

Pathways to Excellence



Message from the Chief Nurse Executive

Last fall, UPMC declared October as Dignity and Respect Month. Since its inception, this concept has generated much local and national attention and recognition. Over the past year at all levels of nursing from CNOs to staff nurses, we have taken the pledge, showcased the tips, and applied them to what we do every day, which is serve our patients. These concepts are simple, but they can have the greatest impact on our patients, colleagues, and the community. The Dignity and Respect concepts support UPMC Care, our model of care delivery, which is based on the philosophical framework of Relationship Based Care. UPMC Care areas of staff focus are:

- **C**ommit to developing positive work relationships. (Dignity and Respect Tip #10, be a relationship builder)
- **A**cknowledge and encourage colleagues' professional potential. (Dignity and Respect Tip #27, become a mentor)
- **R**emember that we are here for the same reason — the patient. (Dignity and Respect Tip #16, find common ground)
- **E**ffective care happens when we work as a team. (Dignity and Respect Tip # 9, join the team)

Areas of managers focus:

- **C**ommunicate expectations clearly and provide direction to meet goals. (Dignity and Respect Tip #17, communicate respectfully)
- **A**ssure that staff have the tools — supplies, infrastructure, resources — to accomplish the goals. (Dignity and Respect Tip #29, lend a hand)
- **R**esolve problems and work to build and maintain relationships among staff, patients, and families. (Dignity and Respect Tip #10, be a relationship builder)
- **E**ncourage and support staff. (Dignity and Respect Tip #14, demonstrate mutual respect)

In this issue of *Pathways to Excellence*, we will be showcasing UPMC Care and the Dignity and Respect Tips. I encourage you to go to the Dignity and Respect Campaign website <http://www.dignityandrespectcampaign.com> to learn more about the campaign. Take an active step to become a Dignity and Respect Champion.

Holly Lorenz, RN, MSN
UPMC Chief Nurse Executive

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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.

Inclusion begins with a core belief that everyone deserves dignity and respect



Candi Castleberry-Singleton

“Inclusion,” defined in this way, doesn’t require a “diversity and inclusion” class. It’s a decision we all make every day, in every interaction.

In November 2008, with the launch of The Center for Inclusion at UPMC, we introduced the Dignity and Respect Initiative to our employees, in an effort to promote inclusion by encouraging behavioral and organizational change. Company-wide site visits took place. Employee focus groups were conducted. All this to obtain feedback regarding what employees think inclusion looks and feels like at UPMC.

From these wide-ranging views and opinions emerged 30 Tips of Dignity and Respect — daily acts of humanity easily incorporated into everyday behavior. These tips, as well as the Dignity and Respect Pledge, represent the foundation on which the Dignity and Respect Campaign is based.

During my travels — telling the UPMC story and promoting the campaign on campus, as well as at conferences, universities, and other organizations around the country — I say to people, “Raise your hand if you believe you deserve dignity and respect.” Everyone raises a hand high.

When I say “Raise a hand if you treat others with dignity and respect,” hands go up again, but sometimes not quite as high as with the first question. We often honor others with dignity and respect, but we do not do it consistently. Sadly, there some of us don’t know how to, or are out of the habit of incorporating ideals of dignity and respect into everyday interface. Hence, we’ve created 30 tips to make it easy.

The Dignity and Respect Campaign is an effort to promote the 30 Tips and to make us more conscious about our daily behaviors and interaction with others. It is intended to help start, reignite, and complement existing diversity and inclusion strategies.

The tools and resources were created at UPMC, but are applicable to all ages and industries. Our goal? To celebrate with everyone a new era — one in which people honor each other. In this new era, there are activities throughout the year (in homes, organizations, churches, schools, and communities) that promote positive interactions. This new era is highlighted and celebrated annually each October during Dignity and Respect Month.

Won’t you join us? Start today by taking the Dignity and Respect Pledge, practicing the 30 tips, and making inclusion a part of what you do every day. What began as an internal initiative to promote a culture of inclusion, dignity and respect is quickly becoming an inspiration to many communities.

Learn more at www.dignityandrespectcampaign.com. Stay tuned for the Dignity and Respect Campaign for Youth, launching in October 2010.

Candi Castleberry-Singleton

UPMC Chief Inclusion and Diversity Officer

did you
know?

If you were unable to attend the system Nursing Grand Rounds ...

on July 1, to hear Candi Castleberry-Singleton, UPMC chief inclusion and diversity officer, present “Dignity + Respect = Inclusion,” it is available to you on uLearn. To access, sign on to uLearn via My HUB, go to “browse catalog,” then “Clinical Development,” where you will find the link to Nursing Grand Rounds. View the video and take the online evaluation and quiz* to earn and directly print your CE.

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

TIP
#1

Sweat the Small Stuff

Staff nurses on UPMC Shadyside 7 Main created an evening to remember for a patient and his wife.

