It is a great time to be a nurse at the New York Eye and Ear Infirmary of Mount Sinai (NYEE) as we honor our past and envision our future in nursing. As we celebrate our 200th year during the “Year of the Nurse”, we are proud to recognize the contributions our nurses make to the quality and safety of the care we provide. Our nurses are committed to providing patient-centered and culturally sensitive care utilizing evidence-based practices. As evidenced by our high-quality outcomes and our third Magnet® designation, we continue to maintain the highest standard of excellence for nursing care. I am honored to work among the excellent nurses that we have at NYEE who impact our community and deliver exceptional nursing care.

As we celebrate this bicentennial year, we will continue to encourage professional development by supporting professional education and nursing certification to make sure that our nurses are prepared for whatever they may encounter. This year, more than ever, we have realized the power of nursing and its integral role in health care. While dealing with COVID-19 and beyond, let us continue to focus on our mission and vision, delivering excellent outcomes and our steadfast dedication to the advancement of the nursing profession.

I would like to thank each of you for your passion for nursing and for the compassion you show our patients and their families.

Sincerely,

Christine D. Mahoney
CHRISTINE MAHONEY
RN, MS, AGACNP-BC, CCRN
Senior Vice President
Patient Care Services and
Chief Nursing Officer
Mount Sinai Downtown

GREETINGS
Dear Colleagues,

As the Vice President for Patient Care Services at the New York Eye and Ear Infirmary of Mount Sinai, I am honored to present the 2020 Nursing Annual Report. This report is a true testament to the many amazing accomplishments our nursing department has made not only this year, but over the last 200 years.

Last year we celebrated our third consecutive Magnet® designation, demonstrating how hard each of you work every day to provide the highest-quality care for our patients and community. Your commitment to our culture of excellence is highlighted throughout this report. From the presentations and publications that enhance our patient care to advanced education and initiatives supporting growth, it is evident that our staff embodies the highest standard of nursing excellence.

I want to thank all of you for the life-changing work you do each and every day at NYEE. From your improvements to day-to-day care operations to empowering each other to make decisions for the comfort of our patients, the work you do is making a difference. I am sure that the dedicated nurses that came before you and paved the way for the NYEE of today would be proud of your accomplishments.

MARGARET MORALES
MA, APRN, ACNS, NEA-BC
Vice President
Patient Care Services
New York Eye and Ear Infirmary of Mount Sinai

To My Colleagues,

This past year we have made great strides as an organization, providing exemplary professional practice, publishing research studies that were recognized by the ANCC and putting initiatives into place that support the best outcomes of care. None of these achievements would have been possible without your hard work and dedication.

This year your commitment to providing relationship-centered care, aligned with our care delivery model, led to new processes that improved the care our patients continue to receive. Participating in initiatives like Purposeful Hourly Rounding in ambulatory surgical environments and utilizing resources to optimize the care you provide are just two examples of the many ways you each make a difference at NYEE.

Thank you for leading our organization to even greater heights in your work each day. We couldn’t provide the excellent care we do without you.

CINDY GIRDUSKY
RN, CNOR, MPA, RNFA
Vice President
Perioperative Services
Mount Sinai Downtown
QUALITY & PERFORMANCE IMPROVEMENT

The New York Eye and Ear Infirmary of Mount Sinai Patient Care Services Department is extremely proud of the exemplary nursing practice, scholarship and commitment to quality care exhibited by nursing staff and leadership as evidenced by our third ANCC Magnet designation. We’re also grateful for the collegiality, cooperation and support of NYEE leadership, physicians and ancillary services throughout this journey.

3

Exemplary Professional Practice

Examples

identified during Magnet designation highlighting NYEE’s performance excellence

1. ZERO INCIDENTS OF CAUTI

as reported for eight consecutive quarters; outperformed national mean

Catheter-Associated Urinary Tract Infections (CAUTI) per 1,000 Catheter Days

- NYEE Unit
- NDNQI All Hospital Means
2. **ZERO HAPU**  
as reported for eight consecutive quarters; outperformed national mean

**Percent of Surveyed Patients with Hospital-Acquired Pressure Injuries Stage 2 and Above**

- NYEE Unit
- NDNQI All Hospital Means

3. **ZERO INPATIENT FALLS**  
as reported for eight consecutive quarters; outperformed national mean

**Injury Falls per 1,000 Patient Days**

- NYEE Unit
- NDNQI All Hospital Means
Improvement in Patient Experience for All Patients with Respect to Transgender and Nonbinary Gender Patient Population Needs

