

UPMC
Nursing

Pathways to Excellence



Message from the Chief Nursing Officer

Health care is the hot topic these days that everyone seems to be talking about. Everywhere you turn, someone is either discussing health care reform, health insurance coverage, or the cost of health care. In the midst of these debates, the challenge for nurses is to continue to focus on clinical excellence that is provided in a caring environment. If you recall from my first column this summer, providing exquisite quality care is my number one priority as your chief nursing officer. One of the tools to achieve this is through a patient care delivery model that is centered on our relationships with patients, families, co-workers, and the entire health care team.

As some of you may know, we have had a multidisciplinary care team, the Transforming Practice Team, developing a patient care delivery model entitled UPMC Care. The foundation of this model is based on the relationships that are essential to sustaining a caring environment. Each of us has a critical, essential role in this patient care model that is highlighted in this issue of *Pathways to Excellence*. My challenge to each of you is to embrace the concepts of how to create an exquisite patient care experience and in so doing, make an impact every day. As Helen Keller stated, "I am only one; but I am still one. I cannot do everything, but still I can do something. I will not refuse to do the something I can do."

My hope and expectation is that you are up for the challenge and will integrate these concepts of caring into both the art and science of your professional practice.

Passionately,

Holly Lorenz, RN, MSN
UPMC Chief Nursing Officer

Transforming Practice through Relationship-Based Care

Caring is a simple word that most people can describe. We know when we feel cared for by a loved one, a friend, or by someone offering a service to us. In nursing and other health care professions, we often debate if this is a concept that can be taught or if it is a trait that is an innate part of someone's personality. For more than a year, UPMC staff from across several business units have addressed this question and believe strongly that we can teach, model, and hold each other accountable for caring behaviors through the development of a caring framework known as UPMC Care. UPMC Care is based on the relationships that we establish with patients and families, with our peers and other staff members, and with our community. Patients and their families are at the center of all that we do.

The Transforming Practice Team is a systemwide steering team that comprises leaders in nursing, human resources, financial, and operational departments. Members include:

- Leeann Cerimele
- Sue Cobaugh
- Cheryl Como
- Laura Fennimore
- Susan Frank
- Susan Hoolahan
- Dawndra Jones
- Barbara Jordan
- Melissa Kolin
- Kimberly Leonard
- Michelle Luffey
- Dave Martin
- Penny Milanovich
- Mary Mullen
- Thomas Newman
- Kim Owens
- Sue Pedaline
- Kathy Quinn
- Colleen Reynolds
- Glenn Riley
- Melanie Shatzer
- Paula Thomas
- Cindy Valenta
- Denise Verosky
- Leeanna Vuljanic

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UPMC Nursing Vision

UPMC Nursing will create the best patient experience, nationally and internationally, through the selection, development, retention, and reward of the highest-performing nurses, while creating systems and programs that create consistency and excellence in patient care.

UPMC Care Model

Creating the best patient care experience means that all staff:

- Consider every patient's unique needs and preferences.
- Anticipate patients' needs. Observe and act.
- Recognize that what matters to our patients, matters to us.
- Encourage patient and family involvement in care decision.

Based on a relationship-based care readiness survey, the following key objectives were identified:

Four Elements that Define Care Delivery Systems

- nurse/patient relationships and decision-making
- work allocation of patient assignments including scheduling, patient assignment practices, and delegation of care activities
- communication standards between members of the health care team
- management of the unit and environment of care. Leadership determines the nature of the patient/nurse relationship, the culture, and influences the performance and development of staff.

