

MAGNET NEWSLETTER

SPRING 2017



Getting Ready For Magnet Re-Designation

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

Mount Sinai Hospital and Mount Sinai Queens Hospital are applying for re-designation as a Magnet hospital in 2018, a sign of continued commitment to the four forces of magnetism (the features that serve as the conceptual framework for the Magnet appraisal process). Our first designation was twelve years ago, in 2004. Mount Sinai Hospital is among five New York City hospitals to have Magnet status. Of the 6,000 hospitals in US, only 440 have Magnet recognition. The main benefits of attaining Magnet recognitions are seen in patient outcomes, nursing workforce and organizational attributes.

With the support of our chief nursing officer Fran Cartwright, PhD, RN, AOCN, many nurse leaders, direct care nurses, and Magnet Champions gathered from February 22-24 to complete a systemic assessment of both hospitals' structures, processes, and outcomes according to the current American Nurses Credentialing Center (ANCC) Magnet Recognition Program's standards and requirement.

The sessions were led by Andrea Kaye Hixon, PhD, RN, NEA-BC, a consultant from Tipton Health Communications, who is charged with helping us achieve Magnet designation, provide gap analysis, content review, and survey preparation.

Dr. Hixon, a former Magnet Appraiser, began the workshop by stating that many hospitals never achieve a fourth designation because they take it for granted.

"They are falling out at four. It's so easy to take what we have for granted,"
- Dr. Andrea Kaye Hixon

She added the two culprits for failing designation are poor peer review and weak action plans. However, we are not taking it for granted. Our first Magnet draft documents need to be submitted by January 2018 and we have already started writing them.

"We are more focused. More prepared. We are going to go far!"
- Magnet Program Director Ms. Nancy Lamberson, MSN, BSN, RN.

"So we can enjoy this journey,"
- Dr. Fran Cartwright.

During the first day of the workshop, an overview was presented of the thirty-five years of research providing the empirical evidence for superior patient outcomes in Magnet vs non-Magnet hospitals. Hospitals with Magnet attributes reported lower patient mortality (14%) (Aiken, Smith, & Lake, 1994) and fewer adverse patient outcomes (Aiken, 2011). Furthermore, infants also have a lower 7-day mortality and incidence of serious co-morbidities (Lake et al, 2012).

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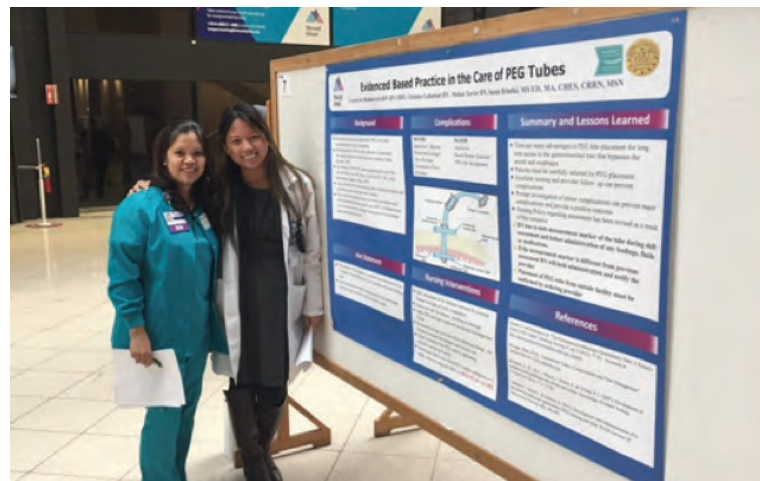
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From left to right: Lynette Joy Romanovitch BSN, RN & Jacqueline Farillas KCC 3S Clinical Coordinator

Evidenced Based Practice in the Care of Peg Tubes

By Lynette Joy Romanovitch BSN, RN, CRNN

Care of patients receiving enteral feeding is often based on tradition and textbook guidance rather than best evidence. Since care protocols and practices can vary widely due to tradition and within institutions, several staff members on KCC 3S Rehabilitation Unit responded to launch an initiative as the site for an evidenced-based protocol development and implementation project for the care of patients with enteral feeding tubes.

An educational intervention was developed for all rehabilitation nurses and ancillary staff in our health system. During Mount Sinai Hospital's annual Nursing Research Day, we presented the complications and the new nursing interventions in a poster entitled "Evidenced Based Practice in the Care of Peg Tubes." This poster was written by Susan Brindisi MS, ED, MA, CHES, CRNN, MSN, Christine Lafontant BSN, RN, Mohan Xavier BSN, RN and myself.