NYEE serves a diverse population of patients in New York City. In 2017, to meet the needs of the LGBTQ patient population and satisfy the desire to treat all patients with dignity and respect, the hospital identified the need to allow patients an opportunity to provide additional information on their gender identity. Expanding patient identifiers for inpatient admissions and outpatient visits to include patient’s preferred name and pronoun was implemented at time of registration. Despite these positive and inclusive measures, the Electronic Medical Record (EMR) at NYEE could not support identification of gender fluid patients within the registration demographics. This rigid binary (M/F) gender identification that could not be linked to expanded gender identity information had clinical implications downstream. This fragmented and inaccurate gender information also created the potential for patient and staff discomfort when discussing their physical and cultural needs and care. Without accurate gender identity information available in the EMR, clinical nurses found it challenging to accurately obtain health history and assess patient needs respectfully and compassionately.

With increased understanding of the psycho-social and clinical challenges faced by non-binary patients, NYEE nurses made it our goal to increase awareness through our commitment to treat all patients with dignity and respect.
Putting Together the Team

Barbara Straub, MSN, RN-BC Director of Nursing IT and Magnet, was supportive of the clinical nurses creating a team to develop documentation in the clinical EMR. Theodora (Dee) Morabe, BSN, RN, was elected to co-lead the group with Derrick Tan, BSN, RN, Ambulatory Care Specialist in the IT Department. Dee and Derrick met with clinical nurses in the perioperative units to understand their concerns and typical issues encountered when dealing with patients and families.

Armed with ideas from the information-gathering sessions, Derrick began to build fields in the EMR test system while clinical nurse participants performed QA. With the help of Ryan Acero-Bagayu, BSN, RN, 2nd Floor OR Clinical Nurse and Teresa DeJesus, BSN, RN, PACU Clinical Nurse, they identified information necessary for lab values, as well as the potential needs of patients who are sedated and unable to communicate their preferences to staff. This resulted in additional rules and alerts that provide information to the lab as well as guidelines for listing patient preferences on the pre-op and surgical safety checklists.

Testing and Education

Once fields and rules were developed, members of the team went through a test QA process. An overall review of the changes in the EMR was done, including, where to locate patient preferences that were created for all EMR users and specific instructions dependent on user-specific access and use; for example, admit nurses vs OR nurses. Additionally, the Nursing Education and Patient Experience departments created and rolled out LGBTQ sensitivity training to support staff education and complemented the training with the rollout of the EMR changes.

The Results

In May 2017, patients responding “Always” to nurses treating them with courtesy and respect increased from 66.7% to 100%.
Since 2009, the NYEE has committed to embracing a Magnet Nursing Culture for the Patient Care, Nursing and Organizational structure. The NYEE’s supportive practice setting, proactive investment in educating our workforce and nurturing practice environment have led to improved patient outcomes, nursing outcomes and organizational outcomes.

In 2019, the Commission on Magnet Program Recognition unanimously voted to grant the New York Eye and Ear Infirmary of Mount Sinai Magnet Status for the third consecutive time.

To earn Magnet designation, hospitals must meet stringent standards for quality, patient care, nursing excellence and innovation in professional nursing. Redesignation is an even more rigorous process, requiring a center to provide evidence that Magnet standards have been both met and exceeded during the four-year period since the last designation.
OUR FIGHT AGAINST COVID-19

The novel coronavirus (COVID-19) crisis will undoubtedly make its mark in the history of our organization, as well as in many others. As we look to the future we want to commemorate NYEE’s response to COVID-19 and the sacrifices you make each day to help heal our community.

Honoring You

We have experienced daily outpourings of love from our community throughout this crisis. Donations of food and supplies, letters of thanks, a nightly citywide round of applause and many more displays of support have been sent our way during these trying times. These acts of appreciation are a testament to the grace and courage you have shown your patients daily.

Supporting You

Throughout the COVID-19 crisis, the staff of Mount Sinai Behavioral Health offered outpatient telepsychiatry and telephonic visits for Mount Sinai Health System employees. Their broad expertise in depression, anxiety, trauma and complex psychiatric illnesses was and is aimed at helping you continue to take care of yourselves, so that you can continue to focus on your incredible work.

This celebration provides all of us with the opportunity to recognize and honor the contributions of countless dedicated physicians, scientists, trainees, researchers, administrators, nurses, staff and benefactors who paved the way for NYEE to flourish over the past two centuries.

1820
America’s first specialty hospital is founded by surgeons Edward Delafield and John Kearny Rodgers to meet the eye-care needs of the poor.

