

Gerald P. Turner Department of Nursing Annual Report 2010-2011

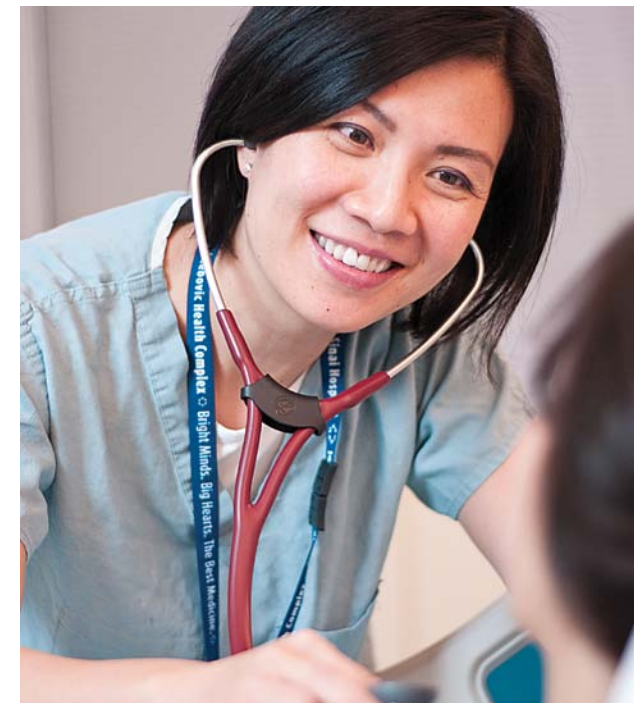


*Excellence in Nursing.
Passion for Patient Care.*

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Putting Patients First

Mount Sinai Hospital is committed to improving patient experience through enhanced quality, safety, access, efficiency and service, and an ongoing effort to be the recognized leader for The Best Medicine.

Our mission is to discover and deliver the best patient care, research and education with the heart and values true to our heritage.

Our values are excellence and innovation in clinical care, teaching and research, patient and family-centred care, teamwork, collaboration, respect and diversity, and leadership.

Nursing Vision

Patients and families experience the best nursing care in a compassionate, supportive and interdisciplinary environment, which embraces and advances professional nursing practice, education, leadership and research.

Message from Tracy Kitch

This past year has brought widespread recognition to the important role nurses play in Ontario's Health Care System and in ensuring high quality, safe care for patients and families.

The Nursing Department's accomplishments for 2010-2011 are a celebration of our commitment to "Excellence in Nursing. Passion for Patient Care". By *Putting Patients First*, we have demonstrated our drive and commitment to continually improving and enhancing the patient experience through the delivery of high quality, safe and accessible care.

What you will read in the following pages is just a snapshot of the many accomplishments our nurses have achieved together. In our quest to reach new heights of Nursing Excellence, 2010-2011 saw the successful implementation of Unit Nursing Practice Councils across all nursing units. Our nurses are now actively engaged in making decisions about their own practice, and establishing standards that influence and support positive patient outcomes.

Throughout this report you will be inspired by the remarkable stories and examples of innovations in nursing and the practice environment. You will read of our ongoing commitment to integrating research into practice, and of our dynamic learning environment that is supporting evidence-based practice.

As Chief Nursing Executive, I am honoured to provide the 2010-2011 Nursing Annual Report. This report is a reflection of the best nursing care, of our remarkable nurses, and of the accomplishments of our Nursing Team.

Tracy Kitch RN, MScN
Senior Vice President Patient Care and Chief Nursing Executive

Nursing at Mount Sinai Hospital

Mount Sinai Hospital is a 472-bed, university affiliated, teaching hospital in Toronto's urban core. The Hospital includes inpatient, ambulatory and diagnostic services, with many programs having a regional Level III designation. Patient services, including inpatient and ambulatory clinics, are organized in a Centres of Excellence model. Each Centre is led by a Medical Lead and Nursing Administrator. The Centres of Excellence include:

Frances Bloomberg Centre for Women's and Infants' Health

Christopher Sharp Centre for Specialized Surgical Oncology

Daryl A. Katz Centre for Urgent and Critical Care

Centre for Musculoskeletal Disease

Centre for Inflammatory Bowel Disease

Samuel Lunenfeld Research Centre



Nurses across Mount Sinai assume a variety of roles in practice, education, leadership and research. The Department of Nursing employs more than 1,200 registered nurses who function within all levels of organizational and operational structures from the point of clinical care, to supportive roles in education and administrative leadership, to the executive level. Advanced practice nursing roles, such as the clinical nurse specialist and the nurse practitioner, have been integrated into the nursing team.

Nursing Leadership

Significant changes within Ontario's health-care system have impacted the role of nursing leadership within acute care organizations. Legislation has affirmed the requirement for all hospitals to have a Chief Nurse Executive, who is a member of the Board of Directors. The scope of practice for Nurse Practitioners has expanded, Ontario's *Excellent Care for All Act, 2010* puts patients first by improving the quality and value of the patient experience through the application of evidence-based health care.

Mount Sinai's nursing leaders have worked with members of the interprofessional team to assess and develop strategic and quality plans for patient care that are congruent with Mount Sinai's strategic goals of Putting Patients First. The year 2010 saw nursing collaborate with fellow health-care team members to improve its efficiency and effectiveness.

Our Professional Practice Model — A Foundation for Nursing Excellence

Professional nursing practice is vital to the delivery of safe, quality patient care and integral to *Putting Patients First*. Our Nursing Professional Practice Model depicts how nurses enact their professional role. Components of professional practice include:

Patient and Family Centered Care

Leadership

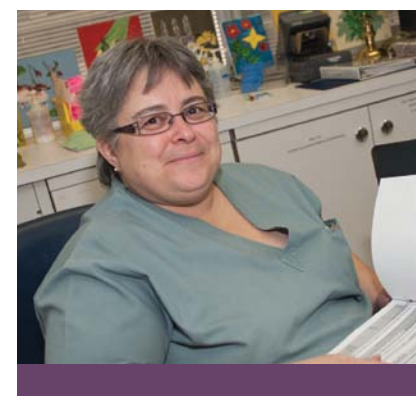
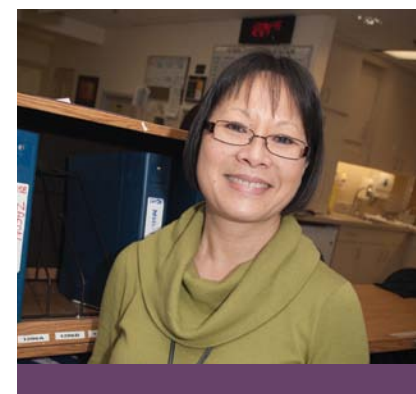
Education

Research

Quality/Safety

Ethics

Informatics



At Mount Sinai, nursing practice is grounded in ethical principles of care enacted within a patient and family-centered care framework. The nurse's role is that of caregiver and advocate, working in partnership with patients and families. Nurses are responsible for planning, delivering and evaluating the outcomes of caring services. Ethical behaviour is constantly re-enforced, in collaboration with patients and families, by ensuring rights to privacy, respect, choice, autonomy and advocacy.

Nursing care is delivered through a primary nursing care model, where the nurse works collaboratively as a member of the interprofessional team. This model emphasizes the nurse's accountability and highlights the dynamic and multi-faceted needs of the populations we serve.

Leadership focuses on the creation of a quality practice environment that supports nurses in the provision of excellent patient and family-centered services. Formal nursing leaders support staff by providing coaching and mentoring; ensuring effective resource utilization; creating healthy work environments; monitoring quality and safety and serving as a voice for the profession across the organization.

Education and continuing professional development further serve to build and maintain staff competence required to meet the changing needs of the populations served at Mount Sinai, and to ensure the best care in a climate of increasing technological change and advancement.

Nursing inquiry is supported through primary and applied research initiatives. Best practices are attained through the use of evidence and patient choice to inform decision-making for positive patient outcomes.

Within the professional practice model, nurses actively lead and participate in advancing patient safety and quality initiatives. They are engaged in the identification of practice issues and are central to the creation and implementation of solutions aimed at *Putting Patients First*.

Examples of Nursing Excellence

Department of Nursing receives RNAO in the Workplace Award

The Gerald P. Turner Department of Nursing won the Registered Nurses' Association of Ontario (RNAO) Recognition in the Workplace Award for 2011. This award recognizes an Ontario health-care organization for its work to foster involvement of RNs in their professional association; for creating a climate of professional partnership and quality work life and for demonstrating commitment to promoting professional development and research-based practice.

The award recognized Sinai's nursing leaders for their commitment to increasing the voice of the staff nurses, and for encouraging professional development through bursaries and scholarships.

Mount Sinai recently implemented a shared governance model, which ensures staff nurses are consistently included in identifying and developing initiatives and in decision-making activities that affect their practice.

The Hospital's commitment to professional development is further enhanced with nursing education days so staff can update their knowledge and learn new trends in practice and policy. Last year, more than 80 per cent of all nurses took advantage of the program.

Mount Sinai's Nursing department continues to demonstrate leadership by creating new knowledge and developing innovation. Last year, nurses led and took part in 11 funded research projects, had 19 peer-reviewed publications and 32 peer-reviewed abstracts accepted for presentations at local, national and international conferences.



Patients and Families Acknowledge Nurses

The Mount Sinai Hospital Foundation recently introduced the Grateful Hearts Program — a formal recognition process that allows patients to acknowledge the meaningful and positive experiences they have had at Mount Sinai. Grateful Hearts is an opportunity for patients to make a gift in honour of a staff member who made a difference to them. While there is a list of nurses who have received this honour, two special stories of our nurses demonstrate the power of the nurse-patient relationship.

Nurses Care, Patients Remember

Nurse Clinician Louise Glaude recently received a Grateful Hearts award from a patient she first cared for eight years ago.

Known as Mount Sinai's "teddy bear lady", Glaude presents teddy bears to bereaved families — an initiative she has been part of since 2002 while working as a staff nurse in the Special Pregnancy Program.

That her patients remember her is no surprise to Glaude. She recalls a research study in which new mothers in a prenatal class were asked to write down their birth story after delivery. They were then contacted 20 years later and asked to retell their story. "The women remember," says Glaude. "They remember acts of kindness and they remember their caregivers' names."

Glaude was present for all four of her Grateful Hearts honouree's pregnancies, two of which ended successfully. "I helped her through the sad times, and I was there for the happy times," she says. "I proudly wear this pin on my badge. As a recipient it makes me reflect on the positive impact I have had on my patients, and I'm honoured to know that I made a difference in someone's life."

"This award is important to Mount Sinai nurses because it confirms that we are passionate about professional nursing practice, we are committed to excellence in patient care, and we are strong advocates for patients, families, and the health-care system."

Mary Agnes Beduz, Director, Nursing Educations and Development

Family Honours a Special Nurse, Donates to the NICU

Little Samuel Moffatt has a lot to be happy about. Sam came into the world three months early — only 26 weeks into his mother Jennifer's pregnancy. Thirteen months later, he is healthy and happy and a real comedian — according to his father, Rick. And it's all because of the care that Jennifer received in Mount Sinai Hospital's Neonatal Intensive Care Unit (NICU).

One nurse in particular, Evalenda Pineda, made a lasting impact upon the Moffatts. "Vangie was wonderful! She made us smile every day, and she encouraged us every step of the way. She was so great with Sam that we even called her Mama Vangie!" says Jennifer. "Sam wouldn't be here without her," she adds.

Learning about the current redevelopment of the NICU also motivated the Moffatts' fundraising efforts. "Knowing that moms will be able to stay with their babies in the new unit really inspired us to raise money to support it," says Jennifer.

In honour of his first birthday, the Moffatts held Sam's Silent Auction and Charity Carnival to fundraise for the new NICU, and donated \$3000 to the NICU in Pineda's name.

Presenting Pineda with the symbolic Grateful Hearts pin, Jennifer thanked her for her encouragement and hugged her tightly. "I'm so honoured," said Vangie. "This is what keeps me working in the NICU. When the babies come back to visit and they're healthy, it makes me so happy."

The picture of health and happiness, Sam is now learning to walk and soon will be toddling after his big brother.

Nurses Give Back to the Community

Nurses across Mount Sinai generously give their time to a variety of community causes both locally and abroad.

