing that has occurred as a result of the redesign of the nation’s health care system and the use of the Electronic Medical Record.

This law requires all providers to review the patient’s controlled substance history on the online prescription monitoring program (PMP) prior to prescribing or dispensing the controlled substances that are most prone to abuse and diversion. This process occurs on a real time basis. This law decreases opportunities for “doctor shoppers” with the intent to illegally obtain prescriptions from multiple practitioners. In essence, the I-Stop law by New York State is a real-time intervention that overhauls the way controlled prescription drugs are distributed and tracked in the State.

The NP must be registered with the Health Commerce System (HCS). This requirement is now in full effect for all NPs who write discharge prescriptions for any controlled substance. This new system will ensure that all prescriptions make it into the database the moment they are issued, thus protecting our public from the devastation of drug abuse and providing safe care delivery. Attorney General Eric Schneiderman said “I-STOP will become a national model for smart, coordinated communication between health care providers and law enforcement to better serve our patients, stop prescription drug trafficking and provide treatment to those who need help.”

The New York State (NYS) Medicaid Program mandates certain provisions for ordering, referring, and prescribing for services (Medications, Labs and Diagnostic Tests) reimbursed by fee-for-service (FFS) Medicaid. As a result of the Accountable Care organization (ACO), all non-billing NPs and midwives who write any sort of prescription (medications, labs, diagnostic tests, PT/OT) for any Medicaid fee for service patient must have proof of Medicaid enrollment. This regulation is meant to provide provider screening to ensure that Medicaid beneficiaries have the correct coverage that they need.

Under the new regulation, if a licensed provider (MD, DO, PA, NP, midwife etc.) is not enrolled in New York Medicaid fee-for-service and writes a prescription for a Medicaid FFS patient to fill at a pharmacy, lab or radiology center, the pharmacy, lab or radiology center will refuse to fill the prescription. Medical Staff Services mandates full compliance from all APNs with this requirement and the APN Credentialing Office is given the charge of ensuring that all required APNs have enrolled in order to assure that patients are protected with adequate discharge prescriptions that are valid and do not leave patients vulnerable after discharge.

These laws do not change the prescribing requirements for NPs and midwives as independent practitioners at Mount Sinai, but rather create awareness of the new regulations and optimize patient care. This process also aligns all of our providers with the requirements of the Affordable Care Act and ensures that our patients get the prescriptive regimen that they need for their plan of care.
Sepsis is a systemic, deleterious host response to infection leading to severe sepsis (acute organ dysfunction secondary to documented or suspected infection) and septic shock (severe sepsis plus hypotension not reversed with fluid resuscitation). Severe sepsis and septic shock are major healthcare problems, affecting millions of people around the world, each year killing one in four, and increasing in incidence (Dellinger, et al, 2013). Sepsis related deaths are a leading cause of morbidity and mortality in the U.S., affecting over 1 million people a year and costing $17 billion annually (Gaiieski, 2013). At Mount Sinai our Sepsis Mortality in 2011 was 35%. We were faced with the challenge of reducing the incidence of sepsis at Sinai and to save more lives.

What is Mount Sinai Doing to Stop Sepsis?
Mount Sinai has developed an exciting new program to prevent and stop sepsis. Our goal is to reduce the incidence of sepsis by 20%. Led by Drs. Charles Powell and Scott Lorin, the institution developed and implemented a system of early recognition and early goal directed therapy (EGDT).

The NP Role in Stopping Sepsis at Sinai
The hospital has created a ‘Stop Sepsis NP Team’ comprised of Nurse Practitioners, who are specially trained in the recognition and treatment of sepsis. This team currently serves 9 Med/Surg units. Additionally, every NP and healthcare provider is empowered to utilize the ‘Stop Sepsis’ order set to initiate our early goal directed therapy.

Early Recognition
An alert system has been developed in EPIC to capture Suspected Sepsis Cases. When a patient has any two abnormal vital signs, the RN is prompted to screen the patient for sepsis. The RN will then be asked a series of 3 questions. If a patient has any combination of 3/8 positive responses to vitals sign and screening questions, the RN is prompted to notify the patient’s primary healthcare provider and the Stop Sepsis NP Team (for the 9 participating units).

Student Nurse Practitioner’s Perspective
by Nina Barrett, NP Student

By the time I complete my Nurse Practitioner degree later this summer I will have spent time at various clinical locations around New York City.

Each new clinical brings with it a host of emotions, akin to starting a new job. The experience is further complicated by the fact that most student Nurse Practitioners work as full time RNs, and there is the challenge of balancing class, schoolwork, and clinical shifts with work demands. The balancing act is more than just logistical. Much of what is expected of a Nurse Practitioner is embedded in the scope of practice of an RN, but there is also a whole new skill set that must be learned and honed. However, some skills that transcend the NP position are good teamwork and communication.