Best Practice Care Delivery Models - Meeting the Unique Care Needs of the Patient

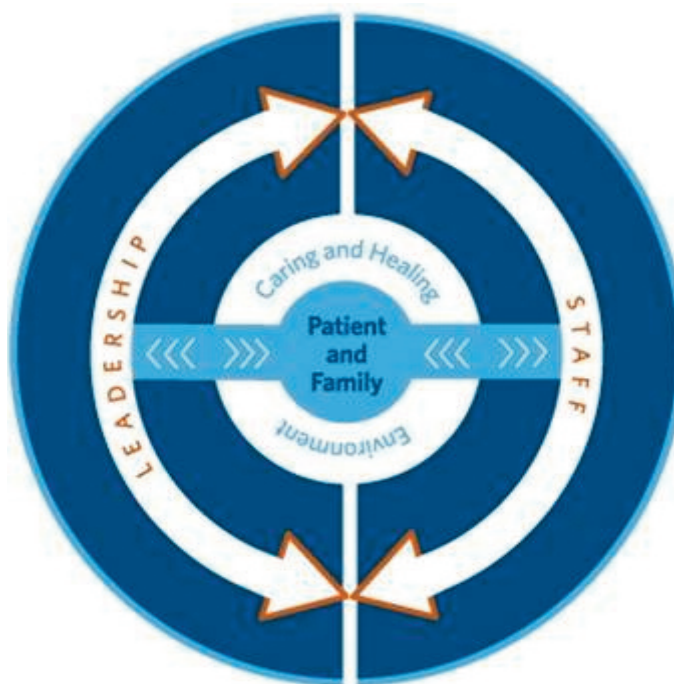
A variety of care delivery models that support relationship-based care exist locally and nationally. Local examples identified in a recent systemwide survey are: primary nursing, modified primary nursing, team nursing, total patient care, and functional nursing. Modified primary, team, and total patient care have been identified as the most common models at UPMC.

- **Primary/Modified Primary** — An assigned primary nurse has the 24-hour responsibility and accountability for the care of patient from admission to discharge.
- **Team Nursing** — This model relies on each member of the care team working to the fullest of her or his training and licensure. It incorporates LPNs, patient care technicians, and/or nursing assistants to better leverage the RN time and workload capacity.
- **Total Patient Care** — A RN is responsible for planning and providing all care within the scope of the practice guidelines for the assigned shift.

A Robert Wood Johnson Foundation funded study examined 24 successful care delivery models nationwide. These innovative care delivery models can be found at www.innovativecaremodels.com.

The Cornerstone of Relationship-Based Care is Communication

Although various care delivery models exist, the key ingredient to integrating the principles and concepts of relationship-based care into our daily work is communication. Sharon Dingman's Caring Model provides us with some guiding principles that we have incorporated into the UPMC Standards of Communication. During each patient interaction a staff member should introduce his or herself and call the patient by their preferred name while using appropriate touch, eye contact, engagement, and non-verbal communication. These communication standards do not replace the use of Situation-Background-Assessment-Recommendation (SBAR). SBAR provides the framework for putting these standards into practice.



Outcomes Measurement — What will the Nursing Report Card Look Like?

The goal is to establish clearly defined outcomes measurements and identify the strategies and tools necessary to achieve each one. To ensure that there is a complete evaluation of the quality of the care delivery model, Donabedian's framework (structure, process, and outcome) will be utilized.

- **Structure of Care** — These are the characteristics of the environment in which the care is provided. Some examples include hours per patient days (HPPD), staffing ratios, staff continuity of care (8 hr, 12 hr, two days in a row), and hospital setting.
- **Process of Care** — This area will assess what is actually done to the patient, the method of giving, and receiving of care. Some examples include the assessment and implementation of patient care, patient education, discharge planning, and patient safety.
- **Outcome Indicators** — This is the direct result of receiving the care or doing a particular action. Some tools that will be monitored in this area include the National Database for Nursing Quality Indicators (NDNQI) and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS).
- **NDNQI** — The only national nursing quality measurement program that provides hospitals with unit level performance reports with comparisons to national averages and percentile rankings. The nursing sensitive indicators, assessed by NDNQI, are the patient care outcomes that improve if there is a greater quantity or quality of nursing care (pressure ulcers, falls, IV infiltrations).

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- HCAHPS — The first national, standardized, publicly reported survey of patients' perspectives of hospital care. HCAHPS (pronounced "H-caps") is a standardized survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience.