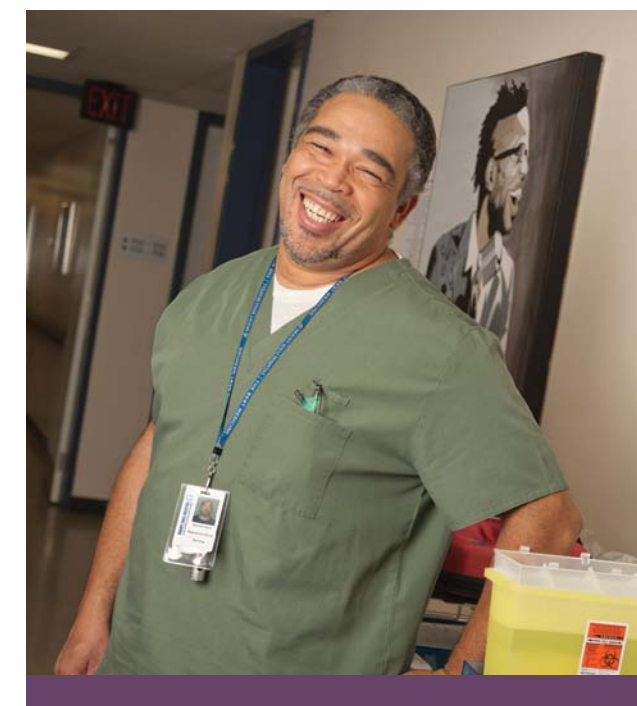
Derrick Kent Gives Back with the Ball

When he isn't busy being a nurse — assuring patients that they aren't just medical issues but valued people — Derrick Kent, RN, is in the thick of action — dribbling, shooting and teaching 14 to 15-year-olds valuable life lessons on the Basketball court.

An avid Basketballer in his younger days, Kent's talent with the ball was much sought after by many provincial teams. But he chose to volunteer his spare time and energy to the Whitby Saints Basketball Association — a mentorship program geared toward providing positive role models to teenagers, some of whom come from underserved and single-parent homes.

"Basketball is a lot like life," Kent says. "You have to learn to work with what you have." Even though exhibition games and numerous tournaments take up many of his weekends, Kent finds inspiration in transforming the lives of impressionable young kids. He also translates his teachings as a coach to his dealings as a nurse. "I give patients the extra moment they require. I listen to them and tell them they are special," he says.

Kent, who has been at Mount Sinai for seven years, says the best thing about being here is the great crew he gets to work with.



Neonatal Nurse Provides Care to Women and Children in Malawi

Improving child and maternal health in developing nations requires education and empowerment: two tools that NICU Nurse and College-Level Instructor Frankie Burg-Feret is well equipped to provide.

For the last two decades, Burg-Feret has been volunteering with Canadian Food for Children, a non-profit organization that brings food, clothing and medical supplies to developing nations. In 2004, she made her first trip to Malawi, a country she now calls her second home, spear-heading a special project aimed at reducing maternal morbidity rates through the use of incentives.

“We don’t want mothers to deliver at home, in a mud hut. So we put together gifts to encourage them to come to the hospital where they can have a safe delivery.”

Each gift includes a handmade crocheted blanket, receiving blanket, undershirt, cloth diaper, plastic pins and sleepers. So far, they’ve sent 1,200 gift bags, which have met the needs of one hospital. Their aim is to increase capacity and send 3,000 more gift bags.

Burg-Feret also conducts neonatal assessments in Malawi, which focus on nurse training, safe monitoring, nutrition and immunization. “I have a deep respect for nurses in Malawi. There aren’t any doctors — nurses do everything. It’s very inspiring,” she says.



Did you know? As of January 2011: 22 clinical areas have Unit Nursing Practice Councils; an increase from 4 in 2009. Clinical staff nurses assume the role of co-chair across 96 per cent of councils.

Structures for Nursing Excellence

Engaging Nurses in Shared Decision-making

In early 2010, the Department of Nursing embarked on a strategic journey to achieve Magnet accreditation status. Building on our history of nursing representation on clinical, departmental and corporate committees, our journey began with the goal of engaging nurses at all levels of the organization in shared accountability and decision-making about practice and patient care. This model, called shared governance, brings forward the capacity of every nurse and allows him or her to work as partners and achieve a shared purpose. This allows nurses, no matter what their role, to focus on what they are most passionate about — patient care.

Unit Nursing Practice Councils

The Unit Nursing Practice Council is the primary accountability structure that allows for engagement of clinical nursing staff, together with unit leadership, to regularly share in the review, identification and planned improvement of unit based-initiatives. Unit councils are comprised of clinical nursing staff and include representation from nursing leadership. Interprofessional team members are engaged in council work when initiatives cross disciplines. Councils support Mount Sinai’s culture of learning and are outcome-focused.

Unit council members are engaged in annual goal setting as a means of identifying and prioritizing unit-based strategies. Their work is focused on achieving outcomes for patients, nurses and the organization. Evaluation and success is central to the council structure. Staff members routinely include “celebrations” as a component of their meetings, in order to monitor goals reached and instill pride in work accomplished.

Professional Practice Retreats

The work of the Unit Practice Councils is actively shared by nursing leadership through participation in quarterly, full-day professional practice retreats. The retreats provide the structures necessary to engage clinical nursing staff with nurses in formal leadership roles across Mount Sinai. Collectively they learn about the Magnet model; review the Nursing Department’s professional practice model; confirm annual learning goals; and disseminate and share the work of the unit councils. Two-thirds of the staff participating in these retreats consists of clinical nursing staff.

Magnet Champions

The Nursing Magnet Champion Committee includes forty clinical staff nurses from inpatient and ambulatory care areas. These nurses act as a link between patient care units and the Magnet Director and Project Manager by collaborating on developing Magnet initiatives. Champions have been actively engaged in the planning of retreats, educational initiatives, celebrations (e.g., nursing week) and the development of processes to recognize nurses. This group is co-chaired by frontline nurses and the group routinely meets for quarterly, half-day planning retreats.



Clinical Practice Committees

A number of nursing-based and interdisciplinary committees demonstrated excellence in clinical practice, contributing to the quality of care delivered across the organization. Examples of accomplishments by Mount Sinai’s nursing practice committee include:

- Biomedical Engineering
- Nutrition
- Respiratory Therapy/ Anaesthesia
- Nursing Education

This committee has achieved many accomplishments over 2010 and 2011, some of which include the identification of areas for improvement such as a reduction in needlestick injuries and prevention of exposure to blood borne pathogens (BBP). A new learning module was developed to address blood-borne pathogen exposure prevention, including a process for incident follow-up. The training module covers a broad range of potential BBP exposures such as incidents with:

- Needlesticks
- Medical sharps
- Splashes of body fluids

This program, a result of the healthy work environment initiative of HealthForceOntario, has demonstrated results such as the rate of needlestick injury being reduced from 90 (fiscal year 2009-2010) to 59 at the end of the 2010 calendar year.

Infusion Therapy Committee

The Infusion Therapy Committee’s mandate is to set standards for Intravenous Access, including the safe use of infusion pumps, selection of IV access devices, development of standardized training guidelines, and provision of staff education as a means of fostering on-going quality improvement. The Infusion Therapy Committee has broad nursing and interprofessional representation including:

- Neonatal Intensive Care Unit
- Surgery and Operating Room
- Radiology
- Labour and Delivery
- Medicine

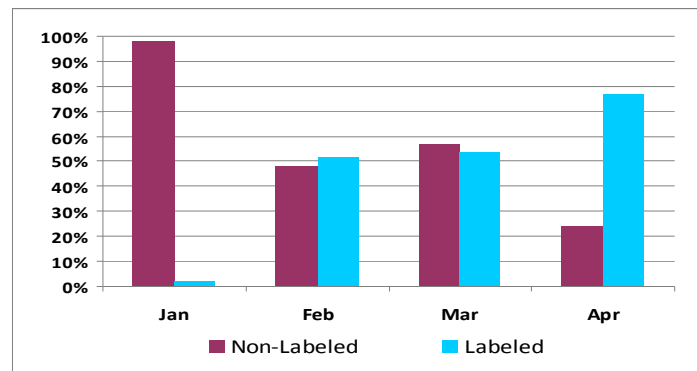
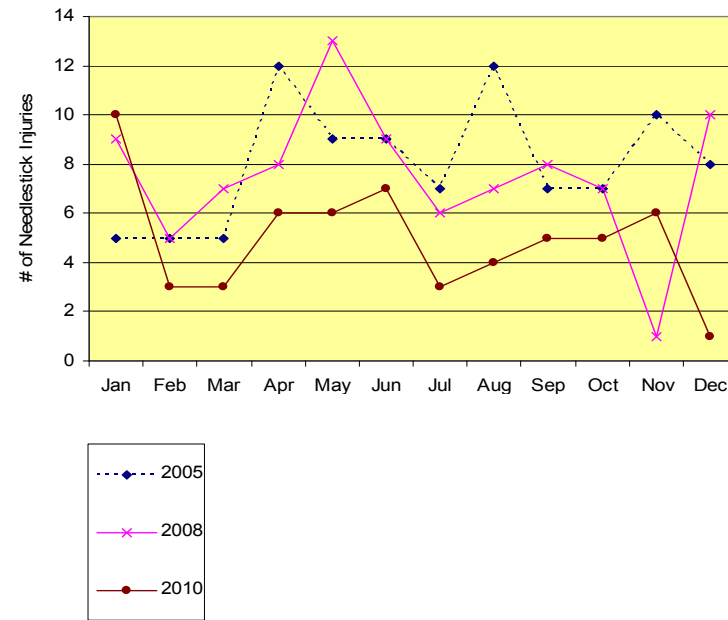
Monthly Needle Stick Injuries

The training course became mandatory in 2010 in order to provide information to workers about hazards and available procedures/protocols to work safely with such potential hazards.

Committee members continued IV-audits in collaboration with Nurse Clinicians and Clinical Nurse Specialists from units and programs across the Hospital. The purpose of the IV-audit is to assess best practices in IV therapy among nursing staff. The audit results assist with the development of unit-based educational initiatives based on actual needs. In 2010, this process allowed the Infusion Therapy Team to assess current practice, identify learning gaps and consequently develop objectives to implement education and other strategies to enhance practice.

Analyses from the findings are shared with each group, thereby indicating the need for continued education. The chart below is one such example of an audit analysis on an inpatient surgical unit. Based on the review of current practice and staff education of best practices, an increase in the number of labelled IV lines substantially increased over a four-month period.

In early 2011, the Infusion Therapy committee took first steps to introduce the IV Champion role across Nursing. This initiative, once in place across the Department of Nursing, will offer frontline staff the opportunity to develop their leadership skills by providing information related to Best Practice Guidelines, participating in the monitoring of current practices through IV audits and through involvement in the assessment of staff learning needs.



Interprofessional Network for Geriatric Care (ING-c)

Nurses are playing a leading role in helping Mount Sinai become one of the first hospitals in Canada to have all frontline clinical and non-clinical staff complete geriatrics training.

To prepare for the spring 2011 opening of the Acute Care for Elders (ACE) Unit, a 28-bed nursing division, nurses and members of the Hospital's Interprofessional Network for Geriatric Care (ING-c) took part in an intensive three-tier geriatrics education training program.

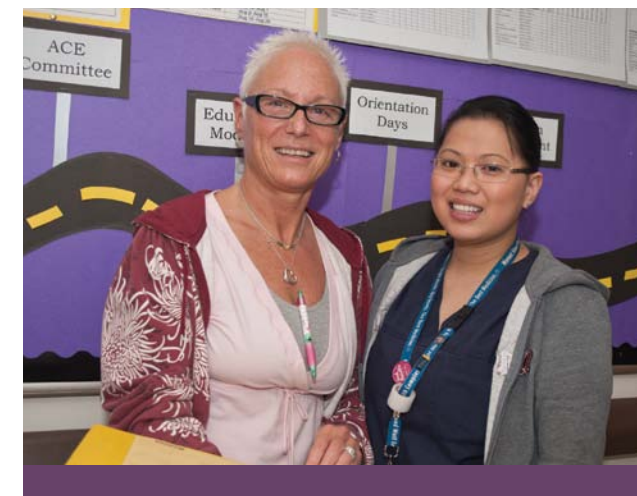
The Geriatric Interprofessional Resource Curriculum focuses on the medical and physiological needs of elderly patients and strategies for preventing complications during hospitalization.

