

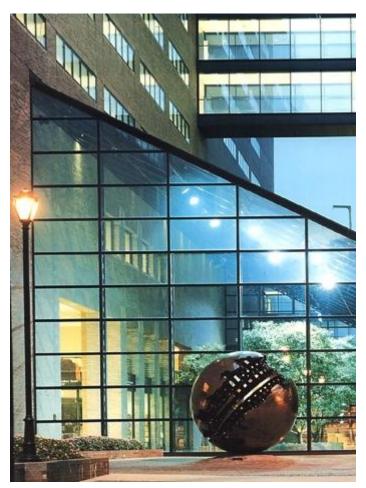


Mount Sinai Medical Center – Main Campus New York City

The Mount Sinai Medical Center



Research Poster Presentation



Outdoor Courtyard

The Mount Sinai Medical Center – New York

Mount Sinai Hospital-NYC:

Campus = 4.7 million square feet

Licensed Inpatient Beds: 1,171

Operating Rooms: 48

Over 10,000 employees

2012 Statistics- Main campus

• Surgical Procedures: 33,294

• Cath Lab Volume: 21,821

• Ambulatory Care Visits: 645,878

• Deliveries: 6,773

• ED Volume: 102,267

• Discharges: 59,306

• Occupancy Rate: 86%

Mount Sinai Hospital has many community based centers for patient care and services: MD practices, ambulatory clinics and offices and nurse led clinics

The Mount Sinai Medical Center is ranked 14th out of 5,000 U.S. hospitals in the 2012-2013 "Best Hospitals" issue of U.S. News & World Report.

The Mount Sinai Hospital's National Ranking

<u>Specialty</u>	National Ranking
Geriatrics	2
Digestive Disorders	7
Heart & Heart Surgery	10
Rehabilitation	12
Diabetes/Endocrinology	14
Ear, Nose & Throat	11
Psychiatry	18
Neurology & Neurosurgery	15
Kidney Disorders	25
Gynecology	25
Urology	29
Cancer	42

- MSMC Ranks 17^h in National Institutes of Health (NIH) research funding
- Mount Sinai's Kravis Children's Hospital highly ranked in six specialties by U.S. News & World Report. 2012 -2013
- 2012 Davies Enterprise Award for Excellence in EMR Implementation
- The Mount Sinai Medical Center has been named one of New York's safest hospitals by The Niagara Health Quality Coalition – 2011
- MSSM consistently ranks among the top 20 medical schools both in National Institutes of Health (NIH) funding and by U.S. News & World Report

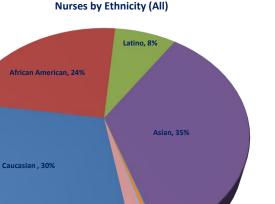
Mount Sinai Hospital staff represent over 200 countries worldwide



MSH staff in their "Sinai Strong" T-shirts following Hurricane Sandy hitting NYC 2012

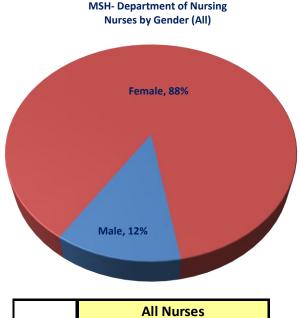
Mount Sinai Hospital RN Statistics

Nurse Ethnicity & Gender



No data, 1.69%

All Nurses			
Ethnicity	n		
Caucasian	722		
African American	573		
Latino	196		
Asian	868		
American Indian	3		
Mixed	13		
Pacific	6		
No data	41		
Total	2422		
Total	2422		



	All Nurses		
	Female	Male	Total
n =	2130	292	2422

2012 Mount Sinai Hospital: Bedside RN Turnover = **4.2%**

_American Indian, 0.12%

_Mixed, 0.53%

Pacific, 0.24%

New York City: Bedside RN Turnover = 9.0%

Foundation: A Positive Work Environment & Engaged Staff - A Sustained Labor-Management Partnership

"We, representatives of the Mount Sinai Medical Center, Local 1199 SEIU United Healthcare Workers East, and the New York State Nurses Association Local Bargaining Unit at the Mount Sinai Hospital, declare our commitment to partnership in pursuit of mutually defined objectives.