Mr. C was a 74-year old man admitted with a diagnosis of acute myelogenous leukemia to 7 Main. Despite multiple rounds of chemotherapy for induction, he was unable to achieve remission of the disease. After a lengthy hospital stay of over two months, the staff decided it was time for a special evening for this patient and his wife.

The “Dinner and Movie” for Mr. C and his wife went off without a hitch. It was a warm and comfortable July evening with a hint of a sunset through the trees in the Japanese Garden. Dinner had been set up outside in this garden located in front of the hospital.

Mr. C wore a flower and Mrs. C wore a wrist corsage and special outfit she had chosen for the occasion. The table was beautifully set with place cards, a linen tablecloth, and vases of fresh flowers. The calming music of “My Sweet Embraceable You” was played in the background.

Entertainment had been set up by **Charlie Lucza RN, BSN, DMin**, using a portable DVD player. Mr. C. then shared a movie with his wife. They decided on “High Noon” a personal favorite of Mr. C’s. Like any movie theater, there were boxes of candy, popcorn, and root beer. They both expressed their gratitude for an enjoyable evening.

Beverly Reich, RN, got the corsage; **Carol Merck-Papp, RN**; provided the tablecloth and dinnerware; **Justi Shannon, RN**, brought in the ice cream; **Lynn Simpson, RN**, and **Sherri Miller, RN**, helped set up the table and chairs. **Ruth Sattler, RN**, and **Jaida Cone, RN**, communicated plans to the 7 Main staff to solicit their help, and Ms. Sattler provided the movies and theatre snacks. I am grateful that they were so open to our efforts. I am glad to work on 7 Main with so many warm-hearted, good-natured staff who like to make a difference in people’s lives.

Submitted by

Ruth Sattler, RN, ONC

Magee CARE

What is “caring?” This question served as the launching point for incorporating the concepts of relationship-based care (RBC) into our structure, process, and outcomes at Magee-Womens Hospital of UPMC. Turning to the foundational work of UPMC’S Transforming Practice Team, Magee Patient Care Services leaders examined our previous structure and process, the concepts of RBC, and our ongoing work in spreading patient- and family-centered care (PFCC). RBC and PFCC concepts blend beautifully to define caring. Both are centered on creating the best possible experience for patients, families, and their caregivers, and are dependent on a dynamic and collaborative relationship between and among all involved. They are not stand alone efforts. RBC and PFCC provide a comprehensive framework for delivering care at Magee.

At Magee, we restructured our various councils to expand and strengthen membership to ensure all aspects of care were being tended to. Membership to councils became more interdisciplinary with more front-line staff representation. A draft of the new council structure was introduced to the Patient Care Services Division along with a detailed description of the RBC delivery model. The councils and their membership were finalized with input from the entire division. Each council was challenged to more clearly define their mission and defining principles within the concepts of RBC.



On a unit level, Magee’s Neonatal Intensive Care Unit (NICU) successfully developed a new shared governance council by inviting an interdisciplinary team to create a forum for defining care delivery in the NICU. The result of this group’s work was the creation of the NICU CARE Council, whose mission it is “to achieve optimal outcomes in a nurturing, caring, and respectful environment.”

As an example, Magee’s new council structure was graphically superimposed on the UPMC Care model to introduce the councils and concepts of care delivery.

Dignity and Respect

TIP #28: Take a healthy step

Want to save money and improve your health?

The solution is three simple steps away.

Open Enrollment for your benefits will be taking place via My HUB from Nov. 1 through Nov. 15. If you elect the UPMC Advantage HMO health plan for 2011, you will have an annual deductible of \$615 for an individual and \$1,230 for a family. Once again, UPMC is offering a \$500 deductible credit to individuals who fulfill their 2011 MyHealth requirements by November 15, 2010. Families will earn a \$1,000 deductible credit upon completion.

Before time runs out, make sure you satisfy the following:

1. Acknowledge the Wellness Pledge, and then complete or update your MyHealth Questionnaire. This step, worth 100 points, supplies helpful, personalized health advice that you can apply immediately to improve your overall health and wellness. And, it requires less than 20 minutes of your time! Take a moment and join 48% of your co-workers that have already completed this step.
2. Receive a biometric screening (at your worksite or doctor's office) if you haven't received one since December 1, 2005. A screening will secure 100 more points and provide valuable indications about your health.
3. Earn at least 200 more Take a Healthy Step points.

Earning those extra 200 points doesn't have to be a chore. UPMC has developed a variety of easy, enjoyable options that you won't mind incorporating into your schedule. Consider these activities:

- Click through a MyHealth OnLine assessment module — available in topics such as Skin Cancer, Asthma, Anxiety, and Headaches — and gain 25 points per module.
- Complete a MyHealth OnLine Lifestyle Program for 50 points.
- Just keep your normal medical appointments: You'll earn 50 points each for dental and vision exams and 100 points for a physical exam.
- Receive a flu vaccine. Not only does the vaccine protect you, your family and patients, you earn 100 points!