From this project, we learned that patients must be carefully selected for peg placement; excellent nursing and provider follow-up can prevent complications; and prompt investigation of minor complications can prevent major complications and provide positive outcomes. We also learned that our MSH Nursing Policy regarding assessment has been revised as a result of this initiative. For example, the RN now has to note the measurement marker of the tube during shift assessment and before administration of any feedings, fluids, or medications. If the measurement marker is different from previous assessment, the RN will hold administration and notify the provider. Lastly, placement of peg tube in patient from an outside facility must be confirmed by the ordering provider.

We were very proud to share our nursing engagement with an evidenced-based project to improve our standard clinical practice, and to affect better patient outcomes. The nursing profession remains central to the interdisciplinary and discipline-specific changes necessary to achieve care that is effective, safe, and efficient.



The next session featured some of our own Mount Sinai researchers. The research conducted by Kimberly Souffront, PhD, RN, FNP, related to undiagnosed hypertension in the emergency department identified a significant need that is now being translated into practice. Aliza Ben-Zacharia, DNP, ANP, described risks being investigated for patients with multiple sclerosis based on their body mass index. Arlene Travis, MSN, RN and her nursing team from 7 West detailed their involvement in a national study investigating perceptions of discharge readiness for patients hospitalized with cardiovascular challenges.

The highlight of the day was a fabulous keynote panel of expert faculty researchers from New York University. Deborah Chyun, PhD, RN, FAHA, FAAN, Victoria Vaughn Dickson, PhD, CRNP, FAHA, FHFSA, FAAN and Margaret McCarthy PhD, RN, FNP-BC discussed the successes and challenges of conducting complex

programs of research in cardiovascular disease and diabetes. New exciting possibilities for collaboration here at Mount Sinai with these exemplary nursing leaders and their colleagues are under discussion.

The afternoon session featured our librarian, Rebecca Shows, MSIS, who charmed the audience with insider tips of how to conduct a robust literature search. For the closing session, I presented my research on glycemic status and immune function in patients with cancer. In between speaker sessions there were rows and rows of outstanding poster presentations in the Guggenheim Pavilion Atrium, with representation from Pace University, Rutgers University, Memorial Sloan Kettering Cancer Center, New York Eye and Ear Infirmary of Mount Sinai, and Mount Sinai St. Luke's. Mount Sinai Hospital showcased compelling research studies and evidence-based practice projects. The networking was fantastic and by the end

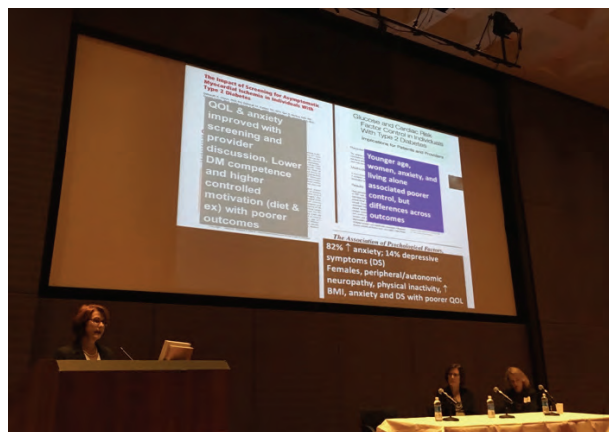
Nursing Research Day

By Marilyn J Hammer, PhD, DC, RN

The 2016 Nursing Research Day was welcomed by a rainstorm, but the real thunder was in the Stern Auditorium.

Following engaging and energizing welcome remarks from the President and Chief Operating Officer of Mount Sinai Hospital Dr. David Reich and Chief Nursing Officer Dr. Fran Cartwright, Sharon Stahl Wexler, PhD, RN, a Pace University faculty member, gave an outstanding opening plenary session on evidence-based practice (EBP) and the differences between research and evidence-based practice and how to get started.

All were inspired!



From left to right: Deborah Chyun, Margaret McCarthy, and Victoria Vaughn Dickson

of the day, the sun emerged along with plans for exciting new research endeavors! Stay tuned as plans for the 2017 Nursing Research Day are already underway!