1856
The New York Eye Infirmary moves to its permanent home at 2nd Avenue and East 13th St.

1864
Renamed New York Eye and Ear Infirmary.

1890
New York Eye and Ear Infirmary School of Ophthalmology and Otolaryngology is officially recognized.

1899
NYEE Post-Graduate School for Nurses is created.

1918
NYEE treats more than one million patients.
1935
NYEE establishes the first School of Orthoptics in the U.S.

1948
NYEE receives A+ ranking for residency training in the U.S. from The American Board of Ophthalmology

1970
NYEE celebrates 150 years of service

1992
NYEE opens New York City’s first pediatric glaucoma clinic

2009
1st Magnet Designation

2014
2nd Magnet Designation

2017
Nursing leadership volunteers in response to Hurricane Maria in Puerto Rico, providing care to 1,700 patients

2019
3rd Magnet Designation

2020
NYEE is the oldest specialty hospital of its kind in the western hemisphere and the third-oldest hospital in New York City

NYEE nurses respond to the COVID-19 pandemic
CERTIFIED NURSES

2ND FLOOR OR
Dianne Ancheta, MSN, RN, CNOR
Lucilfa Ancheta, BSN, RN, CNOR
Grace Angway-Ranesis, BSN, RN, CNOR
Marina Dico-Maravilla, BSN, RN, CNOR
Lianne Garcia, BSN, RN, CNOR
Kira Hazan, BSN, RN, CNOR
Liza Nadela, BSN, RN, CNOR
Jung Oh, BSN, RN, CNOR
Lucil Petallar, BSN, RN, CNOR
Anthony Salarda, BSN, RN, CNOR
Victor Zarate, BSN, RN, CNOR

4TH FLOOR OR
Elena Estorque, BSN, RN, CNOR
Bernadette Maliwat, BSN, RN, CNOR
Sooghee Woo, BSN, RN, CNOR

5TH FLOOR ASU
Kester Antiquina, BSN, RN-BC
Arlene Antolin, BSN, RN, CRNO
Erin Campbell, BSN, RN-BC
Dolores Campos, BSN, RN, CRNO
Esther Cruz, BSN, RN-BC

7TH FLOOR IN-PATIENT
Courtney Peloso, MSN, RN, CMSRN

9TH FLOOR PEDIATRICS
Jina Bang, MSN, RN, CPN
Alan Yap, BSN, RN, CRNO

ADVANCED PRACTICE REGISTERED NURSES
Brooke Atherton, MSN, RN, FNP-BC
Hanna Chapman, MFNP
Jeff Day, DNP, AGPCNP-BC, CNEcl
Andrea Feghali, MSN, RN, ANP-BC
Andrea Lundy, MSN, RN, FNP-BC
Soralda Polanco, APRN
Rebecca Poleshuck, FNP-BC, CWOCN
Jennifer Riviere, MSN, ANP-BC
Cristina Sumilang, DNP-S, MSN, FNP-BC, RN-BC
Lara Trevino, MSN, NP-C
Michael Willis, DNP, RN, CWON, ANP-C
AMBULATORY CARE CLINICS
Iveta Gajdosova, RN, CRNO
Darwin Recentes, BSN, RN-BC
Maria Roque, BSN, RN-BC
Shanice Smith, BSN, RN-BC
Kamille Vega-Bryan, RN-BC

INFORMATION TECHNOLOGY
Derrick Tan, BSN, RN-BC

PACU
Elenita Alfonso, BSN, RN, CCRN
Josephine Estimada, BSN, RN, CPAN
Roberto Javier, MS, RN, AGPCNP, NP-C
Amandeep Kaur, BSN, RN, CPAN
Luis Malaca, BSN, RN, CCRN
Edmundo Manalastas, BSN, RN, CCRN

NURSING ADMINISTRATION
Pam Bhagwandin, RN, CRNO
Courtney DiStefano, MSN, RN, PCCN
Luigi Estrera, MBA, BSN, RN, CNOR
Vanesa Flaviano, MSN, RN-BC
Rick Garcia, PhD, RN, CCM, FAAOHN
Cynthia Girdusky, RN, CNOR, MPA, RNFA
Min Jeon, RN, CRNO, MBA
Polina Kutsy, MSN, RN, NE-BC
Christine Mahoney, MSN, RN, AGACNP-BC, NEA-BC, CCRN
Michele Miller, BSN, RN, CNOR
Margaret Morales, MA, APRN, ACNS, NEA-BC
Irene Odonkor, MSN, MPA, RN, BMTCN, NEA-BC
Cathy Pannone, BSN, RN, NE-BC
Janine Pizzimenti, MSN, RN, NE-BC
Johanna Sica, MSN, RN, CEN
Barbara Straub, MSN, RN-BC
Romeo Victoriano, BSN, RN
Andrew Wuthrich, MSN, RN, ONC, NE-BC
Mandy Zhao, BSN, RN-BC
PROJECTS, POSTERS & PUBLICATIONS

One of our values at NYEE is to advance knowledge and treatment within our areas of specialty and to enhance patient care through that scientific advancement. We are proud of the strides our staff takes every year to make groundbreaking discoveries and promote learning and growth.