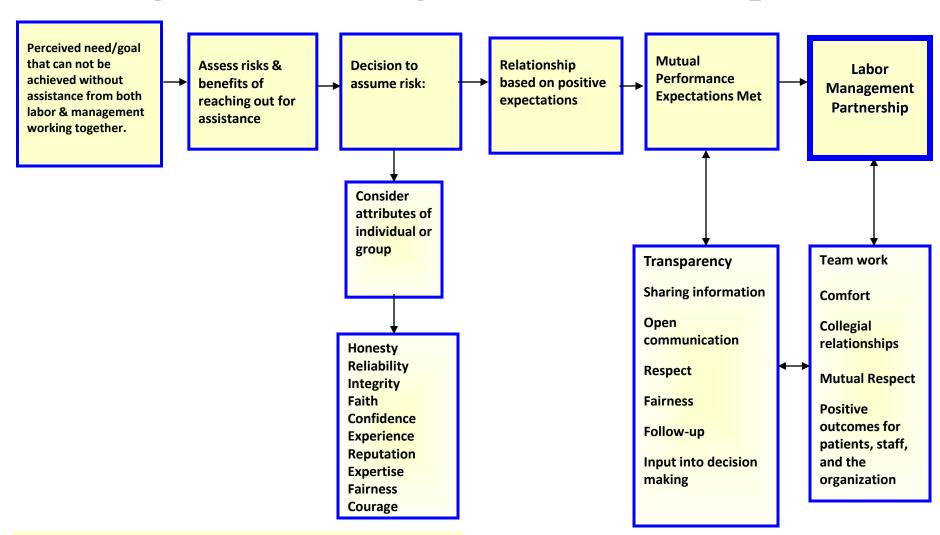
We recognize that we are just beginning our journey. Although we may not always agree, we will respect our differences, seek common ground, and strive for success. As leaders, we will inspire and engage our constituents in this journey to excellence.

To help us create momentum, develop union and management leadership, change behaviors, and transform the organizational culture at the Mount Sinai Medical Center."



Excerpted from The Mount Sinai Hospital Labor management Partnership Agreement Signed 2006

Nursing Labor Management Partnership Model®



Carol Porter, DNP, RN. (2010) A nursing labor management partnership model. Journal of Nursing Administration 40(6):272-276

1980's Research Study Leads to Defining a Workplace Environment Supporting Nursing Practice

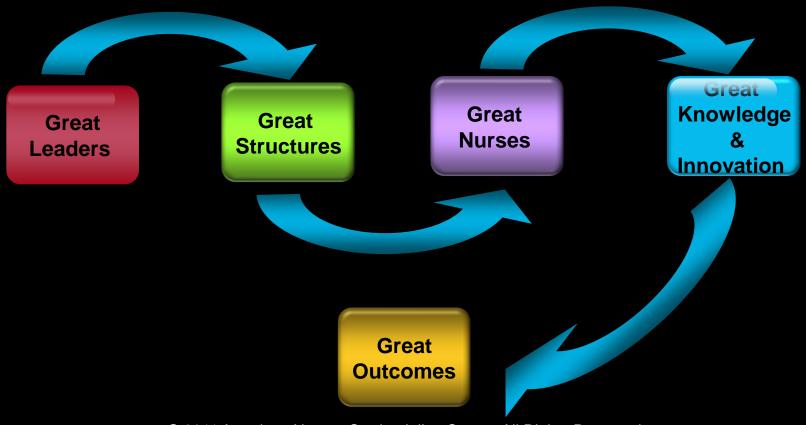
Characteristics of Hospitals that attracted the RN workforce:

- Organizational structure that supported nursing leadership and frontline registered nurses (RNs)
- Frontline RNs had autonomy and clinical authority in participating in directing patient care
- Ability to attract, hire and retain professional nurses
- Researchers referred to the attraction of RNs as a "Magnet" effect



Magnet Recognition Program® Overview

Magnet Culture of Excellence

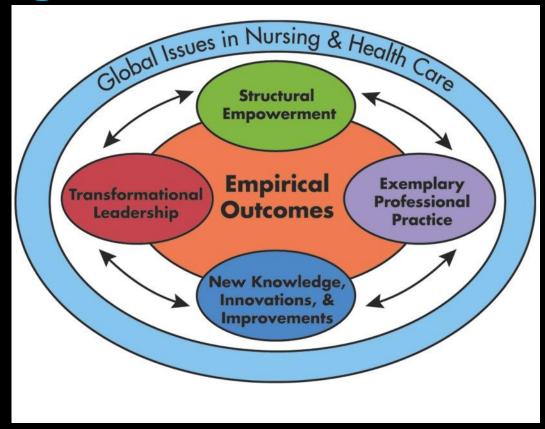


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Magnet Recognition Program® Overview

The Magnet Model



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The Magnet Model

Focus on Outcomes

• Structure:

• characteristics of the organization including leadership, availability of resources, and professional practice models.