I have been particularly impressed by how well the healthcare team works together at the Mount Sinai Geriatric Primary Care Clinic. The warm atmosphere, supportive staff, and NP’s and physicians who are eager-to-teach have made it an ideal location for hands-on learning. While many places purport to provide “patient centered care”, this clinic truly does. The patient experience here is as seamless as I’ve ever seen. Patients here are greeted by friendly front desk staff and triaged and assessed by patient care technicians. Nurses and technicians complete orders placed by the provider while the patient is in the exam room. A social worker is always available if a patient requires additional services. Many diagnostic tests are performed in the outpatient areas of the hospital and when necessary patient are admitted to the geriatric emergency department for more intensive evaluation.

Even if it is for a very short time, I feel quite lucky to be a small part of a healthcare team that provides such excellent care.

Nurse Practitioners Modernization Act
by Siobhan Sundel, DNP, RN, GNP-BC, ANP

The Nurse Practitioner Modernization Act will become law as part of the 2014-2015 New York State budget in January 1, 2015. This law removes the requirement of a written practice agreement between an experienced nurse practitioner (NP) with more than 3,600 hours of practice and a collaborating physician. NPs with less than 3,600 hours of practice will still need to have a collaborative practice agreement on file.

An attestation form to be developed by January 2015 will be maintained in the NPs work file but will not be filed with New York State. This form will outline the NPs collaborative relations with physicians but will not identify the physicians or require physician signatures. This attestation will outline a dispute resolution process between the NP and collaborating physicians. More details to follow in our November issue.
Advanced Practice Registered Nurses (APRNs), namely Nurse Practitioners (NPs), uniquely command a set of skills and knowledge in clinical medicine, bedside care, and the delivery of team-based patient-centered care. The combination of these skills and experience places NPs in the center of an evolving American healthcare system.

One of the aims of the Affordable Care Act is to improve health of Americans by optimizing management of chronic conditions through expanding investments in innovative care coordination programs. Examples of successfully piloted care coordination programs, including the Transitional Care Model (University of Pennsylvania) and Mobile Acute Care of the Elderly Service (MACE, Mount Sinai Hospital), utilize APRNs to design and implement comprehensive discharge plans to facilitate safe patient transitions between acute hospital and post-acute care settings. These programs have demonstrated improvement of health outcomes and patient satisfaction, and reduction of adverse events, length of hospitalization, and cost in caring for chronically-ill older adults. Nurse Practitioners, who are well trained in team-based patient-centered care, are the engines that mobilize these programs. Thus, the importance of NPs to the success of the ACA is appropriately reflected in the program’s ongoing appropriations supporting the education, training, and development of APRNs.

The future of American healthcare will be shaped by creative strategies and innovative care models that meet the challenges associated with the management of medically and psychosocially complex patients. Nurse Practitioners, who are well trained in

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**Why American Healthcare Needs Nurse Practitioners**

by Fred Ko, MD

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**Upcoming Magnet® Surveyors visit Mount Sinai June 2-6, 2014**

Magnet® Designation is the highest recognition of Excellence in Nursing Practice awarded to hospitals by the American Nurses Credentialing Center (ANCC). Considered the “Gold Standard” of nursing practice, it has been achieved by only 8% of facilities in the USA.

Mount Sinai received its first Magnet Designation in 2004, and was re-designated in 2009. Currently, we are seeking our 3rd designation (2nd re-designation.) In October of 2013, a 17 volume, 4500 page document describing Magnet-level nursing practice at Mount Sinai was submitted to the ANCC. The document was reviewed and will be followed up with a “Site Survey”: a validation visit to Mount Sinai by Magnet Appraisers on June 2-6, 2014.

Magnet facilities are characterized by excellent patient satisfaction, high quality care as measured by Nursing Quality Outcome Indicators (i.e. falls, pressure ulcers, catheter associated infection, etc.) and RN satisfaction ratings that exceed benchmarks.

Nursing staff at Magnet facilities have autonomy, participate in shared decision making in regards to their practice, and collaborate in partnerships with interdisciplinary colleagues to deliver the highest quality care across the continuum of care settings. Magnet facilities integrate evidence based practice into care and are at the cutting edge of nursing practice worldwide.

Nurse Practitioners are an important part of the journey toward the 3rd Magnet Designation. At Mount Sinai, well over 300 NPs are delivering care at every level and location in the organization. As autonomous, empowered members of inter-professional teams, Mount Sinai’s NPs typify the Advanced Practice Nursing Professional working in a Magnet Environment.

During the site survey, you may have occasion to speak with our Magnet Appraisers on the units and there will also be a specific meeting whereby the Magnet surveyors will be meeting with NPs, Midwives and CRNAs. More information about this meeting will be forthcoming soon. You can prepare by familiarizing yourself with the foundations of nursing practice at Mount Sinai, and with the Magnet Model® and its components (see below, with links to more information.)