As a direct result of the specialized training, patients are getting the best outcome and the best care when they need it most.

In between ING-c quarterly meetings, subgroups review best practices in geriatric care; develop guidelines, policies, procedures; and create educational initiatives. Thus far, nurses have identified six key areas that require improvement, including falls, mobility, nutrition and hydration, delirium, dementia and depression, caregiver support and elimination. ING-c member nurses acted as mentors to peers during implementation.

Extending this knowledge beyond geriatrics, Clinical Nurse Specialist Leanne Verschuer played a leading role in the development of Geriatrics General, a training program for all direct care staff.

Non-clinical staff will also benefit from Geriatrics 101, a course providing basic information on elder-friendly care taking place this spring.



The purpose of this Committee is to improve the care of older patients at Mount Sinai Hospital through an interprofessional, hospital-wide approach to assessment and quality improvement initiatives that focus on standardizing care to meet best-practice standards.

Membership of this committee includes interdisciplinary and cross-unit membership from:

- Nursing (frontline nurses, Nursing Unit Administrators, Clinical Nurse Specialists, and Nurse Clinicians)
- Occupational Therapy
- Physiotherapy
- Occupational Therapy Assistants/ Physiotherapy Assistants
- Social Work
- Speech and Language Pathology
- Dietetics
- Respiratory Therapy
- Leadership from Volunteers Services
- Pharmacy
- Chaplaincy

The ING-c is divided into six main working groups. Each of these groups has attained many successes over the past year. Examples include:

Elimination Group

- A dramatic decrease in indwelling urinary catheter usage from fiscal year 2009-2010. Various initiatives contributed to this reduction:
 - » Automatic stop orders in post-operative hip fracture patients.
 - » Face-to-face staff education.
 - » Educational posters, such as "Holy Moley - My Patient has a Foley!" which outlined appropriate indications for a foley catheter.
 - » Online documentation that accurately reflects urinary catheter days (date inserted and date removed).
- Development and implementation of a Constipation Protocol and Algorithm to support improved bowel hygiene in General Internal Medicine patients.

Mobility Group

- Development and implementation of a Patient-Specific Activity Form (PSAG) to improve mobilization of patients through improved communication. This tool originated on the medical units and has spread to surgical unit(s).
- Equipment inventory and review on medical units to enable activities related to mobility.
- 15-minute education sessions on 12 South reviewing safe body mechanics during patient transfer.

Delirium, Dementia, Depression Group

- Development and implementation of an online Delirium Assessment Tool.
- Creation of a Delirium, Dementia and Depression policy.

Falls Group

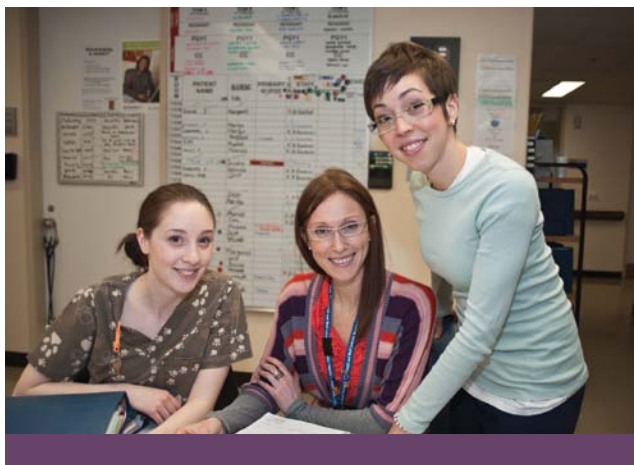
- Revision of Mount Sinai's Fall Prevention and Fall-Related Injury policy to include the addition of post-fall assessment standards and enhanced assessment processes for specific surgical populations.
- Introduction of a formalized falls risk screening tool in the Pre-Admission Unit.

Nutrition/Hydration Group

- Enhanced awareness and utilization of EAT program, in which volunteers assist patients with eating.

Caregiver Support Group

- Literature review and evaluation of in-hospital caregiver support needs with the goal of developing strategies to assist family members and loved ones.



The Skin and Wound Care Steering Committee

The Skin and Wound Care Committee represents and promotes an interdisciplinary forum of advanced knowledge and evidence-based clinical expertise relating to skin and wound care. Committee members are committed to the development and implementation of a research-based, hospital-wide, best-practice program, which demonstrates patient- and family-centered care, effectiveness and efficiency in treatment and financial accountability.

Inherent to this Committee is the ongoing development of unit-based Skin and Wound Care Resource Nurses. This is accomplished through education, involvement in committee initiatives, and development of resource materials and technology. The Committee includes:

- Clinical Staff Nurses
- Clinical Nurse Specialists
- Nurse Clinicians
- Enterostomal Therapists
- Plastic Surgeon
- Physiotherapist
- Pharmacist
- Clinical and Quality Assurance Resource Specialists

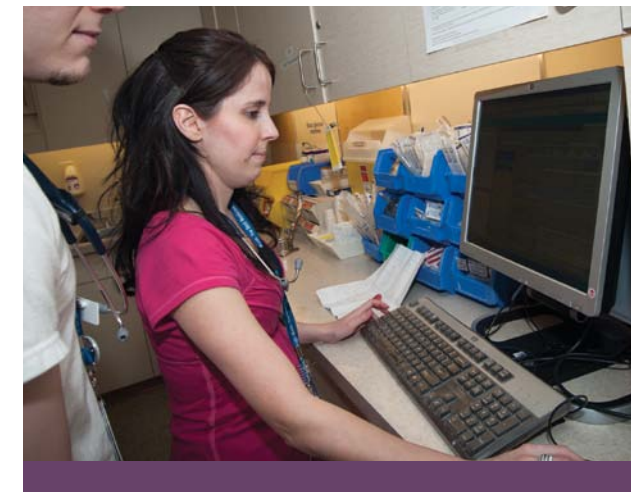
The Skin and Wound Care Committee achieved many accomplishments in 2010 and the early part of 2011 including:

- Revision of Committee Terms of Reference and Objectives
- Promotion of best practices through the cost evaluation and implementation of normal saline bottles for wound irrigation;
- The Skin and Wound Care committee regulates the selection and distribution of mattresses Hospital-wide. Information from Quarterly Prevalence and Incidence Studies is used to recommend purchase of therapeutic surfaces. This year, medical and surgical step down units and the ICU received additional therapeutic mattresses to be used with high-risk patients.

- Introduction of computerized physician order entry (CPOE) in the electronic patient record has offered an opportunity for the revision of the current order entry forms to:
 - » outline clear standards for documentation (where and when to document)
 - » avoid duplication (we currently have multiple places to document skin breakdown)
 - » provide evidence-based clinical decision support embedded in the EPR
 - » simplify documentation by minimizing number of forms
 - » evaluate outcomes of care
 - » build on documentation of others
 - » evaluate and use data and information collected

Nursing Informatics Council

The mission of the Nursing Informatics Council is to inspire and engage Mount Sinai nurses to create an environment that sustains nurses' needs for information management and technology. Nurse's involvement in the introduction of technology and the optimization of new clinical processes is paramount to supporting excellence in care, evidenced-based practice and patient safety.



Mount Sinai Hospital nurses from all clinical areas who assume the iChampion leadership role are council members. NAC members participate on an ad hoc basis. The 2010-11 year welcomed many new members from the Women's and Infants Center of Excellence. The iChampions are key unit-based stakeholders in IT implementation, adoption and optimization. They champion practice changes and new workflows that arise from the introduction of technology and have a valued role in design decisions affecting clinicians.

Several successes deserve mention and are a reflection of this Committee's members' work and dedication in 2010:

- The development and design of workflow processes associated with eMeds/eMAR, computerized physician order entry (CPOE) and clinical documentation in the Women's and Infants' program.
- Evaluation and development of new policies and procedures to support eMeds/eMAR in the Women's and Infants' program.
- The provision of direction and input into clinical optimization and work processes resulting from new technology such as eMeds/eMar across all clinical units.

Developing Excellence — Nursing Education and Staff Development

Academic Nursing

The Gerald P. Turner Department of Nursing is affiliated with more than 12 universities and colleges in Ontario and across Canada. Nurses at all levels play a pivotal role in supporting undergraduate, post-degree and graduate nursing education.

As an affiliate of the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, the Department of Nursing fosters strong academic partnerships through leadership and representation on Faculty committees, and through academic cross appointments.

In 2010:

- 38 Mount Sinai Hospital nurses held Adjunct Clinical Appointments with the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto. This is an increase from 29 in 2009 and represents the largest number of Clinical Appointed Faculty among all Toronto Academic Health Science Hospitals.
- Mount Sinai Hospital nurses acted as preceptors for nurses completing post-graduate studies.

Mount Sinai Hospital recognizes the essential contributions and the important role preceptors play in the growth and development of students and graduates. Student nurses are provided with supervision using a preceptorship model while in their clinical placement. Nurses completing graduate studies are also encouraged to complete their clinical rotation at Mount Sinai using a mentorship model with an Advanced Practice Nurse.

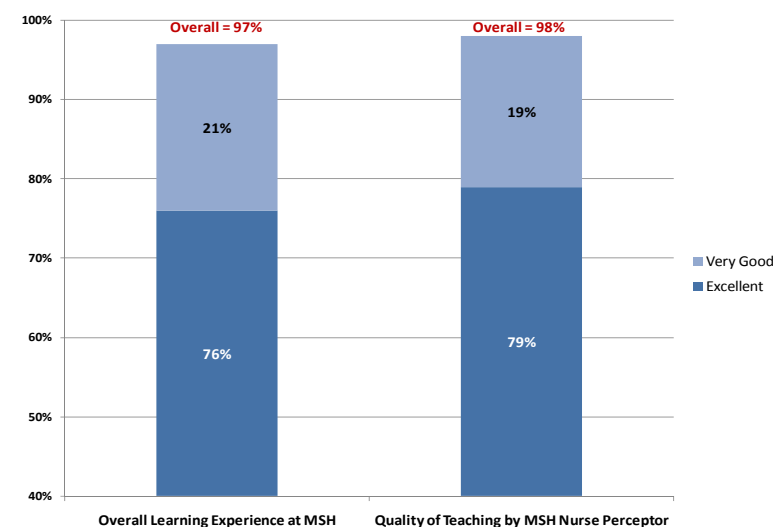
In 2010, a total of 400 nursing undergraduate student placements were completed, representing a total of 92,636 contact hours. Ninety-seven per cent of these students rated the overall learning experience at Mount Sinai as either excellent or very good. Additionally, 98 per cent of students rated the quality of teaching by Mount Sinai preceptors as either excellent or very good.

These results help the Hospital with future staffing needs, as it is seen as a desirable work environment for students, and one they wish to join once they have completed their education. In fact, in 2010, 70 per cent of new hires had previous learning opportunities at Mount Sinai.

Percentage of nursing students who ranked both the overall learning experience at Mount Sinai, and the quality of teaching by Mount Sinai preceptors as either “Excellent” or “Very Good”.

“I had an incredible nursing student experience at Mount Sinai. All the staff were very knowledgeable and welcoming. They have a lot of experience working with students so that they are good at explaining what they are doing. There is no shortage of learning experiences at Mount Sinai — I would recommend this Hospital to any student.”

“The best part of my placement was co-operating with nurses and clients for care. I got to see things from the nurse’s perspective and how they manage their day. Mount Sinai is a hospital I will apply to once I graduate!”



Did you know? In Ontario, 35 per cent of nurses have a Baccalaureate Degree in Nursing and 3.5 per cent have graduate degrees compared with Mount Sinai where 65 per cent of nurses have a Baccalaureate degree and 8 per cent have a graduate degree.

Recruitment and Retention

Late Career Initiative

The Late Career Initiative is a Ministry of Health and Long-Term-Care Health Force Ontario initiative that supports nurses over age 55 to spend part of their time working in non-clinical initiatives such as mentoring other nurses or teaching patients. The goal of this program is to retain late-career nurses in the workplace by reducing the stress associated with clinical bedside nursing, while allowing them to appropriately use their skills and knowledge.