PROFESSIONAL PRESENTATIONS: PATIENT CARE SERVICES

Post-Operative Care in Gender Affirmation Surgery: Multi/Inter-Disciplinary Approach
Conference
USPATH Scientific Symposium
Washington, DC
September 4–8, 2019
Authors
Sangyoon Jason Shin DO
John Pang, MD
Yiwei Ling, PA
Polina Kutsy MSN, RN, B-C
Linda Tiersten LCSW, CCM
Meredith Price MS, RD, CDN
Rabbi Jo Hirschmann BCC, ACPE

Jess Ting, MD
Bella Avanessian, MD
Joshua Safer MD, FACP, FACE
Barbara Barnett, MD, MHCD, FACEP

Nurses Mitigate Workplace Violence: A Triple Aim Approach
Conference
ANCC National Magnet Conference
Orlando, Florida
October 2019
Authors
Lydia Lopez MPA, RN, NEA-BC
Margaret Morales MA, ACNS, RN, NEA-BC

EMR Changes to Support Individuals That Identify as Non-Binary
Conference
ANCC National Magnet Conference
Orlando, Florida
October 2019
Author
Barbara Straub MSN, RN-BC

Care of the Patient Undergoing Gender Affirmation Surgery: An Inter-Professional Approach
Conference
Nursing Education Conference
Edinburgh, Scotland
September 2019
Authors
Margaret Morales MA, ACNS, RN, NEA-BC
Jo Hirschmann BCC, ACPE
Rose Otero MSN, RN-BC
NURSING RESEARCH STUDIES RECOGNIZED BY THE ANCC

Teamwork & Communication in the Operating Room
Authors
Christina Walker
BSN, RN, CNOR
Bernadete Maiiwat
BSN, CNOR
Lucil Adoba
BSN, RN

Effectiveness of Peppermint Oil Aromatherapy for Relief of Post-Operative Nausea and Vomiting
Author
Courtney Peloso
BSN, RN-BC

A Retrospective Study of the Revision Rate of Tympanomastoidectomy Due to Cholesteatoma at NYEE for the Year 2017
Author
Maria Roque
BSN, RN
In January, a small group of registered nurses met to develop an outline for a new shared governance structure to streamline the decision-making process. This spring, NYEE relaunched two shared governance councils: the Evidence-Based Practice Council (EBPC) and the Quality-Informatics Council (QIC). Both councils will be overseen by NYEE’s third council, the Nursing Coordination Council (NCC).

This redesign of our Shared Governance model was created to elevate nurses’ voices, drive decision-making at the point-of-care and deliver efficient and effective systems. In 2020, we aspire to obtain Shared-Decision-Making certification.

Our goal is to engage and empower our clinical nurses to participate in decision-making that improves patient care and addresses issues such as clinical practice standards, quality improvement, professional development and research. These councils ensure nurses can make meaningful changes on behalf of their patients.

Council members seek to use the shared governance experience as well as professional relationships, evidence-based practice, research opportunities and technology to improve the engagement and experience of health care professionals at NYEE.

The professional organization NYSNA, representing clinical nurses at NYEE, meets regularly with nursing leadership to discuss nursing practice issues and contributes to the shared decision-making process at NYEE.
Our Nurses Adhere to the Highest Standards

We are committed to delivering safe and consistent patient care that is aligned with the highest practice standards. As part of that continuous endeavor, we are proud to have achieved our previously established goal of 80% of our clinical nurses possessing at least a baccalaureate degree. Our new goal is to not only sustain that number, but surpass it.

Each quarter, members of the Nursing Quality Council meet to evaluate our current clinical practice, monitor the outcome of care processes and identify areas of improvement to advance the quality of health care. They also monitor BSN and certification rates to ensure the Nursing Department continues to meet its educational goals and brainstorm methods for improving the trend.

