

# MAGNET NEWSLETTER

FALL 2017



## Amazing ANCC Magnet Conference Takeaways

By Melody Cubas, RN-BC

I had the pleasure of attending this year's ANCC Magnet Conference in Houston, TX on Oct. 11-13, 2017. The Magnet Conference is the official annual conference of the prestigious Magnet Recognition Program. It serves as both a celebration of accomplishment for newly designated Magnet organizations and a showcase of best nursing practices for the global Magnet community.

The conference was another magnificent magnetizing moment to network with more than 9,000 nurses and nursing executives, representing 20-plus countries. The floodwaters from Tropical Storm Harvey that had recently inundated southeastern Texas did not dampen their spirit. Although it was sad to hear that many of our colleagues lost their homes from the storm, it was inspiring to see how Texans stood up stronger than ever before. Registered nurses who provided aide during the tropical storm were recognized at the conference. To support our fellow Houston nurses, Mount Sinai nurses created a GoFundMe RN-RN, NY-TX. We collected and donated \$9,250 to Texas Nurses Association. A Disaster Relief Fund was also initiated.

Throughout the conference, the quality of resiliency was emphasized. Jonathan Godfrey, RN, a flight nurse and author of "Max Impact: A Story of Survival" spoke about resilience in nursing. He shared the experience on being the sole survivor of the LifeEvac 2 helicopter crash that plummeted into the ice-cold waters of the Potomac River in Washington, DC in 2005. Godfrey climbed back into the helicopter a year after the crash, and returned to his life-saving flight community. After more than 11 years of hard work, dire hardships, divorce, raw-world survival, and absolute resilience, Godfrey continues saving lives not only from a helicopter but also with his hard-hitting public speaking presentation "Max Impact: A Story of Survival."

"Care for yourself" was another important message that was highlighted at the conference. Dr. Pamela Cipriano, President of American Nurses Association (ANA), expressed that nurses must be at their "best" to be resilient. She emphasized the importance of caring for ourselves because a healthy nurse is more effective and a safe provider.

Carolyn Jones, author and film maker of The American Nurse, and a cancer survivor, shared her personal experience about how a nurse helped her get through chemotherapy. She spoke about how nurses are non judgmental, well educated, transparent, brave, and determined advocates for their patients.

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## Spreading the Word about Magnet Initiative

By Rada Kirichenki, RN

I remember the day when I received an email from Associate Director of Nursing Nicole Wells, BSN, RN, CMSRN about an exciting opportunity to participate in a Gynecological Cancers Awareness Fair in an effort to spread the word about Magnet and nurse recognition initiatives. My visceral response was of course, 'YES,' and I hit the reply button faster than the speed of sound!

The event took place on September 28th from 11am-3pm in the Guggenheim Pavilion lobby. I was excited to share the vision of our Mount Sinai nurses, which is to provide the highest quality of patient care through the advancement of professional nursing practice.

Once I arrived at the fair, I met with KP4 Clinical Nurse Manager Godsfavor Guillet, RN, one of the most amazing people that I met during the planning stages of the fair. She was so kind and supportive. Immediately she helped me feel at ease and comfortable, and ready to dedicate the next few hours to an important task. The Magnet table was full of resources to educate registered nurses as well as community members about Magnet.

By my side was the awesome Christine Seilder, RN. Together we educated community members on how Magnet registered nurses believe that we demonstrate extraordinary compassion, courage and integrity in every situation. Our professional practice of nursing model provides us with a structure and a process that enhances and sustains a culture of excellence in patient care.

This type of interaction is called engagement and at that particular date and time, our mission was to engage as many people as possible. We were there to spread the word. Our focus was to translate nursing vision into tangible indicators that would educate visitors about where we are and where we are going. We shared with them that one way to connect Magnet status to healthcare delivery is to identify nursing practices that directly align with the Magnet standards. We expressed to them that at its core, a Magnet facility is driven by evidence-based practice and relationship-centered care. That means nurse patient relationships where nurses spend time with their patients, educate their patients and become their strongest advocate.