Seventeen nurses at Mount Sinai Hospital were supported in 2010 to work in these alternate roles for a total of 372 weeks. These nurses engaged in initiatives including teaching inpatient prenatal classes, developing staff education programs, participating in redevelopment committees, and implementing evidence-based practice changes at the point of care.

Clinical Externship Program

The G.P. Turner Department of Nursing provided opportunities for exceptional nursing students, who are in their next to last year of an undergraduate nursing degree to work on nursing units. The Clinical Externship Program provides nursing students with opportunities to further apply their academic knowledge to develop effective working skills and relationships in a practice setting. They work under the supervision of experienced nurses to further consolidate their skills and assist with transition to the workplace. The program is an excellent opportunity for nursing students to explore and apply for the exceptional nursing careers at Mount Sinai. Last year, four Clinical Externs were supported at Mount Sinai.

Sinai’s Nursing Scholars Partner with Israel

Mount Sinai’s nurses are active participants in providing health-care solutions for global healthcare issues. The Canada-Israel Nursing Executive Exchange (CINEE) — a partnership between the Peter A. Silverman Centre for International Health and the Schwartz-Reisman Family Foundation — gives nurses the opportunity to participate in a bilateral exchange program that provides a unique forum to discuss solutions to the clinical, organizational and managerial challenges currently faced by nursing professionals in both Canada and Israel.

Program participants identify and explore a learning objective related to a clinical, educational or research question during the exchange. They participate in workshops, one-on-one meetings and behind-the-scenes visits to top health-care facilities in Canada and Israel, and are immersed in Israeli and Canadian culture.

Mary Agnes Beduz, Director of Nursing Education and Development, participated in the program to gain exposure to the Israeli health care system and nursing profession. In exchange, Dr. Shoshy Goldberg, Director of Nursing at Chaim Sheba Medical Centre, and Lidya Reichany, Director of Nursing at the Edith Wolfson Medical Centre, visited Toronto. During their respective visits, the project leaders explored opportunities for nursing education, leadership development, and human resource planning in both Canada and Israel.

Commitment to Professional Development

The Department of Nursing uses multiple strategies to establish structures, systematic and equitable processes and expectations that support lifelong professional learning, role development and career advancement. Mount Sinai has established relationships throughout the organization and with the community to encourage educational advancement of nursing staff.

Continuing Education and Tuition Support Program

Mount Sinai’s Continuing Education Support and Tuition Reimbursement Program supports and encourages continuing nursing education and provides financial support for ongoing formal academic preparation, paid seminar attendance and specialty certifications. Nursing is committed to an environment that embraces and advances professional nursing practice, education, leadership and research. Mount Sinai has a well established continuing education and tuition support program for our nursing staff. Our dedication to education has encouraged a growing number of nurses to pursue ongoing learning opportunities. In 2010, 21 nurses received tuition support through the Department of Nursing; 81 per cent of those who received tuition support are completing graduate studies.

Nursing Graduate Initiative

The New Graduate Initiative is an example of established educational partnerships and initiatives to support professional development of our staff. This initiative of the Ontario Ministry of Health and Long-Term Care (MOHLTC) is aimed at supporting new nursing graduates to work full-time in Ontario. Mount Sinai Hospital was funded to provide full-time positions for new graduate nurses.

An Innovative Approach to Integrating New Graduate Nurses into Perinatal Nursing

An acute nursing shortage has challenged all areas of the profession to recruit and retain nurses. The declining numbers of nurses entering the profession, advancing age of existing nursing staff and nurses leaving the profession are at the forefront of nursing concerns. In Ontario, for specialty areas of nursing practice, such as perinatal nursing, these challenges are compounded by the fact that nursing student experiences in perinatal nursing are not a mandatory part of undergraduate nursing education.

With the support of additional funding from the Ontario Ministry of Health and Long-Term Care's New Graduate Initiative, the Women's and Infants' Program (WIH) was provided with an opportunity to rethink and redesign how newly graduated nurses are integrated into the program. The goal of this educational initiative is to provide an exceptional orientation, which will build and develop graduate nurses' knowledge and skills as perinatal nurses, as well as provide them with a structured social integration into their new role.

A competency-based curriculum was developed to prepare new graduate nurses to be successful in caring for women and their families in three areas of perinatal nursing practice: the High Risk Antenatal Unit, Labour and Delivery, and the Mother Baby Unit. An observational component in the NICU is also a component of the program. The program duration is 18 weeks and consists of alternating theoretical and core perinatal nursing concepts followed by immersion in the clinical setting, with an expert preceptor to facilitate immediate application to practice of concepts learned.

Launched in May 2008, the program saw the intake of 15 new graduate nurses. To date 48 new graduates have completed the program. This has resulted in the

recruitment of nurses with a depth of perinatal skills and knowledge as well as practical skills to address the unique needs of this population. Increased retention of staff has been an outcome of this initiative and nurses.

Turnover among new graduates has been estimated to be from 30 per cent after the first year of graduation and up to 65 per cent by the end of the second year. This program has retained 96 per cent of staff, which we attribute to the quality and depth of education provided.



A Welcoming Orientation for New Graduate Nurses in the Emergency Department

Preparing new grads with the skills and competencies to function effectively in an emergency room requires intensive orientation, clinical mentorship and opportunities to integrate into the profession of nursing and to the specialty of ER care. At Mount Sinai all new graduates receive a seven-month orientation that includes completing a twelve-week Fundamentals of Emergency Nursing course at a community college.

Following completion of Hospital and Nursing Department Orientation, graduate nurses begin ER orientation, which consists of theoretical and practical classroom sessions using case-based scenarios that include policy and procedure review, skill development and practicing communication strategies and the chain of command. New graduates are then sponsored to complete the Fundamentals course at a community college.

Upon completion of the Fundamentals course, staff members are partnered with a nurse mentor for the

remainder of their orientation. New graduate nurses are gradually introduced to ER setting, building skill and knowledge by working first with low acuity ER patients. During this period the new graduates are socialized to the work environment and to their new colleagues. The goal is to ensure they are competent and comfortable with being nurses first and ER nurses second.

Once new graduates have mastered these areas they receive support to work in higher acuity areas to further develop their emergency nursing skills. The process of ER orientation and training at Mount Sinai allows for the proactive integration of new nurses into this intensive setting. Supporting completion of a Fundamentals course demonstrates organizational commitment to their learning and development, and encourages their attainment of the expected standards of practice. High standards ensure optimal patient care is being provided in the ER.



Supporting Specialty Certification through the Canadian Nurses Association

Offered by the Canadian Nurses Association (CNA), the certification credential is part of a respected national certification program. The program is developed by Canadian nurses for Canadian nurses. The specialty certification credential is an important indicator to patients, employers, the public and professional licensing bodies that the certified nurse is qualified, competent and current in a nursing specialty/area of nursing practice. Certified nurses meet rigorous requirements to achieve this expert credential.

Nurses who achieve certification commit to a national standard of professional competence that demonstrates in-depth understanding of an area of nursing practice. Our nurses have received certifications in the following specialty areas:

- Cardiovascular Nursing
- Critical Care
- Emergency Nursing
- Enterostomal Therapy
- Gerontology Nursing
- Medical Surgical Nursing
- Perinatal Nursing
- Perioperative Nursing
- Psychiatry and Mental Health

Other professional certifications held by our nurses include the Canadian Diabetes Educator certification (Canadian Diabetes Association), Board Certified Neonatal Nurse Practitioners (National Certification Corporation - American Nurses' Association) and Certified Lactation Consultants (Canadian Lactation Consultants' Association).

Continuing Nursing Education

The Nursing Education and Development portfolio includes education and advanced practice leaders who participate in the development of evidence-based learning strategies that foster the translation of evidence-based knowledge to inform clinical practice, ensuring a coordinated approach to patient and nursing staff education. Education is delivered in a variety of formats including eLearning, high-fidelity simulation mannequins, workshops and classroom presentations.

Annual learning plans and required training plans are developed for the Department. These plans are developed in collaboration with clinical staff nurses. In 2010-2011, 86 per cent of all nurses were supported to complete their continuing education plans. This year, 57 online courses were available to all staff; an increase from 44 in 2009-2010.

Did you know? 36 new graduate nurses were hired into Registered Nurse positions in various clinical areas through the HFO (summer 2010/2011 fiscal year). 97 per cent of these new graduate nurses have been retained at Mount Sinai Hospital.

Did you know? In 2010, 28 nurses across Mount Sinai renewed or completed specialty certification through the Canadian Nurses' Association; there are 97 nurses in total who have CNA certification across the organization.

New online courses that were developed in 2010-2011 include:

- Heart Failure Pathway
- Geriatric Mental Health and Addiction Training
- Privacy Training
- Ethics at the Bedside
- College of Nurses of Ontario – Documentation Standards
- Acute Care of the Elderly (Geriatric Education) – 13 courses

Nursing Education

Facts and Figures

Online Courses

- Total number of on-line courses = 57
- Total number of staff who took these courses = 17,909
- Total number of on-line educational hours = 7,808 hrs

Nurses also have the opportunity to pursue ongoing education through classroom learning sessions.

Instructor-Led Courses

- Total number of Courses offered = 24
- Total number of face-to-face sessions = 93
- Total Staff who attended instructor-led courses = 1,554
- Total number of hours = 4,479 Hrs

Sinai Care Classes

- Total number of courses offered = 9 (Total Sessions = 21)
- Total number of staff who attended these courses = 288
- Total number of hours = 2,326 Hrs



Nursing Excellence

Quality Improvement Initiatives

Mount Sinai nurses continue to be involved in the monitoring of quality indicators and patient outcomes and are increasingly engaged in the identification and implementation of quality improvement initiatives, as members of units, nursing practice councils, committees and in partnership with members of the interprofessional team. The goal of these initiatives is to enhance the quality of patient care, safety, and/or work life.

GEM Nurses Make Emergency Department Elder-Friendly

Mount Sinai has been working to strengthen its care for elders in the Schwartz/Reisman Emergency Centre with the help of its Geriatric Emergency Management (GEM) nurses Nana Asomaning and Carla Loftus.

Upon arriving at Mount Sinai's ER, patients aged 65 and older who show symptoms of falls, delirium, dementia, depression, malnutrition or functional decline are screened with the Identification of Seniors at Risk (ISAR) tool. This tool uses six questions to help identify high-risk elders, and allows nurses to spot important geriatric issues early and be proactive with these patients.

Once identified as high-risk, Nana and Carla are contacted and begin their assessment of the patient's specific needs and ensure a seamless continuity of care. This holistic assessment has already shown results by helping patients avoid admission and the risk of returning to hospital, allowing elders to live in the community for as long as possible: the ultimate goal of Mount Sinai's Acute Care of Elders strategy.

Releasing Time to Care

17 North Nurses Engage in QI Initiative

Releasing Time to Care (RTC) is a licensed quality improvement program developed by the National Health System Institute. One of the key success factors of RTC is that improvements are driven by staff themselves — by empowering the team to ask difficult questions about their practice and to make positive changes to the way they work.

17 North commenced the RTC initiative in November 2010. The process promotes a culture of continuous improvement leading to an improvement in patient outcomes by releasing clinical time for staff to spend with patients, savings in materials, and reducing waste thereby vastly improving staff morale.

Since November 2010, 17 North has completed two RTC foundational modules entitled: Knowing How we are Doing and the Well Organized Ward. Modules provide the tools to direct staff activities and assist in planning unit-based activities to address identified deficits. The core objectives are to improve patient safety and reliability of care, to improve patient experience, to improve efficiency of care and to improve staff wellbeing.

Objectives are measured in a variety of ways through:

- Patient satisfaction surveys — conducted by staff with discharged patients
- Quarterly staff satisfaction surveys
- Log of direct patient care time
- Weekly review of length of stay
- Daily monitoring of falls, pressure ulcers, Antibiotic Resistant Organism rates
- Patient observations through chart audits
- Daily RN overtime hours and unplanned absence rates

Since the introduction of RTC, staff have become actively engaged in sharing their ideas and participating in activities with the goal of improving unit function and patient experience. Daily huddles keep staff informed and allow opportunities for education and celebration of successes and areas of excellence.