Dear Readers:

The spring season is full of transformations. The holidays are over now...no more high-calorie foods loaded with carbohydrates and saturated fats that Grandma made for the holiday dinners. No more putting off that morning jog because the roads are covered in ice or snow. When spring rolls into our lives, we start to pick up the slack that allowed us to turn into "winter sloths."

As we welcome spring's energy renewal, let's celebrate our partial victories. We all have things in our lives that are incomplete. A dream has not come to pass, a problem has not turned around, or the pounds are not shedding off. The key to seeing our goals come to fulfillment is to celebrate partial victories along the way because it will give us the strength, encouragement, determination to keep going as spring moves us forward. Sometimes we can be so hard on ourselves and take the small victories for granted. We focus on areas where we do not measure up to, but being down on ourselves, negative, and critical will only make things worse. We all have flaws, weaknesses, and shortcomings. It's easy to complain about what is not right. But complaining does not help us spring forward. If we are thankful for the things we have accomplished, the good things we have done, we will move forward to a better place. It's important to find the good and celebrate our partial goals because it will help us achieve our goals in life.

Remember, use this spring season as a time not to focus on how far you have to go, but celebrate where you have gotten to. Pat yourself on the back. Compliment yourself and keep springing forward to accomplishing your goals.

With my best wishes for you and those you love,
Carla Alves-Miraldo, RN, MS, MSN, CHPN

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Message from the Editor

Getting Ready For Magnet-Re-Designation

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Magnet recognized hospitals report 10.3% lower fall rates (Aiken et al., 2011) and a 5% lower incidence of hospital-acquired pressure ulcers (Hines, & Yu, 2009).

Magnet hospitals outperform other hospitals for Catheter-Associated Urinary Tract Infections (CAUTI), Catheter-Associated BloodStream infection (CLABS) and Ventilator-Associated Pneumonia (VAP) (Zimlichman et al., 2013). In addition to outstanding patient outcomes, Magnet hospitals provide an environment that reduces RN burnout and stress, improves RN recruitment, improves RN retentions and increases RN work safety (Upeniek, 2002).

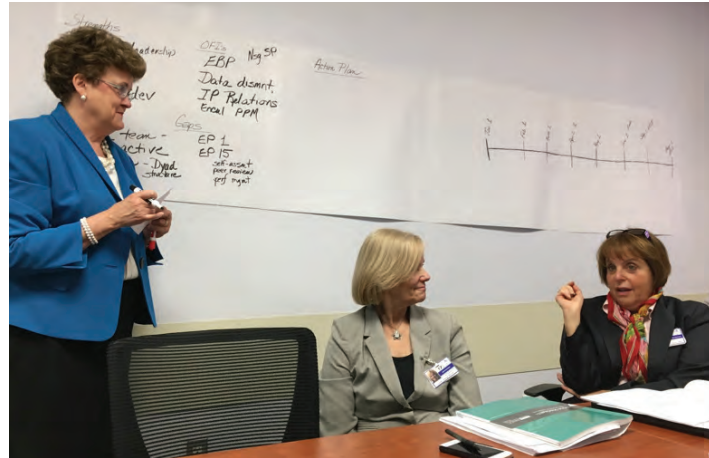
On day two, Magnet team leaders divided into four groups (Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, and New Knowledge) to provide exemplars of the strengths and opportunities in each Magnet domain.

On the last day, Dr. Hixon identified Mount Sinai and Mount Sinai Queens hospitals strengths, gaps, and opportunities as it relates for our readiness for Magnet consideration. Several of the strengths noted included: effective nursing leadership in all levels, professional practice model in place, abundant opportunities for professional development, strong nursing engagement, and joint accountability for quality care. Meanwhile, one of our gaps is in human resources data. Dr. Hixon stressed that every nurse at every level needs a self-assessment of performance, and there needs to be a peer-review process for every nurse at every level.