To check your completion status, log on to My HUB, click on the Human Resources tab, then select the *MyHealth/MyFlex Advantage* link.

UPMC United Way Campaign 2010

At UPMC, we are proud to provide excellent, world-class care for our patients. It is because of that excellence that we have been named among the nation's best hospitals, year after year. And, thanks to United Way, our compassion does not have to stop when our patients leave.

The UPMC United Way Campaign has officially kicked off. From now until Mon, Dec. 20, donations are being collected.

Your donation to United Way helps agencies and services extend UPMC's compassionate care by helping children, families, and seniors; providing food and shelter; preventing youth violence; motivating children to succeed, and so much more.

United Way's Impact Fund supports our region's most pressing needs by assisting nearly 4,000 individual charities, including many of UPMC's programs. In many cases United Way is the most cost-effective way for a charity to achieve its fundraising goals. United Way significantly reduces fundraising and administrative costs by serving as the fundraiser, processor, and distributor of community-generated funds.

You can direct your contribution to United Way's Impact Fund, Community Initiatives, a favorite agency, or one of many UPMC programs. To donate, visit the United Way Infonet site, or www.doyouliveunited.org. See your area's campaign manager via <http://unitedway.infonet.upmc.com/CampaignMgrs.htm> for more information.

Please give to United Way. Live United for a greater community.



Systemwide Initiative to Address CAUTIs

Editor's note: Dan Shearn, clinical director, Critical Care, UPMC Presbyterian, outlined a systemwide initiative to address catheter-associated urinary tract infections (CAUTIs) at a recent meeting of the Medical Executive Committee.

Rates for CAUTIs increase as the duration of catheter use increases. The estimated risk for infection is at least 5 percent per day of catheterization (Elpern et al, AJCC, 2009). In calendar year 2009, UPMC spent between \$804 and \$1,710 per CAUTI. However, the impact of a CAUTI extends beyond cost. CAUTIs are preventable infections that may linger and cause patient discomfort.

UPMC's goal in Fiscal Year 2011 is to lower CAUTIs and the urinary device utilization rate by 10 percent using evidence-based practices and techniques. The UPMC initiative is supported by recent guidelines issued by the Centers for Disease Control and Prevention, which also has called on hospitals to minimize urinary catheter use and duration.

In addition, a core measure within the Surgical Care Improvement Project (SCIP) requires that unless there is documented medical need, urinary catheters are to be removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2), with day of surgery being day zero.

The UPMC initiative, part of an infection-reduction campaign moving forward under the leadership of the Donald D. Wolff Jr. Center for Quality Improvement and Innovation at UPMC, includes the following tools.

- **Daily rounding.** On all UPMC units, a clinician (for example, a primary nurse, charge nurse, or staff nurse) will complete daily rounds focusing on patients who no longer meet urinary catheter necessity. This daily rounding will result in discussions between unit leadership and physicians about catheter removal.



- **Improved equipment and techniques.** Pads with wick-away materials will be used to draw moisture away from the skin and prevent skin breakdown. Improved condom catheters, with superior adherence, are now available.
- **Alerts in the electronic medical record.** Physicians will receive SCIP Foley alerts that state: "SCIP recommendations require that urinary catheters be removed by Post-op day 2 or be clinically justified with a rationale."

Mr. Shearn noted that a physician order is required for urinary catheter insertion and removal. He added that the committee working on this initiative will hold regular conference calls so that best practices from clinical locations throughout the system can be discussed for implementation at UPMC facilities. For more information, review UPMC's CAUTI initiative toolkit on Infonet.

I SPY— Recognizing Nursing Colleagues Across UPMC

Children's Hospital of Pittsburgh of UPMC

Heather Ambrose, RN, and Erin Markilinski, RN, earned their MSN degrees from Chatham University.

Rashida Brookins, RN, BA; Adrienne Farley, RN, BSN, MMT; Chris Stine, BSN, RN, CPN; Marcie Tharp, RN, BSN, CCRN; and Colleen Tipping, BSN, RN, MHMS, presented posters at the Pediatric Nursing Research — Charting a Course for Growth Conference in July.

Dana Etzel-Hardman, RN, MSN, MBA, CPN; Janet Frontera, BSN, RN, CCM; Bev Kosmach, MSN, CRNP; Adrienne Farley, BSN, RN, MMT; and Dave Rausch, RN, BSN; were platform presenters at the Pediatric Nursing Research — Charting a Course for Growth Conference in July.

Kathy Gaughan, RN, was the 2010 recipient of the Resident's Nurse of the Year Award.