Every Nursing Professional at Mount Sinai is important to the Magnet effort, and together we can achieve our 3rd designation! [http://intranet1.mountsinai.org/Nursing/](http://intranet1.mountsinai.org/Nursing/)

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**Role of APN - Mount Sinai Visiting Doctors Program**

In July 2008, I started working as an Adult Nurse Practitioner, at The Mount Sinai Visiting Doctors Program (MSVDP). I have 18 years of nursing experience in a variety of settings and have been instrumental in developing and maintaining a unique health care delivery model for the office-based Nurse Practitioner role that provides real time clinical intervention. The main focus of this role is to triage calls and order appropriate diagnostic test and medication for patients who are home bound. Thus, instead of paging physicians out in the field, the office-based nurse practitioner is able to provide real time medical management.

In 2009, I joined a grant-funded project using a multidisciplinary “Team Approach” comprising of two to three physicians, a nurse practitioner, a social worker and an administrative assistant.

MSVDP created the Nurse Practitioner and Physician Co-Management Model with the goal to reduce unnecessary hospitalizations through intensive primary care management by the nurse practitioner and physician.

In 2010, I received the award for “House Call Clinician of the Year from the American Academy of Home Care Medicine”. In May 2010, MSVDP took over the leadership of the St. Vincent’s Chelsea-Village House Call Program and I again assisted in restructuring the program leading to the hiring of another Adult Nurse Practitioner.

In January 2014, with the continuous support of Nursing and Division of General Internal Medicine, I assumed a new administrative role as the first Nurse Practitioner Supervisor for MSVDP and The Chelsea Village House Call Program.
Expect To Win
by Janet Johnson, MA, ANP, ACNP, FAANP  Cardiology Telemetry

On November 8, 2013, the Cardiology Nurse Practitioners held their 7th annual "Mount Sinai Heart Nurse Practitioner Symposium." Attended by over 300 NPs, Critical Care and CV nurses, from the tri-state area and beyond, the event was a huge success. The panel consisted of NPs and physicians, all of whom are experts in the field of Cardiology.

Two special guest speakers received standing ovations from the audience. Dr. Loretta Ford, at 91 years old, the pioneer of the NP role, spoke words of wisdom and provided insight into one’s true potential. If anyone is interested in Carla Harris’ other “Pearls” email Janet Johnson for a copy of her book “Expect to Win.”

Ms. Harris inspired the audience by providing battle-tested tools to fulfill one’s true potential. If anyone is interested

The keynote address was delivered by Carla Harris. Ms. Harris, who is a Morgan Stanley Managing Director, on the Board of Directors at Mount Sinai Hospital and had been appointed by President Obama as Chair of the National Women’s Business Council gave a dynamic talk that set the enthusiastic mood for the day. She shared with the audience, "Carla's Pearls" which are tips, advice, and strategies for surviving in any workplace environment. One of the valuable lessons was Be The Architect of your Own Agenda- have a Flexible Strategy and Don’t be Distracted by Mistakes. “Know who you are and what you want from your career.”, stated Ms. Harris.

Ms. Harris inspired the audience by providing battle-tested tools to fulfill one’s true potential. If anyone is interested

National Nurses Week Celebration May 2014
by Laureen Nowakowski

In 1993 the ANA Board of Directors designated May 6-12 as permanent in in 1993 the ANA Board of Directors designated May 6-12 as permanent dates to observe National Nurses Week – ending the week with Florence Nightingale’s Birthday.

Nurses Week will be celebrated at Mount Sinai beginning Monday, May 5 with our annual Nurses Week Breakfast in the Annenberg West Lobby. The 33rd Annual Board of Trustees Excellence in Nursing Practice Awards will be held on Tuesday, May 6 at 12 noon in Stern, and the Nurses Week Poster Session will be held in the GP Lobby on Thursday, May 8th. The Nurses Week Keynote Address will be given by Dr. Joyce Fitzpatrick on Monday, May 12th in Hatch Auditorium at 12 noon. Dr. Fitzpatrick is being inducted into the Sigma Theta Tau International Nurse Research Hall of Fame this year, and her keynote will focus on her experiences as a nurse researcher. It is noteworthy that Dr. Fitzpatrick will be giving her keynote on Florence Nightingale’s birthday! The keynote address will be captured on video and presented that evening for night nurses. All Nurses and Nurse Practitioners are invited to attend these events and participate in the poster session on Thursday, May 8th.

Please email Laureen Nowakowski, if you need additional information about any of

Continuing Education Opportunities


The goal of the NP PPC is to provide a forum for communication and to develop and implement a plan that promotes and disseminate information between committee members and NPs. The idea of the NP Newsletter was born.

The objective of the NP Newsletter is to provide information to all MSH NPs on emerging trends in health systems, practice management, research, and political care issues that affect our practice on a national, state or local level. The Newsletter links NPs together by recognizing outstanding individual or group achievements in either the professional arena, practice settings or in community service.

The goal will be to publish two issues a year. Please send any comments or suggestions for articles to the email listed.

Please let us know if any of your colleagues did not receive this Newsletter.