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# Why I Am a Psychiatric Nurse

By: Melody Cubas, BSN, RN-BC, Madison 5- Psychiatry

*When I tell people that I am a psychiatric nurse, people seem slightly surprised, a bit negative and kind of concerned, as if to say, "It must be a scary job," or "That must be hard," or "That must be an easy profession because all you do is talk and listen."*

Perhaps this response speaks to the critical eye with which most of our culture views psychiatric illness. This reaction is sad, unfortunate and undeserved. It has been my experience that stereotypes, labeling and judgments of all kinds often result from a lack of accurate information and even worse, false information. Healthcare as a whole has neglected to examine mental health to the degree that physical health has been studied. The general public's knowledge is lacking in the area of mental health, leaving most of society a bit nearsighted, if you will. It is my hope that society will one day have its vision corrected and mental healthcare will advance to the forefront in full focus. Until then, let me introduce you to my unit, and tell you why I am a psychiatric nurse.

Being a psychiatric nurse is a very rewarding job, but it can also be psychologically and emotionally draining. I work on Madison 5, a 25-bed locked adult psychiatric unit located on the 5th floor of Icahn East Building. Our patient population ranges between the ages of 18-64 years old; however, at times we take overflow patients from the geriatric psychiatric unit. We care for patients with anxiety disorder, mood disorder, substance abuse (alcohol and drugs), Alzheimer's disease, dementia, autism, Down's syndrome, and mental retardation. We also have patients receiving Electroconvulsive therapy (ECT), a procedure done under general anesthesia, in which small electric currents are passed through the brain, intentionally triggering a brief seizure. ECT seems to cause changes in brain chemistry that can quickly reverse symptoms of certain mental illnesses.

Aside from providing symptom management, psychiatric nurses are experts in crisis prevention. Every two years, we undergo Crisis Prevention Intervention (CPI) training to learn how to deal with disruptive, violent, or emotionally distraught individuals. We become adept in the identification of at-risk people and the use of verbal and non-verbal techniques in defusing belligerent or hostile attitudes. We know how to manage anxiety and fear

in crisis situations and how to avoid of injury when crisis situations take a physical turn. Additionally, we learn how to respond to fires, terrorist attacks and natural disasters among a variety of other situations. Psychiatric nurses do not usually walk around with a stethoscope around our neck. We do not frequently care for patients with multiple lines, drains, and airways. But what we have is a pair of ears to listen, a pair of eyes to carefully assess and see what patients need, and most of all we offer our time and presence to make them feel that we are present for them.



From left to right: Marielle Cabalquinto, RN, Carolyn Clancy, BA, Lourdes Ocasio, BA, Kelly Sampson, RN, Mary Joy Adverderada, CNM, Sandra Augustine, RN, and Melody Cubas, RN

Compassion, patience, and empathy are what we share every day with our patients. We help them trust us and realize that we are here when they feel alone, scared, and lonely, when they feel or believe that someone is out to get them, or when they hear those disturbing voices in their head. We navigate complex situations on a daily basis. We establish and maintain therapeutic rapport and relationship to sensitively encourage a paranoid patient to take his medication that he believes is poison. We motivate a depressed patient to take her first shower in weeks, or to eat her first meal in days. We also respond to patients' frequent hostility and abuse with understanding, courage, patience, and empathy.

## Dear Readers:

Dear readers, are you setting out each day to make Mount Sinai Hospital shine? Are you missing opportunities to show Magnetism? The Magnet spirit you pour out to others will help guarantee the success of the hospital's 2018 redesignation effort. The designation is the nation's highest form of recognition for nursing excellence and a benchmark for the quality of care patients receive. Only about 7% of U.S. hospitals carry Magnet designation. Everywhere you go, you should look for opportunities to pour out the spirit of Magnet. When you develop this habit of pouring out Magnetism, you will find that it is not just about the hospital. You will feel personally rewarded as well. It will lift your spirits and brighten your day. We all have a supply of Magnet spirit to give out.

Be generous with your Magnet spirit. Be free with your compliments. Set out to show your Magnet spirit to your fellow coworkers by bringing them a cup of coffee in the morning; staying late after your shift to help them finish that project or take care of the patients; tell your manager what great job your fellow workers are doing; or tell your coworkers how much you enjoy working with them. Make them feel special. This is the spirit of Magnetism. Sad to say, but some people are quicker to express the negative, and they withhold the positive. Let's try to do the opposite and be generous with our compliments and be stingy with our complaints.

Be free with your Magnetism because studies indicate that Magnet Recognition Program hospitals typically have lower mortality and infection rates, as well as higher patient satisfaction scores and better work environments for nurses. We have much to be proud of!

