

A Service Excellence Mentality

An Interview with
**Stephanie J. Goldberg, R.N., M.S.N., N.E.A.-B.C., Senior Vice President
and Chief Nursing Officer, Hospital for Special Surgery**



Stephanie J. Goldberg

EDITORS' NOTE *Stephanie Goldberg entered the United States Navy as an Ensign assigned to the Charleston, South Carolina Naval Hospital, and in 1976, she received her Honorable Discharge as a Lieutenant and continued with her government service at the U.S. Public Health Hospital in San Francisco. In 1977, she relocated to the East Coast and affiliated with the Hackensack University Medical Center (HUMC). During her tenure at HUMC, Goldberg held progressive management positions. In 2005, she accepted her current post. She received her nursing diploma from Holy Name Hospital School of Nursing in 1973 and her Bachelor of Science in Nursing from William Paterson University in 1981. She received her Master of Science in Nursing from Rutgers University in 1987.*

How are you enhancing patient care today and how do you track progress in that area?

We use metrics to look at outcomes for patient care. One of our responsibilities as a Magnet™ facility and hospital is to focus on nursing sensitive indicators surrounding falls, pressure ulcers, and medication safety, to name a few.

We externally benchmark our data to other Magnet hospitals, so we are benchmarking against the best of the best. If our expectations aren't being met, we gather a team to look at how to enhance patient care.

What is the key ingredient to being a successful nurse?

I always want to make sure that we have the best and the brightest but that they also fit in with our culture. Patients choose to come to Hospital for Special Surgery. We are not only expected to provide the very best care and ensure the very best outcomes for our patients, but we have to make sure that our nursing staff has a "service excellence" mentality so that our patients feel very special.

Are men still coming into this industry?

It's a wonderful profession for both men and women. It offers a lot of flexibility, and continuous opportunities to grow and succeed.

There are also many different aspects related to patient care that one can choose to engage in, such as becoming an independent nurse practitioner, nursing educator, or nursing researcher.

I started out as a young staff nurse with no plans for going into management. However, as my career slowly evolved, I found that I loved the ability to achieve greater things for patients on a larger scale and that comes with leadership.

Is there still a strong patient/nurse relationship despite all of the technology available today?

Yes, and that relationship can never be lost, no matter what technology we utilize to better care for the patient. Technology should be used to support the care that we deliver to the patient. It should enable us to spend more time with the patient and make patient care safer.

What has made HSS so special for you?

I take tremendous pride when I see patients leave here with the lowest infection rates and the best possible outcomes in terms of mobility. We have reduced the number of patients affected by pressure ulcers, and we have a record of fewer falls than other Magnet facilities. I take great pride in the interdisciplinary team that comes together to take care of a patient, and the relationships that have been built to achieve the very best for this patient. ●

Adding Engineering Value to Patient Care

An Interview with
**Timothy Wright, Ph.D., F.M Kirby
Chair of Orthopaedic Biomechanics, Hospital for Special Surgery**



Timothy Wright

EDITORS' NOTE *Dr. Timothy Wright joined the Hospital for Special Surgery in 1976 and the Cornell University Medical College in 1978. He is a recipient of honors for excellence in research from the Hip Society and the Knee Society, and earned a Kappa Delta Award from the American Academy of Orthopaedic Surgeons. A past Whitaker Fellow and a past recipient of a Research Career Development Award from NIH, Wright served as President of the Orthopaedic Research Society in 1992. He is a former Editor of the Journal of Orthopaedic Research and a former consulting editor for research of the Journal of Bone and Joint Surgery. Wright also received a Director's Special Citation from the U.S. Food and Drug Administration.*

What makes HSS such a special place to work?

There are very few institutions worldwide, and certainly in the U.S., that have decided it's important to embed a group of engineers into the medical setting.

Having engineers who can interact with surgeons on a daily basis ensures that surgeons' ideas get engineering value added to them quickly. It becomes a collaborative effort that at its best transforms clinical practice.

For example, we developed the first modern total knee replacement at HSS, and we have continued to improve that design in an evolutionary way based on rational decisions stemming from both engineering and orthopedic principles.

We're also a teaching hospital, so the opportunity for orthopedic residents or fellows to interact daily in the research that we do also makes for a unique training setting.

We include engineering and mechanical principles because orthopedic surgeons are working with an engineering structure (the musculoskeletal system) every day.

How does the collaboration between physicians and engineers drive innovation?

Surgeons know that the best way to have their ideas come to fruition is to understand the underlying principles. Generally, those who gravitate toward orthopedic surgery have a mechanical bent to them, so they're eager to learn from engineers.

More often than not, it's the orthopedic surgeons who drives the innovation, and that's how it should be. Our job is to add engineering value to patient care. The engineers often help frame the intellectual property that makes the surgeons' ideas a bit better.

How critical is it to have an institution that puts innovation at the forefront?

It's part of our culture, and it's why people look at us as they do – they know that what is going on here is at the forefront of the orthopaedic community. We have to continue in that tradition.

It's not only about translating innovative ideas into clinical practice quickly, but doing it in a way that allows surgeons around the world to be better by learning that new technique, using that new device, or understanding that new clinical pathway based on what we discovered here.

Is there a broad understanding among engineers and engineering students of the opportunities that exist in this field?

Engineers love to solve problems, and to be given the opportunity to solve a problem that has a direct impact on patient care is very attractive. This is true even for those who come from a more traditional engineering background where they have never had to think about issues like getting from the bedside to the biomechanics lab back to the bedside as quickly as possible. ●