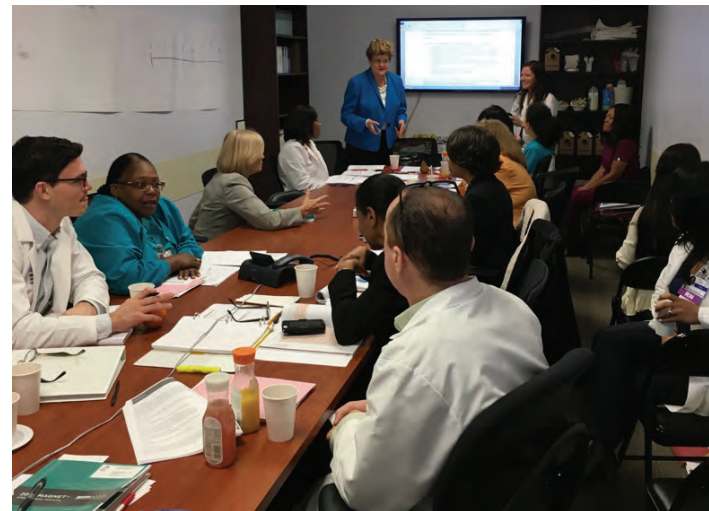
Dr. Hixon concluded the sessions by emphasized that during the appraisers visit, they will be assessing how nurses demonstrate their empowerment through our shared governance structures; how nurses apply our Professional Practice Model (relationship-centered care); how nurses make positive changes to improve patient outcomes; and what measures are in place to keep nurses safe in the workplace. Our Magnet team promoted communication and involvement at every level during the three-day workshop. As transformational leaders, their transparency and enthusiasm proved integral to engaging the staff in the redesignation mission. Momentum for Magnet redesignation is building!

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Left to right: Andrea Kaye Hixon, Fran Cartwright and Lori Finkelstein-Blond



Celebrating February's American Heart Month

In recognition of American Heart Month in February, our nurses, who have been recognized with the Magnet designation by the American Nurses Credentialing Center, worked with other departments in the Mount Sinai Health System to organize and host a "Go Red for Women" Community Heart Health Fair with free screenings. These events provided free heart health screenings for blood pressure, total cholesterol, triglyceride level, and body mass index (BMI), and experts led educational demonstrations focusing on nutrition and diet, diabetes, stress management, smoking cessation, and yoga and other relaxation techniques.

"Our goal is to educate our communities and employees about the risk factors for cardiovascular disease, the number one killer of women, causing one in every three deaths each year," said Beth Oliver, RN, DNP, Senior Vice President of Cardiac Services for the Mount Sinai Health System.

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Surgical Safety Checklist Improves Outcomes in Obstetric Surgeries

By Lucille Nassery, BSN, RNC
Carrie Gerber, MSN, RN

The Labor and Delivery Unit (KP2) launched a surgical safety checklist to improve outcomes in obstetric surgery. The Surgical Safety Checklist is a multi-part tool used to ensure patient safety and enhance communication before a procedure. There are three parts to the checklist: a huddle, time out and debrief. These parts are set to occur at specific intervals to allow for a meaningful and purposeful discussion of the patient's specific plan of care.

The process is as follows: before any operative procedure in the delivery room, the entire patient care team, including the nurse, obstetrician, anesthesiologist and surgical technician, gather for a pre-procedural huddle to review the anticipated events and ensure that they are prepared for any unexpected events. The team must reach consensus before entering the operating room. Once the patient is in the operating room and prepared for surgery, there is a final "Time Out" for confirmation of correct patient and correct case. Subsequent "Time Outs" are performed during the case if an additional procedure is to be performed (i.e. bilateral tubal ligation, placement of an IUD or intra-uterine device, etc.).

After the case is complete, the team conducts a debrief on the case to discuss the operative events, the post-operative plan of care, including additional medications or monitoring that may be required.



The team communicates in a very specific format for patient care. The entire labor and delivery staff, including both nurses and physicians have been TeamSTEPS (Team Strategies and Tools to Enhance Performance and Patient Safety) trained on enhanced communication, which gives them the ability to communicate in the same "language" leading to an improvement in team work, communication and patient safety.

In December of 2013 the compliance for Surgical Safety Checklist was 67%, after intense education over a sustained period of time, compliance was >90% for months in 2015!

The initial roll out of the Surgical Safety Checklist was a practice and cultural change in KP2. It took time for it to become ingrained in our practice. All health providers are empowered to call for the huddle, and are responsible for ensuring that it occurs. Now, it has become a part of our culture.

If you walk throughout the unit you will hear staff members calling for a huddle, asking if we are all ready to huddle for a case, and working together to ensure the delivery of safe, high quality care to all of our patients.