• Process:

• actions involving the delivery of nursing and healthcare services to patients, including practices that are safe and ethical, autonomous, and evidence based, with efforts focused on quality improvement.

• Outcomes:

• quantitative and qualitative evidence related to the impact of structure and process on the patient, nursing workforce, organization, and consumer. Dynamic and measurable — may be reported at unit, department, population or organizational level.

Magnet Designation: The Importance to Mount Sinai

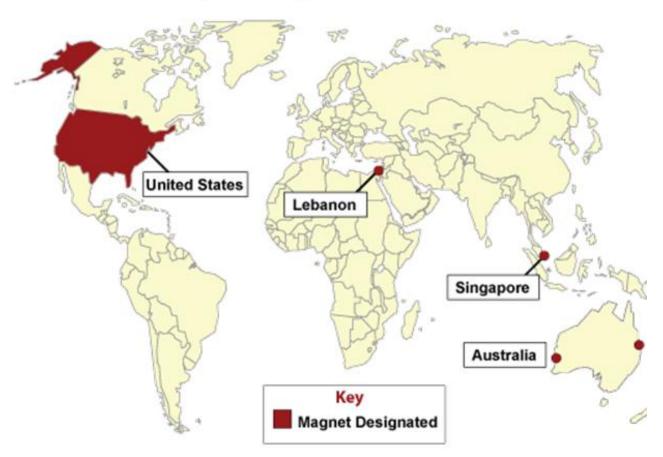


2004 - 2013

- Commitment to Excellence in Nursing Practice & Patient Care
- Magnet Component Standards provide strong foundation
- Environment of ongoing learning and professional achievement
- Commitment to teamwork and inclusion of clinical nurses in decision making
- Positive Practice Environment
- Focus on new knowledge, innovation and research
- Recruitment- Nurses drawn to Magnet Hospitals
- Gold standard for Nursing—only 8% of US hospitals have achieved Magnet designation
- Recognition by US News & World Report

Magnet Program Today 2013 395 Magnet Facilities Worldwide

Countries with Designated Magnet Facilities



http://www.NurseCredentialing.org/magnet/findamagnetfacility

What Does This Really Mean?

Bedside \rightarrow Bench \rightarrow Boardroom \rightarrow Bedside

Continuous evaluation of the patient and family hospital experience and patient outcomes

"connecting science to practice and practice to science":

Review of comments, patient care, data, outcomes, evidence, and innovation within a *positive practice environment*

Clinical Leadership Connecting the dots →Bedside to Boardroom

How do you successfully navigate through the healthcare environment?

Engagement of Frontline Staff and Managers at all levels

- Excellent interpersonal skills and a presence that encourages feedback from staff at all levels
- Be visible and approachable. Round with a purpose (quality, team building, safety)
 - Clinical Safety Rounds, PSI- Pain Situation Intervention, Unit rounds
 - Rounding with Staff, Nursing/Physician leadership, President/CEO, Board members, International Nursing leaders
- Build a reputation for doing the right thing based on solid practice. Always close the loop. Be credible at all levels. Go the extra mile.

Clinical Leadership Connecting the dots →Bedside to Boardroom

How do you successfully navigate through the healthcare environment?

- Be honest and transparent even if the message is difficult to deliver.
- Build solid professional relationships along the way.
- Know your data regarding all aspects of performance- patient care and satisfaction, quality outcomes and process, financial performance and responsibility.
- Take time to recognize staff for excellent performance, innovation, professional practice and achievements, and excellent patient care and improved outcomes.

Nursing Research

The Department of Nursing established the Center for Nursing Research and Education (CNRE) in collaboration with the Mount Sinai School of Medicine with a new focus in 2009: Research, Education, Global Health & Advanced Practice.

One of the only nursing centers in the country to be established within a medical school, CNRE formalizes an already strong relationship between Mount Sinai nurses and physicians. The Center will facilitate multidisciplinary translational research programs that emphasize patient care and strengthen the profession of nursing through education, innovation and the application of research into everyday nursing practice.