To boost these numbers, we’ve made earning a bachelor’s degree a requirement for all nurses. To support the professional development of our staff, we offer tuition reimbursement to reduce the financial burden of continuing education. Nurse managers have also committed to flexible shift scheduling to meet the needs of our nurses.
Our Care Delivery Model

Modified Primary Nursing is the foundation of our Professional Practice Model. Our Care Delivery Model promotes continuous, consistent, efficient and accountable delivery of nursing care based on safety, quality and regulatory considerations. In addition, the Care Delivery Model describes the planning and delivery of care, skill sets required, context of care and expected outcomes of care.

The American Nurses Association Standards of Professional Nursing Practice and Professional Nursing Performance (ANA, 2015) and the NYEE Nursing Philosophy provide additional dimensions of practice that we have incorporated into our Care Delivery Model, inclusive of Structure, Process and Outcome components of care delivery.

Assigning Nurses Based on Patient Needs

At NYEE, nurse staffing is determined by assessing time needed to care for patients based on the individual needs and complexity of specific patient populations on our inpatient unit.

Nurse staffing in Ambulatory Surgery requires a critical look at the number of scheduled cases, procedure types and population range. Clinical nurses in these areas may be assigned or reassigned to pre- and post-op areas to provide equitable, quality care supporting safe perioperative throughput. Ambulatory Care clinical nurse staffing is based on scheduled outpatient volume to support management of scheduled outpatients and triage of walk-in clients to optimize visit throughput and resource utilization.

Partnering in AM Leadership Huddle

Each morning, nurse managers and nurse leaders join with senior leadership and department heads to review admissions, ambulatory surgery and ambulatory care clinic volumes. During this meeting, they work to identify staffing and resource availability as well as pinpoint any potential issues. This meeting serves as a collegial forum to identify and mitigate risk at the start of the day; issues are then addressed in real time. The nurse managers solicit feedback from clinical nurses to help inform discussions around patient volume, additional resources, and their allocation to meet patients’ needs. In a primarily ambulatory setting, unique patient needs require ongoing vigilance and strong communication systems.

The Care Delivery system promotes interdisciplinary communication and support to provide patients and families with optimal care in a fast-paced, high-volume environment. To best support family-centered care, assignments may be shifted to provide added resources to units based on expressed needs.
Care Delivery Model Modified Primary Nursing

TENETS OF MODIFIED PRIMARY NURSING
Nurse-Patient Relationship
Accountability
Autonomy
Continuity
Collaboration

STRUCTURE DIMENSIONS
Positive Practice Environment
Scope of Practice
Certification
ANA Social Policy Statement
ANA Code of Ethics
NY State Nurse Practice Act
NYEE Institutional Policies & Procedures

PROCESS DIMENSIONS
Assessment
Diagnosis
Outcomes
Planning
Implementation
Evaluation

OUTCOME DIMENSIONS
Quality
Safety
Evidence

NYEE NURSING PHILOSOPHY

Partnering During Rounding and Handoff

On the inpatient unit, bedside shift report ensures the safe handoff of the plan of care between clinical nurses. Positive engagement with patients and families is enhanced by including them in handoff activity. Purposeful Hourly Rounding (PHR) further enhances patient/family participation in care as nurses proactively engage in frequent, routine inquiries regarding any pain or discomfort, need to use the bathroom, or need for changes in position and ensure possessions are within reach.

NYEE’s unique ambulatory surgical environment requires nurses to ensure safe patient handoff through the perioperative process. Patients are at their most vulnerable when they are not able to actively participate in handoff process as a result of sedation or anesthesia.

In addition, a communication process is in place for conveying factual information to families intra-operatively and postoperatively. OR and PACU nurses utilize tracking boards, telephone and in-person communication strategies to keep families informed in a timely manner.

NYEE nurses have adapted the concept of PHR in the ambulatory care clinic and surgery areas. For pediatric patients, PACU nurses include patient/family education and collaborate with clinical nurses in the pediatric ambulatory surgery unit to identify areas that require reinforcement. This continual attention to patient education and family needs promotes optimal learning and eases family anxiety while conveying genuine interest in patient/family needs from admission to discharge.
NYEE Mission Statement

Our Mission has always been to be a voluntary, not-for-profit specialty hospital providing comprehensive outpatient and state-of-the-art medical/surgical care in the disciplines of ophthalmology, otolaryngology/head and neck surgery, and plastic and reconstructive surgery.

Our Vision as we look toward the future is to:

• Provide the highest quality of patient care
• Serve as a community resource
• Develop highly qualified, well-trained physicians and surgeons as well as promote ongoing education through residency, fellowships and continual medical education
• Pursue research programs that advance knowledge and treatment and enhance patient care through these scientific advancements
• Value our employees and the work they do every day