Celebrating Nurses Every Month

By Maureen Leahy, Associate Director of Nursing – Palliative Care

To honor the super-human work nurses do for patients and families every day, the Nurse Recognition Committee launched The DAISY Award For Extraordinary Nurses at Mount Sinai last month. The DAISY foundation was formed in November 1999, by the family of J. Patrick Barnes who died at age 33 of complications of Idiopathic Thrombocytopenic Purpura (ITP). The nursing care that Patrick received when hospitalized profoundly touched his family.

"We experienced the best of nursing. We were there to see the clinical skill that dealt with his very complex medical situation, the fast thinking of nurses who saved his life more than once, and that nursing excellence that took years to hone to the best of the profession. We were awed by the way the nurses touched him and spoke with him, even when he was on a ventilator and totally sedated. The way they informed and educated us eased our minds. They truly helped us through the darkest hours of our lives, with soft voices of hope and strong loving hugs that to this day, we still feel," said Mark Barnes (Patrick's father).

The goal of The DAISY Award is 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 do their job.

At the time that Patrick's family started the program, they could not have anticipated that The DAISY Award would come to be regarded as a strategic tool for nurse recruitment and retention and would be adopted by healthcare facilities all over the U.S. and beyond.

DAISY participants' expressed that as a recognition program, The DAISY Award is "inspirational," "a great morale booster," "an excellent tool for nurse retention," "a way to develop role models." It is apparent that their efforts to express personal, heartfelt appreciation to nurses for the important difference they make in all the lives they touch is having a powerful effect.

It is with great pleasure that I introduced The DAISY Award to Mount Sinai Hospital nursing. I fell in love with the idea of honoring our nurses every month. Our CNO Fran Cartwright took all but one second to 'say yes' and we were on our way! Nominations can come from any one, including patients, families, colleagues, and visitors. The award will include recognition for PCAs and BAs as well. Ballot boxes are located at each entrance to the hospital, and nomination forms are on all the units. There will be a monthly winner, and a celebration during an award ceremony for the nurse chosen.

The winner of the first DAISY Award was announced this month. The award went to Ms. Diana Francis, RN from RETU. Congratulations Ms. Francis! According to the patient who nominated her, Ms. Francis found her patient in tears and immediately stopped what she was doing and pulled up a chair to sit with her for a while. The patient commended Ms. Francis for helping her to get through a tough time. Thank you, Ms. Francis for taking the time to show your patient the kindness that she needed to truly heal.

It is our hope that this program serves as a formal recognition for nurses on an ongoing basis, and that nurses at Mount Sinai continue to feel honored and celebrated. The work of a nurse should be underscored with each and every encounter within the walls of our hospital. It is our hope that in some small way DAISY will help to do that. We are all in the debt of our wonderful Mount Sinai nurses. Thank you for all you do every day.



Maureen Leahy and Mackenzy Scott

Celebrating February's American Heart Month

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Mount Sinai Hospital Guggenheim Pavilion During GO RED FOR WOMEN 2017

The Go Red for Women screening gives Mount Sinai Health System employees the opportunity to take care of their own heart health and that of their coworkers. Typically, we offer screenings and education demonstrations for nutrition and diet, diabetes, stress management, smoking cessation, yoga and other relaxation techniques. We screen for a variety of issues including high blood pressure, blood cholesterol, weight, blood sugar (which might alert participants to pre-diabetes), and peripheral vascular disease.

"Our Go Red for Women screening is educational, but it's also fun," says Dr. Oliver. "Participants receive a 'Passport' as they enter the fair, and take their passport with them as they visit a series of stations, where they receive health screenings and education. As they visit each station, the passport is stamped."

To raise awareness for women, the American Heart Association launched Go Red for Women in 2004.

The initiative challenges women to know their risk for heart disease and take action to reduce it. Event attendees are encouraged to wear anything red—from a red accessory to full red attire—to remind women about the proportionately greater risk they face for cardiovascular disease and heart attacks. Women can take action to improve their overall health by making a few lifestyle changes, such as lowering their cholesterol, managing their blood sugar, exercising, and eating healthy.

Nurses Who Work in the Cardiac Catheterization Lab

Nurses who work in the Cardiac Catheterization Lab play an important role in cardiac care. A cath lab is an area of the hospital that uses fluoroscopy and contrast dye to check for narrowing/blockages in arteries or veins in the body. Using special equipment, they are able to perform angioplasty, place stents, insert IVC filters as well as inserting pacemakers/ICDs. They detect if a patient's heart goes into a lethal rhythm and provides a shock to the heart if necessary to get it beating correctly again. In recognition of Heart Month in February, here are three nurses who share their story on what it's like to be a Cardiac Catheterization Lab Nurse.