Goals for the Transforming Practice Teams

- develop a comprehensive toolkit with the structure, processes, and outcomes to implement relationship-based care
- create a "how to guide" for each hospital to utilize with its implementation
- serve as an expert group to assist and lead the hospital based teams

The components working together that provide the structure for UPMC Nursing's Care Delivery.



"Science and technology are the palette and paint of the profession: nurses are the artists of healing."

An RN quoted in *The Soul of the Caring Nurse*. ■

did you
know?

Caring Theorists

Did you know that there are several caring nursing theorists who believe that caring is at the core of nursing? Here are four examples of nursing theorists:

- Jean Watson's Caring Theory is probably the most recognized. Watson describes caring as "a value and an attitude that has to become a will, an intention or a commitment that manifests itself in concrete acts."
- Madeleine Leininger developed the Theory of Culture Care in 1981. She stated that "caring is the central and unifying domain for the body of knowledge and practices in nursing."
- Simone Roach's 1987 Conceptualization of Caring states that "caring is the human mode of being" and "caring is not unique to nursing, but is unique in nursing."
- Kristen Swanson developed the Middle Range Theory of Caring in 1993. She describes caring as a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility.

Guiding Principles for Future Patient Delivery

The American Organization of Nurse Executives (AONE) has accepted the challenge to assist nursing with defining the Patient Care Delivery Models for the future. They have developed the following guiding principles to serve as a framework for patient care (AONE, *Guiding Principles on Patient Care Delivery*, 2004).

The principles are grounded in some of the following assumptions:

- In 2010, we will not have enough health care workers to deliver care using the same models that we use today.
- We will be dependent on technology to assist us in achieving safe patient care that is provided with measureable quality.
- Dramatic change and revolutionary thinking are imperative.
- The delivery models for the future will require that we work collaboratively in multidisciplinary teams.
- We are committed to evidence-based practice and the research that supports it.

The Guiding Principles

- The core of nursing is knowledge and caring
 - Caring remains a key component of what the nurse brings to the overall patient experience.
 - Nursing is not just a job, but a lifetime career.
- Care is user-based
 - Care is directed by the patient and client population and is respectful of the diversity of health belief models of all users.
 - The patient will be the driver, not the clinical field.
- Knowledge is access-based
 - Shift from "knowing" to "knowing how to access" the evolving knowledge base to support the needs of those for whom care is managed.
 - Knowledge is changing and evolving on a daily basis.
- Knowledge is synthesized
 - Synthesis occurs as care is coordinated across multiple levels, disciplines, and settings.
 - Knowledge is not necessarily bound by facility walls.
- Relationships of care
 - The knowledge and care we provide are grounded in the relationships with our patient and client populations.
 - Relationships are defined to include the full societal scope of generations, diversity, and interdependency.

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did you
know?

Journey to Excellence

Did you know there are various paths for hospitals to mark their journey toward excellence? The most familiar is the American Nurses Credentialing Center (ANCC) designation of Magnet status to recognize health care organizations that provide nursing excellence. The ANCC's Pathway to Excellence designation is for small to medium sized health care organizations and recognizes an organization as a best place to work. Pathway to Excellence is earned by health care organizations that create work environments where nurses flourish and have professional satisfaction. Another path is the Malcolm Baldrige National Quality Award, which is given by the President of the United States to an organization for being outstanding in seven areas:

- leadership
- strategic planning
- customer and market focus
- measurement, analysis, and knowledge management
- workforce focus
- process management
- results

Congress created this award to recognize organizations' achievements and raise the awareness about the importance of quality and performance excellence. Learn more about these paths at the following links:

<http://www.nursecredentialing.org/Magnet.aspx>
<http://www.nursecredentialing.org/Pathway.aspx>
<http://www.baldrige.nist.gov/>

Earn Credits by Viewing Grand Rounds

Learn more about the UPMC Patient Care Delivery Model. View the Sept. 3, 2009, Nursing Grand Round and earn one continuing education credit by completing the online quiz*.