With my best wishes for you and those you love,

**Carla Alves-Miraldo, RN, MS, MSN, CHPN**

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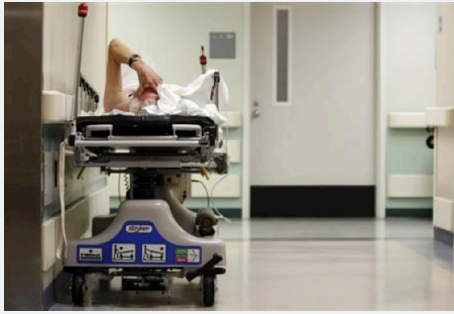


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**Message from the Editor**

# Hallway Patient Trials Project

By Lisa Menotti, RN



Like many other hospitals in the country, the Emergency Department (ED) at Mount Sinai has been challenged by overcrowding, typically due to increases in patient volume and boarding of admitted patients awaiting a room on an inpatient unit. In order to assure that admitted patients who are awaiting room assignments have a safer and more satisfactory experience, Mount Sinai has begun boarding admitted patients in the hallways of inpatient units.

This process begins in the ED when nurses identify appropriate candidates. Exclusion

criteria include: hemodynamic instability, isolation precautions, need for continuous observation, telemetry monitoring orders, oxygen needs >4L/min, disruptive patients and patients identified as high risk for falls. Once it is established that a patient meets hallway criteria, the primary nurse or a member from the ED nursing leadership team has a carefully scripted conversation with the patient, explaining that while a room is not ready for the patient, the inpatient team is prepared to accept the patient to the unit. While waiting for the room to become available, the patient will go upstairs to the hallway of the floor that they will be admitted to while awaiting a bed assignment. They are informed that while in the hallway, the patient will have privacy screens, be given a designated bathroom and will be cared for on the floor by the team which admitted them to the hospital. Once a room becomes available the patient will be moved into that room.

If the patient is agreeable, the nurse contacts bed board and waits for a hallway bed to be assigned. Then, the ED RN calls the Inpatient RN to set up a time that she/he can receive a bedside handoff. When the time is agreed upon, transport is

requested in EPIC for that same time. The Inpatient RN comes to the ED and the two nurses together greet the patient. The Inpatient RN is introduced to the patient as the RN who will be caring for him/her upstairs on the floor. The patient is then able to ask any additional questions, and when transport arrives, the Inpatient RN accompanies the patient upstairs. This protocol has helped the transition to become almost seamless.

Most often, patients are satisfied with this alternative to boarding in the ED. In addition, it has assisted in decompressing the volume of patients in the ED. The ED staff is looking forward to the continuing development and improvement of this initiative for our patients. In addition, we are extremely grateful to the units who participate with us in this Hallway Patient Trials Project. We recognize it is an adjustment for our counterparts on the inpatient units. However, it has been working well and the patients are happier and safer, which is most important so these patients can receive the inpatient care that they need and truly deserve. Thank you to everyone involved for making this project work!

## Palliative Care: The Family Meeting

By Sylvie Jacobs RN, BSN, CHPN

*This article is dedicated to Dr. Bridget Tracy, a talented and compassionate palliative care physician and educator, who served as the Medical Director of the Palliative Care Unit until her recent move with her family to New Jersey.*

When patients and their families are facing end of life issues, there is a heightened awareness of time, opportunity and unfinished business. Family meetings are an important strategy for communicating and negotiating goals of care for geriatric and palliative patients. Furthermore, the meetings are an excellent tool to enhance communication, clarify goals, permit safe expression of deep desires and ease the friction of complicated relationships.

As one of the newer members of the palliative care team, I am experiencing the dynamics that occur in our family meetings through beginner's eyes. I have been to two family meetings that both took place at the patient's bedside. At each meeting, the palliative care attending physician took the lead, with the fellow, registered nurse, social worker, art therapist, and spiritual care provider all contributing at various times. The tone began softly and gingerly as the patient was asked for permission to begin the discussion. Once the patient gave permission, the palliative care interdisciplinary team introduced themselves. Then the patient and family were asked what they understood about the diagnosis and prognosis. Before any medical information was offered, permission was again asked to do so. At each step of the way, reactions were observed and acknowledged, with 'check-ins' to assure that the patient and family wished to continue. In these meetings, I have seen that when a person is told they have weeks to live, they appear stunned, even if they say they already knew. The pauses are thick with the unexpressed emotions. As the prognosis is accepted and the goals of care are identified and discussed, tears begin to flow and the outlines of family constellations slowly emerge.