PEP Rounds Reducing Pressure Ulcers and Patient Falls

Nurses on 12 South are taking patient care to the next level by implementing PEP — Pain, Elimination, Position — a three-step process to help reduce pressure ulcers, mobilize patients and effectively manage pain. Together as a team, 12 South nurses make rounds at 11:30 a.m., 2 p.m., 4 p.m., and 6 p.m. to help reposition patients and manage incontinence. These frequent rounds allow them to assess and anticipate patients' needs.

Anita Low, Nursing Unit Administrator on 12 South, says she's already noticed a decrease in patient falls. "This is one of the outcomes we were hoping for. Staff go in at regular intervals and help toilet patients. That means, patients don't get restless, they don't need to get out of bed, and they don't fall in trying to do so."

This team approach has also helped nurses become more familiar with all the patients on the unit, instead of just their own. In turn, patients have become more comfortable overall with care provided. "Patients feel comfort in knowing that someone familiar will come

and attend to their needs every two hours," Low says. "Implementing PEP simply means better care and it has been great for team building."



Enterostomal Therapy Nursing – Leading Interprofessional Team Excellence

Enterostomal Therapy Leadership plays a key role in the lives of about 350 to 400 patients and families each year who are challenged by the diagnoses of Inflammatory Bowel Disease (Crohn's and Ulcerative Colitis) and Cancer of the GI system requiring ostomy surgery.

Monica Frecea, Julie Tjan Thomas, and Kathryn Kozell are the advanced practice nurses who provide expert care to inpatients and outpatients, and are developing new educational programs to enhance the knowledge, skills and clinical judgment of registered nurses on the 14th floor surgical units.

In 2010, the Enterostomal Therapy Nursing Team created several new educational initiatives aimed at nurses, medical students and other health-care professionals who work with patients living with ostomies:

- A monthly, year-long educational program entitled Passport to Ostomy Care and Management: this program includes two classroom sessions, and an educational PowerPoint presentation for use by RNs on the 14th floor.

- Creation of a Best Practice Ostomy Team: a dedicated group of eight staff nurses from 14 North and South who are the educational and operational team for the implementation of the RNO's Best Practice Guidelines in Ostomy Care and Management. These evidence-based guidelines serve to create an increased standard of ostomy care delivery aimed at achieving the best in patient-care outcomes.
- The evaluation of a Preoperative Stoma Teaching Kit for patients undergoing surgery for ostomy. Kits include a 'pretend stoma' and ostomy pouches, which allow the patient to simulate the experience of a stoma on the abdomen.
- Facilitation of mandatory Surgical Resident Education in Ostomy Care and Acute Wound Care, three times a year.
- Building of collaborative partnerships with the Surgical Pre-Admission Unit under the leadership of Catherine Thompson, RN, to ensure patients have adequate preparation for surgery through revision of the preoperative patient education information booklets for Bowel Surgery.
- As part of an interprofessional initiative, the ETN Team, Registered Dietitians, and RNs from the Surgical Preadmission Unit are piloting the implementation of a Nutritional Risk Screening tool for the IBD population, which will identify patients at risk so that nutritional intervention can be initiated before surgery.
- Due to the identification of a gap in the management of peristomal Pyoderma Gangrenosum in the IBD patient population, the Team is collaborating with Brenda O'Connor, Research Clinician; Dr. Cheryl Rosen and Dr. Geoff Nguyen to develop best-practice recommendations for the interdisciplinary management of this condition.

Creating a Culture of Safety

EDUQuicks - Patient Safety Education at the Bedside

EDUQuicks are quick 15-minute interactive in-services aimed at enhancing staff knowledge about specific topics or areas of focus. The goal of an EDUQuick is to increase awareness and provide on-the-spot education for clinical staff nurses to enable a common understanding of the standards of practice for patient care and safety.

EDUQuick topics arise from identification of trends among NICU patient-safety reports. In August 2009, the nursing leadership used the Plan-Do-Study-Act process to triage the safety reports, prioritize common issues and develop educational plans to roll out to all staff in the NICU. In September 2009, the Team developed the "EDUQuick" concept.

The first EDUQuick resulted from the realization that between August to October 2009, there were six critical incidents of intravenous extravasations. From October 2009 through December 2010, more than 75 per cent of the NICU staff had learned about: Peripheral Intravenous Care and Maintenance to Decrease the Incidence of Extravasation in the NICU. Since implementation of the first EDUQuick, there have been two to three safety reports completed on extravasation, with two categorized in the reporting system as "good catches".

This initiative has been successful in positively impacting patient outcomes. Successes to date include:

- As of fall 2010, the NICU had implemented three EDUQuicks entitled: (1) Peripheral IV Care and Maintenance; (2) Prostaglandin Delivery and B-Braun Pumps; and, (3) Nursing Handover – what information do we hand over during shift change?
- The safety reporting process and EDUQuicks helped identify the need for IV pump replacement across the NICU.
- The culture in the NICU has shifted to one of positivity and change. The staff value completing patient safety reports as they are now witnessing improvements and educational initiatives related to their efforts around identifying and reporting patient safety issues.

Healthy Workplace Nurse Ambassador Program

Mount Sinai Hospital is committed to providing a safe and healthy work environment where our Bright Minds and Big Hearts can thrive. Mount Sinai's Healthy Workplace Program is an example of nurses' involvement in self-governance, decision-making and the implementation of processes to address issues of concern.

The Healthy Workplace Nurse Ambassador Program incorporates occupational health and safety, a supportive work culture, and the enablement of healthy lifestyle behaviours. This program, first established in June 2009, ensures that Nursing has the opportunity to participate and engage in the selection, design and implementation of healthy workplace initiatives that meet the needs of nurses.

As such, each unit has one to two designated Nurse Ambassadors. The role of the Nurse Ambassador is to promote health and well-being, to organize and communicate health information, coordinate needs-based programs and events, and to act as a liaison for the unit by promoting programs and communicating feedback to the Ambassador group.

In 2010-2011, this group celebrated several successes:

- The implementation of unit-based Wellness Communication Boards providing a primary method of communicating Healthy Workplace initiatives to nursing staff unit-wide. The Wellness boards give staff nurses instant access to monthly healthy workplace observances and activities, in addition to self-care information and resources.
- The introduction of a Nursing Ambassador "handbook" (Fit Nurse) to be used as an informative and reflective guide for Healthy Workplace initiative planning. With support from the Fit Nurse text, Ambassadors are instrumental in determining the direction of the Nursing Ambassador program, based on collateral literature and mindful reflection.

The primary rationale for these initiatives is to enable communication and staff inclusion, providing opportunity for professional engagement in the Healthy Workplace Program.

The remainder of 2011 promises to be an exciting journey as the Nurse Ambassador Team explores other themes relevant to nursing work life, including sleep deprivation, back pain and emotional health. Opportunities for staff nurses to partner in research initiatives focused on shift work are also under investigation.

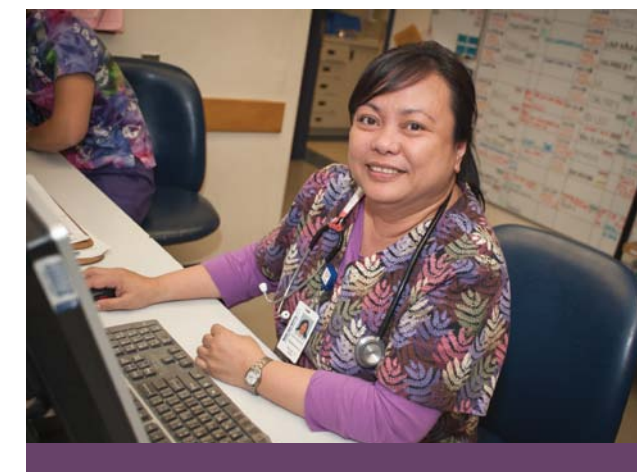
New Knowledge and Innovations

Innovation

Nursing Informatics - Bringing Innovation to the Bedside

Mount Sinai nurses integrate information and knowledge daily in their practice, research and education. Our nurses provide leadership in defining the relationship between nurses and information technology. At Mount Sinai Hospital, our goal is to have a fully integrated electronic health record (EPR) that supports the goal of clinical optimization and improves the delivery of safe patient care.

The Nursing Informatics portfolio, under the umbrella of the Chief Nursing Executive, was established to assist with the clinical adoption of technology, and to support evidence-based practice and clinical decision making. Across the Hospital, nurses are using technology regularly to document nursing care and patient assessments, to review and document medication administration, and to manage patient care using electronic orders. Nursing informatics works to support the clinical optimization of information technology initiatives and support safe patient- and-family-centered care.



Did you know? The EDUQuick initiative was selected to be included in the Ontario Hospital Association's (OHA) publication on Advancing Patient Safety through Ideas and Innovations.

Ongoing support and education for staff required using on-line ordering of all patient-care orders including medications, electronic documentation of drug administration, and clinical documentation by nurses is a key activity for the Nursing Informatics Department. Nursing informatics supports and strengthens current and future state nursing/clinical workflows that result from the introduction of new technologies. In collaboration with the Informatics Department, we are actively involved in change management, education, policy development, and timely issue identification and resolution.

At Mount Sinai, there has been tremendous growth in the area of communication and the use point-of-care technologies that support nursing practice. The iPhone was deployed for use on nine inpatient units in 2010, integrating the nurse call system and a communication device for peer to peer communication. The iPhones are also used by nurses to access evidence-based resources at the point of care.

Evidence-Based Practice

Mount Sinai Hospital Makes Strides Toward Being Baby Friendly

Very few Canadian hospitals enjoy the World Health Organization (WHO)/UNICEF-accredited Baby Friendly Designation. Mount Sinai Hospital hopes to soon be one of them. According to the Toronto Public Health Breastfeeding Report Card, based on a 2007-2008 study, the Hospital already performs at par with, or better than, other Ontario hospitals in supporting breastfeeding.

Toronto Public Health, the Ministry of Health, and the WHO have urged maternity hospitals to become "Baby Friendly and," Mount Sinai's Baby Friendly Initiative (BFI) Committee is working toward achieving each of the ten steps to breastfeeding required to gain the Baby Friendly designation.

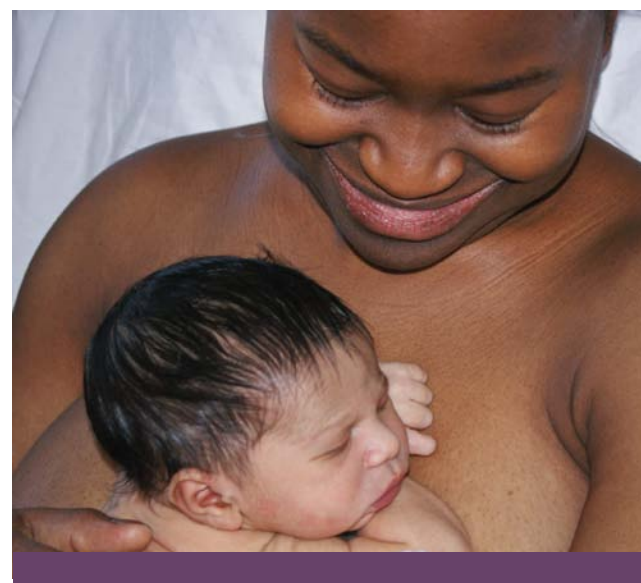
This Committee is well on its way toward this designation. It has already reviewed and revised policies related to breastfeeding; developed staff and patient education initiatives; and created a marketing and communications plan.

Breastfeeding is a measurable nursing-sensitive outcome and nurses in the Women's and Infants' (WIH) Program are supporting this initiative as well. They are not only monitoring rates, but implementing strategies to encourage breastfeeding among mothers. The skin-to-skin initiative, first introduced in 2010, is one example of how nurses are translating new knowledge to affect and improve patient outcomes — namely increases in breastfeeding rates.

To make breastfeeding even more robust, the WIH Program introduced quarterly Nursing Rounds in 2010 aimed at bringing nurses together for discussions on issues that pertain directly to nursing and nursing best practices. The Rounds present an educational opportunity to discuss data, engage staff in education, and introduce new initiatives to support the best care of the mother-infant population.