To view the Grand Rounds:

1. Log-on to uLearn.
2. Choose "Browse Catalog."
3. Select "Clinical Development."
4. Click on the link to "Nursing Grand Rounds."
5. View the presentation and complete the evaluation and quiz to earn your credit.

*Please note, you will need a number which will be displayed on a random slide during the presentation in order to complete the quiz.

- The "Virtual" and the "Presence" relationship of care
 - We will need to know when we must be present and when virtual care will work.
 - We must understand the need based on outcomes that we seek.
- Managing the journey
 - The work of the nurse in the future will be to manage the journey for the patient, client, or population in accordance with the needs and desires of the patient and the family and available resources.
 - This is the role of assisting patients in navigating the complexity and confusion of health care.

Learn more about the AONE Guiding Principles and read the entire list of information at <http://www.aone.org/aone/resource/guidingprinciples.html>. ■

Dignity and Respect Begin With You

Dignity and respect are critical in sustaining an inclusive environment where people feel valued and appreciated. It is often the small things we do that can have the biggest impact.

At UPMC, we support an inclusive workplace which lays the foundation for a culture of dignity and respect. Be it our patients, their families, our employees, business partners, or members of our community, we believe that every person deserves to be treated with dignity and respect.

Everyone has a story. And you never know the effect that you can have on their happy ending. By demonstrating behaviors that promote dignity and respect in all that you do, you have the opportunity to change someone's life or simply make someone's day. And what employee or patient wouldn't want that?

October is "Dignity and Respect Month." So take a step to ensure that inclusion is at the core of what you do every day. Be mindful of your interactions with others and committed to treating others the way they want to be treated.

Believing that you and others deserve dignity and respect is the first step, behaving in a manner that supports it is the next.

You can take your first step to support dignity and respect by visiting the Center for Inclusion in Health Care on Infonet at inclusion.infonet.upmc.com and taking the Dignity and Respect online pledge and/or downloading the "30 days of Dignity and Respect" tips brochure. ■

Be Sure to Correctly Scan Medical Records

Scanning allows paper documentation to be stored electronically and saves costs associated with storing paper copies at an off-site storage facility. Scanned medical records not only improve patient safety by enabling simultaneous access by multiple users in various locations, but they also can be printed at any time, and can save staff from spending time trying to locate paper charts.

When writing notes on medical records:

- Use only black ink pens.
- Do not use colored ink, such as red, because colored ink will not be visible on an electronic scan.
- Do not use highlighters on medical records. Highlighter marks are not visible on an electronic scan.

Read more in Extra about proper handling of medical records at <http://extra.upmc.com/090904/5.html>. ■

2009 UPMC Summer Student Nurse Internship Program Awards

This summer, UPMC hosted 129 student nurse interns in the Student Nurse Internship Program (SNI). As part of the program, each participant had the opportunity to write an essay about a particular patient care experience that signified their commitment to providing caring, compassionate, and patient-centered care.

SNI Caring and Compassion Award

The caliber of stories recounting the internship experiences was impressive. Five essays won an award. Holly Lorenz, MSN, RN, UPMC chief nursing officer, and Renee Thompson, MSN, RN, director of academic service



SNI Caring and Compassion Award essay winners: Pictured with Holly Lorenz and Renee Thompson on the far left and right, are, from left: Carol Struck, Lauren Daniels, Adrienne Domenico, and Vance Kaloz. Missing from photo: Kyle Bahnsen.

partnerships, recognized the winning student interns during the SNI End of Program Celebration on Aug. 5, 2009. Here is an excerpt from one of the winning essays:

Kyle Bahnsen

Western Psychiatric Institute and Clinic of UPMC

My 12-hour shifts on Child and Adolescent I at WPIC this summer have certainly included nursing experiences that I shall never forget. By week two of the internship, I was becoming more and more confident in the fact that I had absolutely no idea what the human mind was capable of. I still stand perplexed, to this day, but can honestly say that nothing surprises me anymore. One of the biggest things I struggled with this summer was maintaining the “personal space” rule. TLC was non-existent in most patients’ records, and I found myself sneaking hugs from the children for a job well done, or a particularly sad moment.