Jayne Warner, RN, was the 2010 recipient of the Bev Sahlaney Award.

Julia Warner, RN, BSN, CWOCN, CFCN; Marie Sidoni, RN, BSN; and Tracy Pasek, MSN, RN, CCRN, CIMI, developed a course on Pediatric Skin Care which is available in the CHEX Course Share Library.

UPMC McKeesport

Dara Ferchak, RN, MSN, received her master's degree from Waynesburg University.

Barb Mills, RN, MSN, and Sheila Farina, RN, presented the poster "Opening an Observation Unit" at the SWPONL Conference at Nemaquin and the AMSN National Conference in Las Vegas.

Tuition Assistance for UPMC Schools of Nursing

Is your family member interested in pursuing a nursing career and considering nursing school? If you have been a UPMC employee for at least one year, your qualified dependent child or spouse/domestic partner is eligible for tuition assistance at a number of educational institutions. UPMC's three schools of nursing are among those institutions. Tuition assistance for dependents is offered on a reimbursement basis. Staff members pay for classes directly to their dependent's school at the beginning of the semester and then request reimbursement of eligible out-of-pocket tuition expenses after the completion of the term. UPMC's Schools of Nursing offer a variety of tuition forgiveness programs that in some instances you may be able to supplement with UPMC's dependent tuition forgiveness.

UPMC offers diploma programs at UPMC St. Margaret School of Nursing, UPMC Shadyside School of Nursing, and Mercy Hospital School of Nursing. UPMC is also affiliated with the University of Pittsburgh School of Nursing where students can earn a bachelor's degree in nursing.

A career in nursing offers unlimited possibilities for caring and dedicated individuals. Learn more about UPMC's Schools of Nursing and the nursing profession at UPMCNurses.com.

Interested in a career as a CRNA?

The University of Pittsburgh School of Nursing Nurse Anesthesia Program is now accepting applications for full- and part-time admission. The deadline for application is Jan. 5, 2011. Interview sessions will be held Dec. 14 -16 and Mar. 8-10. Minimum admission requirements include a valid RN license, a BSN or a BS, a minimum of 1-year critical care experience, professional references, an admission essay, and GRE scores. Applications can be obtained through the University of Pittsburgh School of Nursing Student Services Department at 412-624-4586. For more information, please visit <http://www.pitt.edu/~napcrna/>.

Barb Mills, RN, was awarded the AMSN Grant.

Gregory Morrell, RN, CVU, authored “*Case Study: False Reading of Retained Urine from a Bladder Scan*” which was published in the 2010 Society of Urologic Nurses and Associates, Urologic Nursing, pp 147-148.

Keith Schork, RN, MSN; Chris Rozanski, RN, MSN; Sue Fowler, RN, MSN; Lisa Elliott, RN, MSN; Nora Evans, RN, MSN; Barb Mills, RN, MSN; and Debbie Reese, RN, MSN, earned their MSN degrees from Waynesburg University.

UPMC Northwest

Heidi Gaddess, RN, BSN of AICU earned certification as a CCRN by the American Association of Critical Care Nurses.

Stacey Schill, RN, was nominated for a Cameo of Caring.

UPMC Presbyterian

Cecilia Zamarripa, MSN, RN, CWON, was selected as the JCR/Hill-Rom Nurse Safety Scholar-in-Residence; an 18-month national residency based on clinical competence/expertise and commitment to the prevention and treatment of pressure ulcers and wound care.

Shelley Zomak is the recipient of the 2010 ITNS Excellence in Nursing Award.

UPMC Shadyside

Darla Annonio, Julia Graham, and Rebecca Ross authored “Using an Acuity-Adaptable Unit for Urological Services” published in the July/August 2010 issue of *Urologic Nursing*.

Theresa Brown, RN, gave a colloquium at the University of Pittsburgh Center for Bioethics and Health Law: “A Nursing Perspective on End of Life Care” and will give a keynote on Cancer Survivorship for the Oncology Nursing Care Conference in Las Vegas, NV.

Timothy Herzer, RN, BSN, CCRN, and his team were selected as a Finalist for the 3rd Annual Fine Awards for Teamwork Excellence in Health Care.

DAISY Award Recipients across the system:

The DAISY Award for Extraordinary Nurses recognizes the “super-human work nurses do every day.” DAISY nominees exemplify the kind of nurse that the patients and families, as well as the entire health care team recognize as an outstanding role model. Congratulations to these DAISY recipients:

Children’s Hospital of Pittsburgh of UPMC

Nicole Zeise, Jean Grenaldo, Judy Ruane and Megan Law

UPMC Northwest

Shelly Rennard, Deb Kahle, Kathy Kistler, and Mary Alicia White

UPMC Presbyterian

Diane Hughes Mills, Maria Guthrie, Roni Schollaert

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