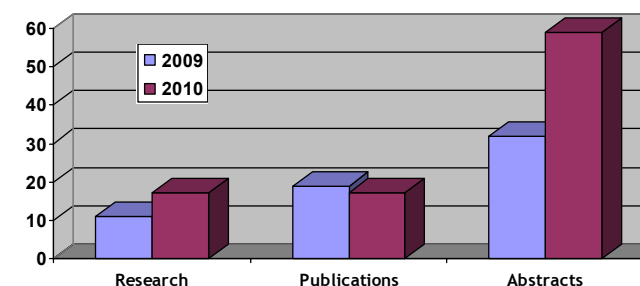
In the NICU, achieving a mother's breastfeeding goals can be challenging. To facilitate the process, the Lactation Consultant group and a "graduate" mother have designed a binder with motivating breastfeeding stories from happy moms in the pump room and parent lounge. All moms are encouraged to add their stories to that binder.

This initiative is one example of the structures and processes used at Mount Sinai to translate new knowledge into nursing practice.



Nursing Research

Mount Sinai nurses' academic productivity continues to grow. Nurses engage in research as primary investigators and team members. In 2010-2011 nurses led and took part in 17 funded research projects, had 17 peer-reviewed publications and 61 peer-reviewed abstracts accepted for presentations at local, national and international conferences.



Nursing Academic Productivity

A full listing of nurses' academic productivity is listed below. The following are some highlights from these studies:

Ground-breaking Documentary Gives Hope to Grieving Nurses

C. Jonas-Simpson; B. Pilkington; C. MacDonald; E. McMahon

A documentary presentation at the second Women's and Infants' Health Nursing Rounds in early 2011, helped spark a much-needed conversation about the hidden grief that nurses experience after caring for bereaved families. Nurses Grieve Too: Insights into Experiences with Perinatal Loss was co-produced by Mount Sinai nurse practitioner Eileen McMahon.

Having cared for many bereaved families, McMahon saw a need for research on this sensitive and seldom-discussed subject to shed light on the problem of caregiver fatigue that can result from the grief nurses experience when caring for bereaved families.

The result of a joint research initiative with nursing educational professionals at York University and Halton Healthcare Services, the film's goal is to engage clinical practitioners in the discussion of caregiver grief and support. "As caregivers we do a good job of comforting families and patients, but we need support too," said McMahon.

The film also has the potential to become an educational tool in academic and health-care organizations. During a post-screening discussion, nurses responded that they had not received adequate grief education during their nursing training or workplace orientation. Viewing the documentary

helped them acknowledge their grief and encouraged them to seek support from peers and managers. Researchers hope this proactive response to the film will also enhance nursing practice and quality of care.

The documentary is receiving recognition even beyond the walls of Mount Sinai – it has been publicized in the RNAO's "In the Loop" newsletter and was shown at the Maternal Child Nurses' Interest Group meeting in Toronto.

iCAMIRA- Improving the Patient Experience of Hospitalization.

M.A. Beduz, R. Maunder, N. Peladeau

While fear and anxiety are natural human emotions, high levels of patient stress are associated with increased morbidity and mortality, higher re-admission rates and impairment in quality of life. Changing health-care providers' behaviour to increase attention to patients' anxiety and effectively respond to anxiety, when it is recognized, should decrease patient anxiety and increase satisfaction with the quality of care provided.

To ensure all health-care providers note the mental needs of their patients, Mount Sinai Hospital began the Interprofessional Collaborative Assessment of Illness Related Anxiety (iCAMIRA) project in late 2009.

The iCAMIRA project was designed to develop, deliver, and evaluate an interprofessional educational initiative aimed at teaching health-care providers to adopt a standard approach to assessing and managing hospitalized patients' anxiety.

In early 2010, 250 Mount Sinai nurses from seven medical/surgical units participated in a two-hour, self-directed, web-based learning module, followed by a four-hour workshop with standardized patient actors displaying symptoms of anxiety. The goal of the workshop was to help nurses routinely identify symptoms of anxiety, and intervene when it was present.

Nurses participating in the workshops reported feeling more capable and motivated toward performing anxiety assessments. The effectiveness of this project has been demonstrated by a significant increase in nurses' identification and documentation of patients' anxiety in their health records. There has also been a significant improvement in patients' positive responses to satisfaction with nurses' ability to address their fears and anxieties.

Gateways II: Improving the breast cancer screening experience for women with physical disabilities - Phase 1

M.A. Beduz., L. Muraca., M.B. Seaton., J. Devaney., J. Angus., N. Barry., S. Chandani., L. McDonald., F. Odette

Women with mobility disabilities experience increased barriers to accessing cancer care screening programs. Prevailing stereotypes about disability present the greatest access barrier to cancer screening by interfering with the ability of healthcare providers to extend patient-centered care. However, little is known about what healthcare providers experience when caring for these women.

The goal of this project is to build on previous research to develop, implement, and evaluate an innovative, evidence-based educational initiative for healthcare providers to improve their communication skills and increase competencies when providing breast cancer screening for women with disabilities.

Seven focus groups were held with mammography technologists, clerical staff members, and radiologists in the Joint Department of Medical Imaging at Mount Sinai Hospital /PMH/WCH to learn about their experiences when providing care for women with disabilities. Results indicate that healthcare providers are very willing to accommodate these patients but lack knowledge about appropriate ways to do so in different clinical situations — sometimes struggling with how best to communicate with these patients and their family members/caregivers. But healthcare providers are open and eager to develop skills in best practices.

This project will result in a facilitator's guide and educational materials that may be used by other healthcare organizations offering breast cancer screening.

Research Studies Completed or in Progress

Investigators: Asomaning, Nana & Loftus, Carla (October 2010 - Present).

Project Title: The utility of the identification of seniors at risk (ISAR) tool in the Emergency Department (ED).

Investigators: Beduz, Mary Agnes., Muraca, Linda., Angus, J., Barry, N., Odette, F., Chandani, S. (March 2009 - June 2010).

Project Title: The Gateways Project II: Building capacity among health-care providers to facilitate access to breast screening for women with mobility disabilities. Canadian Breast Cancer Foundation.

Investigators: Beduz, Mary Agnes., & Muraca, Linda., N. Barry, F. Odette, S. Chandani, J. Angus, L. McDonald (2009-2112).

Project Title: Improving the breast cancer screening experience for women with physical disabilities: An educational intervention with health-care providers (Ontario Region Community-Based Research Grant).

Investigators: Doran, D., & Beduz, Mary Agnes (August, 2010).

Project Title: Evidence-based resources and the clinical decision-making process of medical/surgical nurses: A workflow analysis (NSERC).

Investigators: Gupta, Dr., MacNeill, Gail

Project Title: Web-based Diabetes Education Group Intervention for Women Living with Type 2 Diabetes Mellitus and Symptoms of Depression or Anxiety.

Investigators: Harris, C., MacEachern, K., Livshits, O., Haines, Carrie-Lynn.w, Traille, Marlene., Javanrouh Givi, Nelly, Varga, Lynn, Lapinsky, Dr. S., John, Betsy., Pulickunell, Jaya., Biglar Bigi, Zhila., Linehan, Roxanne., & Sadiq, Salima.

Project Title: ICU hand hygiene project (QI Project)

Investigators: Javanrouh Givi, Nelly., Baxter, Kristen., MacEachern, Kristen., Varga, Lynn., Traille, Marlene.

Project Title: Pressure ulcer prevention initiative (QI Project)

Investigators: Jonas-Simpson, C., Pilkington, B., MacDonald, C., & McMahon, Eileen (2011 - in progress).

Project Title: Exploring the impact of a research-based documentary on nurses' grief with nursing leaders (Nursing Leadership Network of Ontario Grant).

Investigators: Jonas-Simpson, C., Pilkington, B., MacDonald, C., & McMahon, Eileen (2009-2010).

Project Title: Exploring the impact of a research-based documentary on obstetrical and neonatal nurses' experiences of grieving: Personal and professional impact (Jointly funded by the Association of Women's Health, Obstetric & Neonatal Nurses (AWHONN); Canada Small Grants Program and the Canadian Nurses Foundation).

Investigators: Kozell, Kathryn., Frecea, Monica., Tjan Thomas, Julie., O'Connor, Brenda., Rosen, Dr., Dr. C., Nguyen, G.

Project Title: Development of best practice recommendations for the interdisciplinary management of Peristomal Pyoderma Gangrenosum.

Investigators: Kozell, Kathryn., Cepo, J., Frecea, Monica., & Tjan Thomas, Julie., Firmin, A., Poullos, V., Dillon, I.

Project Title: Implementation of nutritional risk screening for the IBD population in a Preadmission Surgical Clinic.

Investigators: Logan, Dr. A., & Fredericks, Celia

Project Title: Managing diabetes during pregnancy in the wireless age: a randomized-controlled trial of glucose telemonitoring..

Investigators: Maunder, R., Beduz, Mary Agnes., Peladeau, Nathalie (April, 2010- June 2011).

Project Title: Reliability and validity of the observer rating scale for patient anxiety in medical and surgical inpatients (HealthForceOntario).

Investigators: McCay, E. **Romano, Donna.**, Langley, J., Archie, S., Cheng, C., Conrad, G., Manchanda, R., Menezes, N., Roy, P., Tibbo, P., Beanlands, H., Dewa, C., Rose, D., Santa Mina, E., Schwind, J., Zipursky, R., **Aiello, Andria.**, Rehder, M., Gehrs, M., Robinson, K., Jeffs, L., Norman, R., Hassall, L., Fata, M. (February 2011).

Project Title: Sustaining recovery: Supporting the transition from specialized services to primary care for at-risk youth who have experienced a first episode of psychosis (Canadian Institutes of Health Research, Meeting, Planning and Dissemination, Planning Grants).

Investigators: McGeer, A., **Beduz, Mary Agnes.**, Dubrowski, A. (November 2009-June 2011).

Project Title: Building skills, changing practice: Simulator training for hand hygiene protocols (CIHR: Partnerships for Health System Improvement).

Investigators: **Opsteen, Christine.**, Qi, Y., Zinman, B., & Retnakaran, R.

Project Title: Effect of Short-term Intensive Insulin Therapy on Quality of Life and Treatment Satisfaction in Type 2 Diabetes.

Investigators: **Opsteen, Christine.**, Shah, B., Austin, P., & Retnakaran, R.

Project Title: Effect of Subsequent Pregnancies on the Risk of Developing Type 2 Diabetes in Women with a History of Gestational Diabetes.

Publications

Aiello, Andria., **Khayeri, Michelle.**, **Raja, S.**, **Peladeau, Nathalie.**, **Romano, Donna.**, Leszcz, M., Maunder, R., et al. (2011). Resilience training for hospital workers in anticipation of an influenza pandemic. *Journal of Continuing Education in the Health Professions*, 31(1), 15-20.

Baguley, Karen (2011). A quote in: *A daybook for nurse educators*. Published by: Pakieser-Reed, K (Ed.). Sigma Theta Tau International (p. 19, 91).

Dooks, Penny. (January 17, 2011). Experiences of Patients with laryngectomies as they reintegrate into their communities. *Supportive Care in Cancer*. Posted online: <http://www.springerlink.com/content/q244311305467708/>

Frecea, Monica., **Tjan-Thomas, Julie.**, & **Kozell, Kathryn.** (2011). Peristomal skin care: problems to complications. *Rehab & Community Care Medicine*. BSC Communications, Toronto (Spring).

Glaude, Louise (2011). A quote in: *A daybook for nurse educators*. Published by: Pakieser-Reed, K. Sigma Theta Tau International (p. 62).

Jonas-Simpson, C., MacDonald, C., **McMahon, Eileen.**, & Pilkington, B.F. (in press). Nurses experiences of engaging with a research-based documentary: Nurses grieve too. *Journal of the Canadian Association of Perinatal and Women's Health Nurses*.

Jonas-Simpson, C., **McMahon, Eileen.**, Watson, J., & Andrews, L. (2010). Nurses' experiences of caring for families whose babies were born still or died shortly after birth. *International Journal for Human Caring*, 14(4), 14-21.

Khayeri, Michelle., Dabu, R., **Romano, Donna.**, **Peladeau, Nathalie.**, Dalfen, A. (in progress). *Exploring the role of the inpatient mental health nurse in normalizing the post-partum experience: A post-partum mental health case analysis using an interprofessional collaborative approach*.