Although picking favorites is obviously frowned upon, there was one patient in particular that I was particularly drawn to, Patient X. Patient X was an 11 y/o girl with an awful hereditary disease that affected nearly every organ and system of the human body. Her psychiatric symptoms were directly related to her deteriorating medical condition, even though they were most peculiar. Patient X had been at WPIC for months and months, and had been expected to pass quite some time ago. Staff had a short fuse for Patient X, and often resorted to 4-point’s as a means to regain some sanity. As challenging as Patient X could be, I still had this incredible soft spot for her. I don’t know if it was her antics, her nuances, or perhaps the fact that she had led a most dreadful life for so long, but from the day I met her I began to search for how I could make her days special. Each morning I came in, I would come in with a plan for how I was going to entertain Patient X. We did word search upon word search together, played countless games of “I declare war,” and made special concoctions of pudding and saltine crackers for snack. Every bath time was “spa time” as I would massage her head with shampoo, and lather her up with lotion from head-to-toe as she would direct me to scratch “a little to the left, a little to the right.”

I still wish I could have swooped in to WPIC and saved all these children’s lives like Superwoman, but it is simply not possible. I never found that one magical thing that would help change Patient X’s life forever, before I realized that it was all the little things that counted. Every smile, every laugh, every joke, every high five, helped to make Patient X’s day a little bit brighter. This is our job as nurses, we do it every day.

SNI Preceptor Award

The student interns had the opportunity to nominate their preceptor for the SNI Preceptor Caring and Compassion Award. The selection committee selected three preceptors to honor during the SNI End of Program Celebration. The following is an excerpt from one of the winning nominations.

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Continuous Learning

Caring for the Caregiver

M. Sherburn
Jones and Bartlett Publishers, 2006

Healing Presence: The Essence of Nursing

J. Goertz Koerner
Springer, 2007

Healing with Heart: Inspirations for Health Care Professionals

M. Helldorfer & T. Moss
Moss Communications, 2007

Nursing Theorists and Their Work

A. Marriner-Tomey & M. Raile Alligood
Mosby Inc, 2006

Relationship-based Care

M. Koloroutis
Creative Health Care Management, 2004

The Human Act of Caring. A Blueprint for the Health Professions

M. Simone Roach.
Canadian Hospital Association Press, 1992

The Soul of the Caring Nurse

L. Henry & J. Henry
American Nurses Association, 2004



SNI Preceptor Caring and Compassion Award winners: Pictured with Holly Lorenz and Renee Thompson on the far left and right, are, from left: Amy Cummings, Caterina LoGalbo, and Krista Joseph

Krista Joseph

UPMC Passavant

Nominated by Danielle Brewer

It is hard to put into words the effect that Krista had on my experience at UPMC and my life. Krista is one of the most caring and organized nurses that I have ever met. She treats each patient as if they were the only one in the Emergency Department even though the department was completely full. She took her time to understand exactly what the patient was going through and she tried to help the patients deal with the uncomfortable time in the hospital. Not only is Krista wonderful with the patients she is also very willing to help coworkers when the help is needed.

Krista never acted as if a task was below her. She was willing to do whatever was necessary to help the patient become comfortable. Krista taught me more than I could ever learn from books. She never kept me from an experience or stopped me from trying something new. My first day with Krista is a day I will remember forever. Within the first hour I had a trip to the cath. lab and then an arrest came in. Krista got me in the middle of everything and I was able to perform compressions on the patient. Even though the patient did not make it, I feel that Krista was willing to show me all the aspects of life in the ED.

My preceptor went above and beyond to make my experience at UPMC amazing and she did just that. Thanks to Krista I have more confidence in myself and in my skills as a nursing student.

Congratulations to all UPMC summer student nurse interns and to the staff for helping to create a healthy and robust learning experience for future nurses. ■

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