Leah Riggs Capra, RN, BSN, MSN Candidate 2018

Becoming a Cardiac Catheterization Lab Nurse at Mount Sinai is not for the faint of heart. Seriously! A little less than a year ago, I came to the lab from one of our cardiology step down units, full of excitement and appropriately nervous. As Cardiac Catheterization Lab nurses, we work hard and carry the responsibility for the safety of our patients undergoing complex procedures on our shoulders. Orientation was fast, challenging and full of new concepts. I've never learned so much in three months time.

My first day on my own, I showed up early with sweaty palms, but confident I had also brought a head full of new knowledge. I checked out the procedure board and gulped; my second case of the day was a septal ablation! I technically knew what to expect but these cases are both rare and complex. This was not what I had anticipated on day one. My new team of coworkers saw my big eyes and pale face and rallied. One person produced a 4-page script of a septal ablation complete with pathophysiology, procedural goals, problems that could arise and a step-by-step guide outlining my role.

Throughout the case my charge nurse, preceptor, clinical nurse manager and coordinator along with a handful of clinical nurses all poked their heads in to see if I was doing okay. SAVED! The procedure when off without a hitch. The gratification of a good outcome made a huge impression on me. This is the type of team work I spent years reading and writing about in nursing school, but the reality of becoming part of the team in Mount Sinai's Cardiac Catheterization Lab has been far more rewarding than I could have ever imagined.

Remerose Saavedra, RN, BSN

Recently I took part in caring for a patient who underwent a left heart catheterization to rule out coronary artery disease. Suddenly during the case the patient had unexpected EKG changes and as the blood pressure dropped to the 80's, the patient went cold and clammy. Normal Saline and Neosynephrine were given to support the patient. The patient's rhythm changed with ST elevations, which is a hallmark sign of a coronary air bubble. Being able to quickly identify the problem during the procedure and support the patient with appropriate interventions is necessary for any Cardiac Catheterization Lab Nurse. Due to prompt recognition and immediate support, the patient was stabilized with minimal to no side effects.



From left to right: Remerose Saavedra, Aytan Zadok, and Leah Riggs Capra

There is no greater satisfaction in the world than seeing a patient that was once in a precarious state getting better with help from the wonderful staff at the Cardiac Catheterization Lab. I've been working here since 1998 and could never imagine myself being

anywhere else. It's the diligence and care from my fellow co-workers and the reward of grateful patients that makes all the hard work worthwhile. I am thankful that

I can wholeheartedly say that I love my job and everything that comes with it. Being a nurse is one of the most demanding occupations in the world, and to be able to call it my job, especially in the best nursing unit—Cardiac Catheterization Lab—is a blessing.

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Your Referrals Can Make Wishes Come True

By Lorraine Rodriguez, MSN, FNP, BSN, RN

I was honored and humbled to be interviewed by Make-A-Wish and share my story about my involvement in referring children for wishes as part of the World Wish Day campaign. Make-A-Wish grants the wish of children with life-threatening medical conditions.



Children with critical illnesses who are between the ages of 2 and 18 years old and who meet the criteria for a wish are referred to Make-A-Wish. I have personally had the opportunity to refer over 30 children to Make-A-Wish Metro and Western New York. Some children are in process of having their wishes granted and others have already had their wishes come true. The Mount Sinai Epilepsy team (Dr. Madeline Fields, Dr. Ji Yeoun Yoo, and Dr. Lara Marcuse) refers all eligible patients to Make-A-Wish because it inspires hope and gives patients something to look forward to.

Referring our patients to Make-A-Wish has truly changed patients' journey and experience with regard to their medical condition. The patients and their families have expressed to us:

- "It's an amazing experience"
 - "It gives our child hope"
 - "It's amazing"
 - "Gives the child autonomy"
 - "Boosts their self-esteem"
 - "It's an all-inclusive special feeling"
 - "No other place like Mount Sinai."
- They have a big heart, thank you for the referral."**

Hearing their feedback and knowing that young patients' wishes were granted is an amazing feeling for me as a health care provider and individual. To see a child smile is priceless. Make-A-Wish is volunteer driven organization whose values are aligned with the Mount Sinai Health System.

As they strive to reach every eligible child in all communities across Metro and Western New York, they need more wish granting volunteers to help them provide a seamless quality wish experience.