Kozell, Kathryn., **Frecea, Monica.**, & **Tjan, Julie.** (2010). Peristomal skin care for lifelong management. *Rehab & Community Care Medicine*. BSC Communications, Toronto (Summer).

Lee, M., **Muraca, Linda.**, Ing, G., Howlett, R., Larsh, S., Fitch, M., & Barry, N. (July 2010). *Pan-Canadian Best Practices to Engage Seldom- or Never-Screened Women in Cancer Screening*. Public Health Agency of Canada.

Locke, K.A., **Duffey-Rosenstein, Barb.**, Hariton, N., De Lio, G., Morra, D. (2009) Beyond Paging: Building a Web-Based Communication Tool for Nurses and Physicians. *Journal of General Internal Medicine*, 24 (1), 105-110

Maunder, R.G., **Peladeau, Nathalie.**, & Savage, D. (2010). The prevalence of childhood adversity among healthcare workers and its relationship to adult life events, distress and impairment. *Journal of Childhood Abuse and Neglect*, 34: 114-123.

Maunder, R.G., Lancee, W.J., Mae, R., **Vincent, Leslie.**, **Peladeau, Nathalie.**, **Beduz, Mary Agnes.**, et al. (2010). Computer-assisted resilience training to prepare health-care workers for pandemic influenza: A randomized trial of the optimal dose of training. *BMC Health Services Research*, 10(72).

Peladeau, Nathalie., **Beduz, Mary Agnes.**, Maunder, R. (2010). Facilitator's Resource Manual. *Interprofessional Collaborative Assessment and Management of Illness Related Anxiety (iCAMIRA) Project*, HealthForceOntario. ISBN: 978-0-9689679-2-8

Romano, Donna., McCay, E., Goering, P., Boydell, K., & Zipursky, R. (2010). Reshaping an Enduring Sense of Self: The Process of Recovery from a first episode of schizophrenia. *Early Intervention in Psychiatry Journal* 4(3), 243-250.

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Abstracts Accepted for Presentations and Posters

Asomaning, Nana & Loftus, Carla, Sadavoy, J., Melady, D., & Yau, A. *Improving geriatric mental health services in emergency departments: the emergency department geriatric mental health program*. Oral presentation given at National Conference on Gerontological Nursing. Mississauga, ON - June 2010.

Asomaning, Nana & van den Broek, Kate. *The evolving culture of care for geriatric patients in the Emergency Department*. Presentation given at the Nursing Leadership Conference, Canadian Nurses Association. Montreal, PQ- February 2011.

Asomaning, Nana & van den Broek, Kate. *All Roads Lead to Home: Admission Alternatives in the Emergency Department*. Geriatric Education Day, Mount Sinai Hospital, Toronto, ON June 2010.

Asomaning, Nana & van den Broek, Kate. *Evolving Care to Prevent Revolving Doors*. Oral presentation given at Nursing Innovation Institute. Mount Sinai Hospital, Toronto, ON – April 2010.

Asomaning, Nana., & **van den Broek, Kate.** *The Evolving Culture of Care for Geriatric Patients in the Emergency Department*. Oral presentation given at the 2011 Nursing Leadership Conference, Canadian Nurses Association. Montreal, PQ - February 2011.

Beduz, Mary Agnes. *Nursing Human Resources Planning for Nursing Managers*. Guest lecturer at Grand Rounds, St. Josephs Health Care London - April 13, 2010.

Beduz, Mary Agnes. *Transitions across the continuum of care for people with complex health care challenges*. Facilitator/ presentation given at Centre for Advanced Studies in Professional Practice. Lawrence S. Bloomberg Faculty of Nursing. University of Toronto - June 2-3, 2010.

Beduz, Mary Agnes. *Interprofessional Collaborative Practice: Building the Foundation*. Key note address given at Niagara Health System Interprofessional Workshop. Welland, Ontario - November 19, 2010.

Beduz, Mary Agnes. *Niagara Health System Interprofessional Advisory Committee: Leading Organizational Change*. Presentation given for Leadership and Management Program, McMaster University, Welland, Ontario - January 14, 2011.

Beduz, Mary Agnes. Extended paper Presentation: *Required Organizational Practices (ROPs): Leading Practices and Roundtable Discussion*. Accreditation: Sustaining Momentum through Qmentum, Ontario Hospital Association and Accreditation Canada, Toronto, Ontario, April 28, 2010.

Bennett, Jocelyn. *Aging at Home – A Hospital Perspective.* Oral presentation given at the Canadian Research Network for Care in the Community (CRNCC)/ Ontario Community Support Association (OCSA) symposium Whatever Happened to Aging at Home: Shifting Policy Sands in Ontario and Beyond. Toronto Ontario - October 2010.

Bennett, Jocelyn., Verschuer, Leanne., Asomaning, Nana., & Ramsden, Rebecca., Melady, D. *The Imperative to Care: Creating a Senior Friendly Hospital – Strategies for Success.* Workshop presented at the Ontario Geriatric Society 29th Annual Meeting Innovations in Aging, Transforming the future. Toronto, Ontario, April 2010.

Cleave, Barbara., Fredericks, Celia., Gorecki, Karen., MacNeill, Gail. Opsteen, Christine., & Sampson, J., Hamilton, C. Overseas Corporate Scholarship Program for Allied health Professionals: Diabetes Management. *Four week education program developed for visiting health professionals from Hong Kong.*

Cleave, Barbara. Pregnancy and the Pump. Leading the way: *Boot Camp for Experienced Certified Product Trainers.* Presentation: Medtronic Canada, May 27, 2010.

Cleave, Barbara. *Diabetes in Pregnancy.* Presentation at the University of British Columbia, Diabetes Educator Course. Oct , 2009,2010

Cleave, Barbara. *Tools and Technologies; SMBG, pumps, sensors and pattern management.* Presentation at the University of British Columbia, Diabetes Educator Course. Oct , 2009, 2010

Cleave, Barbara. *Making sense of Carelink and Sensor Augmented. Pump Therapy.* Sponsored by Medtronic Canada (for Diabetes Educators) - January 2011.

Cleave ,Barbara., Fredericks, Celia., Gorecki, Karen., MacNeill, Gail. Opsteen, Christine. and Sampson, J. CDE Prep Review Day. A one day workshop for diabetes educators preparing to write their Canadian Certified Diabetes Educator (CDE) certification exam, April 2010

Cohen, Adam. *A welcoming orientation to nursing in the emergency department.* Poster presentation accepted at the annual Workplace Integration of New Nurses - Nursing the Future Conference. Toronto, ON – December 2010.

Duffey-Rosenstein, Barb., Fedell, C., Otremba, M. (2010) So You Implemented CPOE ... Now the Real Work Begins. Cerner Health Conference, Kansas City, Missouri.

Dwyer, Catherine., McDonald, M., & Yee, S. *Oncology Sperm Banking for Fertility Cryopreservation.* Poster presentation accepted at Canadian Fertility and Andrology Society (CFAS). Vancouver, B.C. – October, 2010.

Dwyer, Cathie. *Fertility Preservation.* Oral presentation given at Malignant Hematology Day for Nurses – October 19, 2010.

Dwyer, Cathie. *Fertility Preservation Rounds.* Oral presentation given at Mount Sinai Hospital - March 1, 2010.

Dwyer, Cathie. *Fertility Preservation: “What is available?”* Oral presentation given at University health Network Radiology Nursing Rounds – January 12, 2011

Egonu, Daphnie., Goldman, Debby., Teng, J., Nelson, S., Morris, A. Evaluation of infections after a Caesarian Section: *A quality improvement in patient safety initiative.* Poster presentation accepted at University of Toronto Centre for Patient Safety Symposium 2010 - September 30, 2010.

Fabbruzzo-Cota, Christina, & Pacione, Joanne. *Nursing the Patient with Hindquarter Amputation.* Poster presentation accepted at the Canadian Orthopaedic Nurses Association, Halifax, Nova Scotia - April 2010.

Fabbruzzo-Cota, C., & Worrod, S. *Supportive Care In Sarcoma-Sarcoma Peer Support.* Oral presentation given at 3rd Annual Sarcoma Awareness Week. Toronto, ON – July 2010.

Firmin, A., Muraca, Linda., Penner, A., Pink, S., Tzianetas, R., & Goodwin, P. *Breast cancer survivors ready to take charge of their diet and physical activity: a pilot study.* Poster presentation accepted at the American Institute for Cancer Research 2010 Annual Research Conference. Washington, DC - October 21-22, 2010.

Galarza, M. *Honouring the Patient-Infant Relationship during the Perinatal and Infant Loss: A Theory of Caring to Guide Advanced Nursing Practice.* Lawrence S. Bloomberg, Faculty of Nursing Graduate Student Poster Day University of Toronto, April, 2010.

Gilmour, Alison., Harpell, G., Guest, Susan, & Macleod, Raylene. *Rounding for Outcomes.* Poster presentation accepted at the 13th National Mother Baby Nurses Conference. Savannah, Georgia - September 12-15, 2010.

Glaude, Louise., MacLeod, Raylene., Beduz, Mary Agnes., & Gilmour, Alison. *An Innovative Approach to Intergrading New Graduates into Perinatal Nursing.* Poster presentation accepted at the Workplace Integration of New Nurses, Nursing the Future (WINN-NFT) Conference. Toronto – December 2-3, 2010.

Hackett, A., & Robertson, E. *Patient and Family Centered Care in the Perioperative Setting.* Oral presentation at the 11th Biennial Provincial Conference for the Operating Room Nurses Association of Ontario (ORNAO), April 2010.

Harris, Cynthia J.; Livshits, Olga; **Ramganes, Steve;** MacEachern, Kristen; Traill, John; Burry, Lisa; **Varga, Lynn;** & Lapinsky, Stephen. *Success of a Customized Ventilator Associated Pneumonia (VAP) Bundle.* Critical Care Canada Forum. Toronto - November 7-10 2010

Harris, Cynthia J., Livshits, Olga., **Ramganes, Steve.,** MacEachern, K., Traill, J., Burry, L., **Varga, Lynn.,** & Lapinsky, S. *Success of a Customized Ventilator Associated Pneumonia (VAP) Bundle.* Mount Sinai Interprofessional Best Practices and Research Day, March 28 2010

Hucalac, Danielle., Abcede, Patricia., Sher Ali, Anila., Khayeri, Michelle., Romano, Donna., Fernandez, V., Flak, E. *Providing Medically Complex Care in an Acute Inpatient Mental Health Setting: What Are the Benefits; What Are the Safety Risks.* Poster presentation accepted at the Ontario Hospital Association Mental Health and Safety Conference - September 2010.

James J, Hamilton C, & **Opsteen, Christine.** How partnering with allied health professionals can make is easier for you to manage Diabetes. University of Toronto Diabetes and Endocrinology. Update delivered to Family Physicians, 2010.

James, J., **Gorecki, Karen., & Opsteen, Christine.** *SWEET Talk: Success with Expectations, Emotions & Thoughts: Coping Skills Training to enhance effective self-care in the young adult population with Type 1 diabetes.* Oral presentation given at Lawson Foundation Annual Diabetes Conference. Edmonton, AB - October, 2010.

Khayeri, Michelle., Romano, Donna., & Flak, D.. *The Interface of IPE/IPC/PFCC on Inpatient Psychiatry.* Oral presentation given at Ontario Shores Grand Rounds.

Khayeri, Michelle., Hucalac, Danielle., Romano, Donna., Abcede, Patricia., Mofiq Sher Ali, Anila., Eldred Flak, Virginia Fernandes. Poster Presentation: *Providing Medically Complex Care in an Acute Mental Health Inpatient Setting: What are the Benefits? What are the Challenges?* Patient Safety and Mental Health: Meeting Unmet Needs, Ensuring Patient and Client Safety September 23, 2010 - September 24, 2010.

Khayeri, Michelle., Romano, Donna., Flak, E., Detwiler, L., Shulman, A., & Johnston, N Oral Presentation PS3e: *Patient and Family Centered Care: Moving it forward for an Urban Acute Care Inpatient Psychiatry Unit.* Canadian Psychiatric Association 60th Annual Conference, September 23-26, 2010. The Westin Harbour Castle, Toronto Ontario, Dockside 5, September 23, 2010

Lalani, N., Urowitz, S., Chafranskaia A., Clark, A., Haines, S., **Muraca, Linda.,** & Nyhof-Young J, Wiljer, D. *The Impact of Education Level on Patient Satisfaction of a Healthy Weight Educational Pamphlet for Breast Cancer Survivors: A Resource Development Project.* Poster presentation accepted at the Cancer Survivorship Conference. Washington, DC - June 17 – 19, 2010.