In one meeting, I saw the patriarch who has always been in control begin to lecture everyone in attendance about their own mortality. In his role of family protector and leader, he requested assistance for his family and their special needs. He proclaimed his peace with death, putting his deep faith ahead of any personal angst, soothing his tearful wife-- and the whole team-- with his apparent acceptance and equanimity.



In a second meeting, there was the grandmother who expressed that she has not been the best mother, but her wish was for her family to continue to thrive and blossom, to bring their distinct gifts that they have to offer into the world. She expressed love and gratitude for her family for supporting her through the many years of her illness and debility. These wishes were all communicated through lip reading as she has been ventilator dependent for much of this year.

*In both these meetings I have learned some common themes:*

- Rational knowledge is different from acceptance
- People sometimes say words they are trying to believe
- Often we hear the worst, but hope for the best
- Saying thank you is always right
- Everyone involved should be acknowledged
- Listening is more important than speaking
- Our response is often conditioned
- There is always more than one way of viewing things
- Being kind is better than being "right"
- Love is healing

## The Effect of Purposeful Hourly Rounding on Staff Satisfaction

By Kerri Rosato, RN

When asked to participate in a new process improvement project, Mount Sinai Hospital's Women and Children's Services (KP5 unit) eagerly accepted, seeing it as an opportunity to improve both patients and staff members experiences and satisfaction levels. The focus of this project was to strengthen interdisciplinary teamwork using purposeful hourly rounding (PHR) as the foundation.



From left to right: Sharon Cedeno PCA, Kerri Rosato RN, Pam Brooks BA, Christine O'Sullivan RN, Otima Brown SA

KP5 staff utilized peer-to-peer training and validation, and encouraged team building exercises. Team members, composed of coaches and facilitators, taught training classes to kick off the initiative. Over the course of three weeks, 126 employees on three units (KP5, KP7, and KP8) were trained, including nurses, managers, patient care associates, business associates, lactation consultants, environmental service workers and dietary workers. After each session, the group would discuss what worked, what did not work, and what could be improved. From the feedback, sessions were adjusted, an outline was made to ensure every session covered the same information, and a video clip was created to demonstrate ideal rounding practices.

Once the training was completed, the staff immediately put PHR into action. To measure effectiveness, team members validated staff members monthly using a peer-to-peer model with an application on an iPad. This contrasts from the original system of validation being done by a manager or coordinator, allowing for a more relaxed, less punitive interaction. The team and staff discussed what they did well and what improvements could be made.

Staff engagement and unification was vital in making this undertaking successful. Posters were designed to continually remind staff to practice PHR, treat incentives were given out, an ice cream social was held, a baby picture contest was planned, and a weekly newsletter was created to keep all staff members involved and informed. The newsletter even included an area for coworkers to recognize and appreciate fellow staff members by giving them a "shout out."

Consequently, there was a significant decrease in call bell use by patients. The call bells for 2016 ranged from 4000-5000 calls a month. For 2017, they dropped to as low as 1977 to approximately 2500 calls a month. A 52% decrease in call bells, and the decline has been maintained for the last six months. KP5 has clearly proven that teamwork in combination with purposeful hourly rounding has a substantial influence on staff satisfaction and ultimately improving patient experience. The team members look forward to continue team building and expanding on the project.

## Spreading the Word about Magnet Initiative

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Rada Kirichenko, RN and Christine Seilder, RN

It also means that the patient care provided by nurses is research driven, resulting in better patient outcomes, lower infection rates, faster discharge rates, and pain that is well controlled. We need to talk about these indicators because these aspects of Magnet status matter, and the public must know about them.

We had a large turnout at the fair. Many visitors were curious to know more about Magnet initiatives and many nurses were interested in participating in the Magnet journey and inquired how they can join the forces. *Overall, the event was a big success!*

## Amazing ANCC Magnet Conference Takeaways

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Jones added that nurses have the ability to dig into a patient's soul and help plant a positive attitude. Hearing these amazing stories about nurses reminded me that we have an amazing profession, and that I am proud to be a Mount Sinai Nurse.