Starting April 20, and continuing until World Wish Day on April 29, Make-A-Wish is asking individuals around the globe to join its efforts to honor and thank those who believe in and help deliver the powerful, life-changing nature of a wish – including doctors, nurses, social workers and child-life specialists. We will continue to refer our patients to Make-A-Wish and encourage our colleagues and other medical professional to do the same.

If you would like to volunteer or learn more about Make-A-Wish Metro New York visit metrony.wish.org. You may also contact Erica Sandoval, LMSW Regional Director Medical and Community Relations, at esandoval@metrony.wish.org.

I would like to thank The Mount Sinai Health System, our Epilepsy division staff, Epilepsy administrative assistant Ms. Iliia Lledo, the Neurology team, GP8 West nurses and staff, and Nurse Manager Sonia Nelson, for such amazing team work and going the extra mile. Thank you also to our friends at Make-A-Wish for such excellent teamwork and allowing our patients and their families to feel so special.

Why Certify? The Benefits of Nursing Certification

By Bernadette Baker, RN, OCN

American Nurses Credentialing Center (ANCC) believes it is important for all nurses to understand the value of nursing certification. Certification holds numerous benefits for nurses. Whether professional or personal, tangible or intangible, these benefits make a powerful case for pursuing nursing specialty certification. Certified nurses are recognized and respected. Certified nurses have distinguished themselves in their specialty area. Certified nurses advance in the workplace. Certified nurses have influence and input. Certified nurses routinely report a sense of pride, fulfillment, and empowerment. Certified specialty nurses earn more money.

The benefits of specialty certification reach throughout the healthcare system from nurses, the nursing profession, and employers to hospitals, patients, and families. Certification validates nurses' knowledge and skills, improves quality and safety, and gives patients a benchmark to measure the level of care they can expect to receive at a healthcare facility. As patient acuity becomes increasingly complex and nurses are called upon to perform ever more sophisticated care, certification helps ensure that their expertise and clinical judgment keep pace.

Congratulations to all our Mount Sinai nurses who have achieved this important career milestone, and for those still considering it. Here are two nurses who share their story on their pursued specialty nursing certification.

Ike Onweagba, BSN-BC, OCN

"I gained my first professional certification in 2010 in Medical-Surgical nursing. At that time in my fledgling career, I was encouraged more by my nurse manager to pursue certification rather than by my [own] yearning need to be certified.

Mount Sinai Hospital just received its first Magnet designation in 2004 and my former nurse manager, Angie Begonia, fortunately for me, was a strong advocate for nurses on her unit to be certified. She would often note, "You already do the work, you may as well gain acknowledgment for it."



After working on an oncology unit for three years and now acutely aware of the benefits of certification, I decided it was time to match my experience with the validation that a certification provides. I gained my second certification as an Oncology Certified Nurse on the last day of 2016. It was a New Year resolution of mine to be certified in 2016 and I successfully kept my resolution before the end of the year.

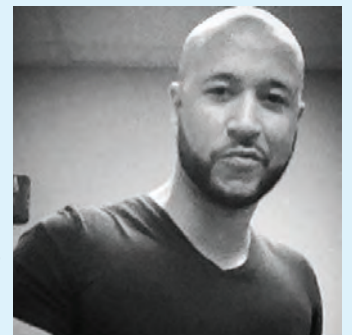
For any RN considering applying, the process to certification is quite straightforward. Firstly, do a quick research on the organization you wish to gain certification from. The requirements/eligibility criteria from each organization may have subtle differences but in general most will require that you have a current, active, and unencumbered license as an RN in the United States. Secondly, you will be required to have a minimum of one or two years' experience as an RN. Lastly, you may be required to have clinical hours or continuing education credits to supplement your experience.

I hope by sharing my journey to certification, you will be inspired to be certified if you are not yet. I can assure you, you will not regret it. Certification provides the added confidence to lead and deliver the very highest standards in patient care and experience that our patients deserve."

Moses Rodriguez, BSN

"Although, I started nursing in the ICU, working in outpatient chemotherapy at Mount Sinai Hospital has been very rewarding for me, because the patients are ambulatory. I love educating my patients and feel a special connection with their diversity.

Mount Sinai Hospital is situated between the richest (Upper East Side) and poorest (East Harlem) neighborhoods in Manhattan. I speak Spanish, which is invaluable to my career as a knowledgeable RN because when my patients feel at ease, my knowledge is that much more valuable. For this reason, I applied to take the Oncology Certification exam.