Lalonde, Michelle., McGillis-Hall, L., Doran, D., & Côté, S. *Preceptors' Emotional Intelligence and the Socialization of new Graduate Nurses: Results of a Pilot Study.* Workplace Integration of New Nurses (WINN) – Nursing the Future (NTF). Partnerships, Transitions and Opportunities: Elevating Nursing Practice. Toronto, Ontario

MacNeill, Gail. *The CDE Chat Room: A Model for Collaborative.* Poster presentation at the Canadian Diabetes Association annual conference. Edmonton, AB - October 2010.

McMahon, Eileen. *Evidence-based preventative care.* Oral Presentation given at the Annual Nurse Practitioners' Association of Ontario Conference. Toronto, ON - November, 2010.

Meadwell, Karen., Morris, J., Brandeis, E., McLaughlin, F., & Seaward, G. *Lunchtime panel discussion. 7th Annual Obstetrical malpractice: A Survival Guide for 2011.* Oral presentation given at the University of Toronto – January 15, 2011.

Mohammed, Salena., & Narcisco, Janet. “EduQuicks” – *Patient Safety education at the Bedside.* Poster accepted at Ontario Hospital Association – Advancing Patient Safety through Ideas and innovations Conference. Toronto – September 30, 2010.

Muraca, Linda, Clark, A., Woodhead, T., & Goodwin, P. *Wellness Program: Taking Charge.* Oral Presentation given at the Toronto Breast Cancer Symposium 2010. Toronto, Ontario - June 17-18, 2010.

Opsteen, Christine, Qi, Y., Zinman, B., & Retnakaran, R. *Effect of Short-term Intensive Insulin Therapy on Quality of Life and Treatment Satisfaction in Type 2 Diabetes.* Canadian Diabetes Association/Canadian Society of Endocrinology and Metabolism Professional Conference and Annual Meeting, October 2010, Edmonton.

Opsteen, Christine, Shah B, Austin P, & Retnakaran R. *Effect of Subsequent Pregnancies on the Risk of Developing Type 2 Diabetes in Women with a History of Gestational Diabetes.* American Diabetes Association: 70th Scientific Sessions Conference, June 2010, Orlando, FL.

Petch, J., **Lalonde, Michelle,** Sachs, J., Rivard, S., Longpre, T., & Ghosh, H. *Diverse Inclusive Governance: The ‘DIG’ Approach to Canadian Aboriginal Health Care.* Canadian Association of Health Services and Policy Research Conference. Toronto, Ontario - May 10-13, 2010.

Ramsden, Rebecca, Verscheure, Leanne, & Bennett, Jocelyn. *Interprofessional Network for Geriatric Care.* Poster presentation accepted at the IPE Ontario Conference - Interprofessional Health Collaborative. Toronto Ontario - January 2011.

Romano, Donna., & Khayeri, Michelle. *Implementing PFCC Initiatives from a Nursing Leadership Perspective.* Oral presentation given at Mount Sinai Hospital. Nursing Innovation Institute - May 2010.

Romano, D, & Flak, E. *Implementing an Interprofessional Education Student Pilot Placement on Inpatient Psychiatry: Lessons learned.* Canadian Psychiatric Association, 60th Annual Conference (2010).

Romano, Donna, *Reshaping an Enduring Sense of Self: The Process of Recovery from a First Episode of Schizophrenia.* Oral presentation given at the Toronto Early Intervention in Psychosis Network (2010).

Tone, Jody, Renwick, J. & Bennett, Jocelyn. *Standardizing Nursing Shift Handover.* Scientific poster presentation at Canadian Healthcare Safety Symposium. Recipient of the Scientific Poster Award – Best Poster. Halifax, NS - October 2010.

Tone, Jody, Renwick, J. & Bennett, Jocelyn. (2010). *Nursing Shift Handover.* Scientific poster presentation at The University of Toronto Patient Safety Symposium. September 2010.

Verscheure, L., & MacKey, D. *Stop smoking for safer surgery.* Poster accepted at Ontario Hospital Association – Advancing Patient Safety through Ideas and innovations Conference. Toronto - 2010.

Vornicu, Constantina., Bishev, Dennis., Ramganes, Steve., & Varga, Lynn. *Strategies for Implementation of Delirium Screening into Clinical Practice in the Intensive Care Unit.* Presentation given at RNAO Conference: Knowledge, the Power of Nursing: Celebrating Best Practice Guidelines and Clinical Leadership. Toronto - October 20th, 2010.

Nursing Honours and Awards

Nursing Awards

Preceptor Award

Christie Tait	Emergency Department
Paul Shahroch-Shahi	Operating Room
Sandy Moore	NICU
Laura Barrow	7th level
Laura Handley	7th level
Cecilia Nash	Labour and Delivery
Abeba Andemichael	Labour and Delivery
Barbara Richards-Michael	Labour and Delivery
Milena Piaseten	11 North
Deokie Jahoor	11 North
Judith Bailey	12 South
Deanne Johnson	12 South
Jennifer Bortolussi	12 south
Gyabaah Yeboah	14 south
Madelyn Perea	16 North
Karen Donaldson	17 North
Eliza Salvador	17 North
Cheryl Joy Simpson	17 North
Anita Park	17 South
Amanda Uhrig	17 South

Education Award

Rita Chin	7 South
Sarah West	11 South
Donna Robichaud	16 North
Daisy Ho	16 North
Nelly Javanrough Givi	ICU
Elizabeth Villaruel	ICU
Leanne Verscheure	Nursing Administration
Monica Frecea	Nursing Administration
Julie Tjan	Nursing Administration

Informatics Award

Tanya Parris	7th level
Lise Pho	7th level
Rita Chin	7th level
Meghan Henderson	7th level
Sylva Leigh	Labour and Delivery
Sue MacLean	Labour and Delivery
Shanaz Fouladian	Labour and Delivery
Edith Fanugao	Labour and Delivery
Helen Hogan	Labour and Delivery
Ioana Crisan	Labour and Delivery
Shermaine Peters	10th level
Evelyn Maisel	10th level
Sarah-Jane Hanlon	10th level
Sandra Fernandes	10th level
Ruth Jehlicka	10th level
Natalie Patterson	10th level
Leyla Sheik-Nuur	10th level
Rebecca Semeniuk	11 North
Ruwan Tilakaratna	14 North
Sally Buquid	16 North

Antonella Rossi-Paskos	16 North
Almera Sardua	17 North
Lynn Sharples	Nursing Administration

Research Award

Sue Yee	Preadmission Unit
Susanne Loay	17 South
Ann Vo	17 South
Nely Amaral	NICU
14 North Unit	Nursing Practice Council
Eileen McMahan	Nursing Administration - CFRH
Jody Tone	Nursing Administration
Nathalie Peladeau	Nursing Administration
Mary Agnes Beduz	Nursing Administration

Leadership Award

Josie Villamil	Emergency Department
Natalie Sakin	PACU
Theresa Murray	PAU
Erin Robertson	Operating Room
Irene Wright	NICU
Jessica Cassar	10th level
Felor Khojastehkhou	11 North
Francisca Bempong	11 North
Shanon Bunagan	12 South
Kuntie Tannasse	14 South
Vicky Chu	14 South
Susan Axelrad	14 South
Katalin Pere	16 North
Karen Ho	17 North
Giuliana Vertolli	17 North
Fred Dykstra	17 South
Vicki Bowden	17 South
Dina Da Rosa	Nursing Administration
Rebecca Ramsden	Nursing Administration
Jean Levy	Nursing Administration
Jacque Wright	Nursing Administration
Kathy Daigle	Special Pregnancy Program

Clinical Practice Award

Natalie Speirs	Emergency Department
Sally Samoojh	Operating Room
Dawn Emmerson	PAU
PACU and Operating Room Staff	
Krista Black	7th level
Pauline Blankenfeldt	7th level
Zixi Huang	11 North
Cheryl Manson	11 North
Sue Tsushima-Mayerhoffer	11 South
Jaelyn Ricci	11 South
Carina Cortez	12 South
Sarah Fundanga	12 South
Shelley Littler	14 South
Maxine Buchner	14 South

Eileen Herrington	14 South
Biriket Negasy	16 North
William Mundle	17 North
Angella Dickenson	17 North
Karen Collier	17 North
Maria Pacheco	17 North
Julie Ong	17 South
Judy Tessler	ICU
Bridgette Dipnarine	ICU
Nana Asomaning	Nursing Administration
Carla Loftus	Nursing Administration

G.P. Turner Best Practice Award

1st Place - The Development of an Educational Program to support introduction of new graduates to the Women and Infants' Health Program: Louise Glaude, Raylene Macleod, Adrienne Erickson, Daphnie Egonu

2nd Place - The Development of a Process to Streamline Pre-operative Diagnostic Screening: Pre-Admit Unit Staff

3rd Place - Releasing Time to Care: Staff of 17 North

Nursing Scholarships

Debra Hodgins Nursing Educations Scholarship

Mary Galarza NICU
Monica Frecea 14 South

Frank Gerstein Scholarship

Melissa Mason 11 North
Katalin Pere 16 North
Oyin Talabi 17 South
Jessica Larratt-Smith Emergency Department
Judy Fleming Nursing Informatics

Helen Evans Nursing Education Scholarship

Helen Manohararaj Emergency Department

Morris Gross Nursing Clinical Practice Scholarship

Jaelyn Ricci 11 South

Rose Torno Nursing Scholarship

Allison Millen NICU
Polly Florius 9 South

Wolf and Esther Goldstein Scholarship for Nurses

Joe Bullan 11 South
Gift Ogbogu 14 North
Dagmara Kolodziejczyk 14 North
Cara Russon 17 South

Honouring Nursing Leaders

Lawrence S. Bloomberg Faculty of Nursing Award of Distinction

Mary-Agnes Beduz, Director of Nursing Education and Development, was honoured with the Lawrence S. Bloomberg Faculty of Nursing Award of Distinction by the Distinguished Alumni Awards Selection Committee on May 29.

According to the selection committee Mary-Agnes Beduz embodies all that defines a true nurse leader. "She has not only made important contributions to health care and the nursing profession, but also made significant contributions to the community, establishing herself as a mentor and advocate for the profession."

President's Award Canadian Association for Enterostomal Therapy

Kathryn Kozell was honoured with the President's Award from the Canadian Association of Enterostomal Therapy in recognition of her contribution and leadership. Kathryn was recognized as an inspirational leader who has the capacity to create a shared vision for nursing excellence in the field of Enterostomal Therapy Nursing (ETN).

As President, Kathryn strengthened the position of the Canadian Association for Enterostomal Therapy (CAET) by facilitating a complete organizational restructuring to improve programs and policies. She played a critical role in the CNA certification process, worked tirelessly to upgrade the CAET Distance Education Program and advocated for professional recognition of ETN as a Certified Specialty Group within CNA. Kathryn is an exemplary nursing leader who has positioned CAET and Enterostomal Therapy Nursing well for the future.

University of Toronto Award of Merit for Outstanding Role Modeling of Interprofessional Collaboration for Patient-Centred Care to Learners

Mount Sinai Hospital's Inpatient Psychiatry Team has received special recognition, winning the "2009-2010 Centre for IPE, University of Toronto Award of Merit for an Outstanding Team that Role Models Inter-professional Collaboration for Patient-Centered Care to Learners."

Mount Sinai's IPE program is dedicated to teaching health-care students how to collaborate effectively with colleagues. Students attend seminars and learn from and with peers in practical patient-care settings.

The IPE placement program places students in a hospital department for four to five weeks. When it initially started in 2009, the program was limited to the Psychiatry Department. It has now been extended to General Medicine, and Labour and Delivery.

The award was accepted by Dr. Eldred Flak and IPE coordinator Donna Romano, RN, PhD. According to Donna, "Ultimately, teams that collaborate and communicate effectively also influence and impact the quality of patient care."



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