There were more than 150 concurrent sessions during the conference. There were three that I would like to highlight. First, "Protecting the Nursing Workforce through an Aggression Prevention Team and Behavior Alert Response" presented by Indiana University Health. Presenters stated that their nurses/support staff were experiencing assaults, aggression, and violence making them fearful at work, and causing a decline in their engagement scores. To address the problem, a 3 Tiered Approach to Safety was developed: Prevention (de-escalation techniques), Response (Aggression Prevention/ Behavior Alert Response), and Recovery (Critical Incident Response Team). The speaker pointed out that a component of Prevention is offering Crisis Prevention Intervention (CPI) training to staff.

The second interesting session was "Site Visits and Beyond: Utilizing Technology to Integrate Nursing Excellence" presented by Children's Hospital of Chicago. This hospital created an electronic unit scrapbook for unit education and site visits. Each unit chapter contains letters from patients and families; pictures of staff gatherings, trainings, and parties, as well as staff receiving awards, certifications, and promotions. The electronic unit scrapbook also has videos of staff explaining the components of the Magnet program, and giving examples of professional practice model and quality outcomes. In this age of technology, we can prepare our staff for the next site visits through use of interesting and engaging computer activities to educate and prepare all of us about the Magnet redesignation process, and possibly even the next Magnet Site visit.

The last concurrent session, "Technology Improved Safety Rounding in Behavioral Health" was presented by Cleveland Clinic Fairview Hospital. This facility uses a Smartphone App (IRIS) to provide programmable alerts in order to round on patients every 15 minutes. This app allows the staff to check on the patients in real time, which is then transmitted directly to EPIC. It encourages accountability on the part of the staff, enhances patient safety, and promotes paperless documentation as well.

This was my second Magnet conference and it was indeed another memorable and fun experience. I returned to the hospital energized, ready to improve my nursing practice, and equipped with evidence-based methods to do so.

# DAISY Award Goes to Adrian Go, RN

By Eve Easton, RN, MSc, BSc (Hons), OCN, CHPN

August's DAISY winner Adrian Go, RN from GP 9 was nominated by a thankful colleague, Carla Alves-Miraldo, RN, MS, MSN, CHPN. The nurse nominating Mr. Go had floated to 10 Center and was having to deal with some difficult situations. Her break was covered by Mr. Go who then stayed to assist in the demands of the shift.

Ms. Alves-Miraldo described Mr. Go as, "He was my angel. I was underwater, but I was able to breathe because of him. He is a nurse that cannot go unnoticed for his kindness and compassion. He was considerate, efficient, sympathetic, non-judgmental and totally dedicated to the patients."

The DAISY Award For Extraordinary Nurses (The DAISY Award) was founded by family of the late Patrick Barnes, who passed away with the auto-immune disease, ITP (Idiopathic Thrombocytopenic Purpura). Their goal was to ensure that nurses know how deserving they are of our society's profound respect for the education, training, brainpower, and skill they put into their work, and especially for the caring with which they deliver their care.

***Congratulations Mr. Go and thanks for supporting your co-workers as well as providing great patient care!***

*"It is an honor to be nominated for the Daisy Award, an award that not only recognizes nurses for our hard work individually, but as a collaborative team to provide high quality, effective nursing care. In receiving this award, it allowed me to see that I am moving in the right direction towards my nursing practice. But it also showed how much of an impact we as nurses make in health care, whether it be towards the patients or towards our colleagues. This award has encouraged me to continue to reach great heights in nursing so that I as a nurse can continue to make a greater impact in patient's lives. I would like to thank everyone that has played an essential role in helping grow as a nurse, but most especially my colleagues and Clinical Nurse Manager, Katie Ip. I hope that we as nurses continue to flourish in our practice and that for every individual that receives this award recognizes that we should not stop there but continue to grow not only for ourselves, but for the lives we change,"*

**- Mr. Adrian Go.**

The DAISY Award is "inspirational," "a great morale booster," "an excellent tool for nurse retention," "a way to develop role models." If you have been the recipient of extraordinary care by a nurse and would like to nominate her or him, visit at <http://intranet1.mountsinai.org/Nursing/assets/1070-trifold-nominate.pdf> and complete the form.

***Keep those DAISY nominations coming every month.***



From left to right: Chief Nursing Officer, Dr. Frances Cartwright, Adrian Go and Clinical Nurse Manager Katie Ip; RIGHT IMAGE Adrian Go with members of the GP 9 Center Team

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