First Endowed Faculty Chair of Nursing in the 160 year history of the Mount Sinai Medical Center

The Edgar M. Cullman, Sr., - Chair of the Department of Nursing



Carol Porter, DNP, RN, FAAN CNO/SVP

Kenneth L. Davis, MD CEO/President

2012 – Sylvia Fung, Frances Wong, & Carol Porter are inducted as Fellows of the American Academy of Nursing joining colleagues from around the world.



2012 Academy of Nursing Induction Dinner; Pictured Left to Right;

Seated: Frances Wong, PhD, BSN, RN; Sylvia Fung, DHS, MSc, RN; Carol Porter, DNP, RN, FAAN Standing; Angela Barron McBride, PhD, RN, FAAN; Sophia Chan, PhD, MPH, RN, FAAN Barbara Nichols, DHL, MSN, RN, FAAN, ; Joyce Fitzpatrick, PhD, RN, FAAN Agnes Tiwari, PhD, RN, FAAN; Beth Oliver, DNP, RN; Maria Vezina, EdD, RN, NEA-BC; Karen Martin, MSN, RN, FAAN

Rounding: A Leadership Tool to Lead Staff Engagement, Patient Outcomes and Drive Improvements

- Clinical Quality
- Patient Safety / Staff Safety
- Patient Experience with their Care
- Visibility and Accessibility to Staff
- Environment

Purposeful Rounding

- Define who you are rounding on
 - Staff, patient
- Define focus of rounds
 - Quality (pain management, pressure ulcers)
 - Safety (medication management, falls)
 - Service Excellence
- Define purpose
 - Observation and intervention
 - Reward and Recognition
 - Establish connections with patients, staff, colleagues

Rounding with Senior Executives and Board Members

- Rounding with different levels of leadership on staff and quality process/outcomes
- Rounds with Chief Executive Officer, President, Faculty Chairs, Medical Leadership, Nursing Leadership, Board of Trustee Members, Union Leadership, Staff
- Examples of focused rounds: Pain Management, Patient Throughput, Handwashing, Spinal Surgery Program, Orthopedic Program, Obstetrical & Post-Partum Care

Rounding: Chief Nursing Officer & Chief Executive Officer/President

- Started in 2006 12-15 times/year devoting one hour per rounding session
- Focused on quality patient care, patient satisfaction and patient safety
- Focused on new technology to support practice & safety
- Discussions around challenges in achieving patient satisfaction goals
- Recognition of staff for achievements in patient care outcomes and safety

Pain Management Rounds

- Senior Leadership Rounds on staff
 - Nurses and Doctors involved on units that excel in pain management and units that were having difficulty reaching pain management goals. Share best practices and implement interventions.
- Monthly "Pain Buster Rounds" by Pain Management Committee members to all patient units that meet pain goals to reward and recognize entire unit staff. Pain Buster Rounds have been done monthly since 2008 and to date have done over 600+ rounds on units/staff for obtaining pain goals.
- MSH met national targets for overall pain management 2012



Mount Sinai Hospital

Mount Sinai Queens





Hurricane Sandy hits New York, October 2012 Emergency Management Planning









Hurricane Sandy Aftermath, New York and New Jersey



Emergency Management Planning Command Center

Institute of Medicine

The Future of Nursing: Leading Change, Advancing Health report released Oct 5, 2010



Chair Donna Shalala, PhD



Co-Chair Linda Burnes Bolton, DrPH, RN, FAAN

IOM Report on the Future of Nursing

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners with physicians and other health care professionals in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and information infrastructure.



MSH Global Nursing Leadership Academy



Hong Kong Hospital Authority Nursing Leaders collaborate with Mount Sinai Nursing Leaders April 7-8, 2011



Panel Discussion at Hong Kong University on the IOM Report - May 2011

Nurses Leading Change...Driving Outcomes

- Positive work environment supporting nursing practice and excellent patient care
- Excellent Patient Satisfaction patients and families
- Quality outcomes: clinical & organizational performance
- National and global nursing partnerships
 - IOM report and work
 - Global nursing leadership collaboration
- Collaboration on research, education and global healthcare
- Promote opportunities for professional growth for all nurses
- Let's learn from each other's experience and perspective

Clinical Quality Excellence, Positive Patient Experiences and a Satisfied Workforce = Success!

- Collaboration
- Culture of Staff and Patient Safety
- Team work at all levels
- Consider all perspectives
- Continuous analysis of outcomes
- Education loop back to frontline staff

Thank you