My nursing director Donna Berizzi, RN, MSN, OCN, informed me about the Roberta Scofield Memorial Certification Award. This award recognizes nurses who are committed to oncology nursing. Up to 150 applicants will receive a free registration for an ONCC certification examination or renewal. I applied and won the award! I plan to take the test this spring."

Boosting Hand Hygiene with Posters

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

Studies show that posters can improve hand hygiene compliance when branded with the right message. Advertising 101 will tell you that sometimes the best way to get someone's attention is to grab it with a visually intriguing image or a message that provokes some sort of reaction. The same may be true for hand hygiene compliance. Many healthcare facilities therefore use posters or signs that encourage healthcare workers to wash their hands. To help boost Mount Sinai Hospital's hand hygiene awareness, several CCU nurses came together to brainstorm posters. A number of posters were created, but two of them designed by Zanneta Peart, BSN, RN-BC made the grade!

As Ms. Peart tells the story, "I was approached by one of my coworkers, Lorna McKenzie, RN to help out with a few posters. She had a few cute but vague ideas connecting heart and hand health, so I agreed to expand on them. I took those ideas and added a few of my own. As a naturally creative person, I soon found myself coming up with catchy slogans and brainstorming with paper sketches on how to really make this concept come alive. A few hours later, working with Photoshop, I was able to produce the finished product we now see around the hospital. I was quite surprised at how much positive feedback the final product received! It was a fun project and I'm really glad it's helping improve things at Mount Sinai."



Posters by Zanneta Peart

Ms. Peart's posters make the concept hygiene and infection control fun and reinforce the message of the importance of hand hygiene and improving the quality and safety of patient care.

Near-falls in Elderly Community Dwelling Blacks from Two Out-Patient Clinics in Harlem

By Geraldine V. Basler, EdD, RN, CCRN, Kathleen A. O'Connell, PhD, RN, FAAN, and Kristen Bundy, MA

Near-falls, stumbles and missteps may be more common than falls, but they are not as extensively studied (Arnold & Faulkner, 2007), and may be precursors to falls and injuries (Srygley, Herman, Giladi & Hausdorff, 2009). During a near-fall, pattern and flow are disrupted and individuals use protective measures to stay upright or to lower themselves to the floor or ground (Hafner & Smith, 2009). Elderly individuals may have difficulty recalling specific events if near-falls are frequent. Near-fallers may be at high risk for future falls and subsequent injury, but not targeted for intervention because of under-reporting by elders or non-assessment by healthcare providers.



This study was a cross-sectional, correlational, retrospective study that examined the relationships among near-falls and demographics, gait and activity levels. Participants of this study were African American/Black men/women aged 65 and over, able to give informed consent, referred by their physician, community-dwelling attendees of the Martha Stewart Center for Living (MSCL) and Internal Medical Associates (IMA) clinics at Mount Sinai Hospital. Descriptive statistics and logistic regressions were used.

Findings indicated that men were more likely to experience a near-fall compared to women. The longer it took to complete the 5 meter walk, the greater the odds of experiencing a near-fall. It is imperative that providers identify near-fallers, so that they don't go on to become fallers.

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Nurses Who Work in the Cardiac Catheterization Lab

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I came in to work, prepped my room for the day and just as I finished I was told to get ready for a STEMI, which would be here in a couple minutes. Where I was expecting an easy morning with scheduled diagnostic cases, it quickly turned into an emergent case. I have been in the unit for a little over a year at this time and only had taken care of perhaps two STEMI's. My heart was racing, and I wondered would I be doing this case alone? I knew I had the knowledge base and skill set to take care of my patient safely. But I had a lot of fears running through my head that any normal novice nurse would have in this unit. There is no way of predicting who would get this type of case. It typically goes to the first open room. My fears were unwarranted; my co-workers were there to back me up and I was never alone. These are an important lesson that I learned early on: flexibility and teamwork are the qualities that will help a nurse thrive on our unit. You have to be ready for the unexpected and always be there to support one another.

When I was asked to write about my experience in the Cardiac Catheterization Lab, I knew I wasn't alone in what I experienced and that is why I asked my colleagues share what it means to them to work at the Cardiac Catheterization Lab. The themes remain constant. The unexpected is bound to happen, and we truly love our profession because of the amazing team we work with.

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