

UPMC
NURSING

Pathways to Excellence



Message from the Chief Nurse Executive

As the chief nurse executive, my goal is to ensure UPMC is an organization where nurses can have a meaningful and rewarding lifelong career. To meet this goal the My Nursing Career (MNC) ladder was created. The uniqueness of this ladder is its ability to be inclusive by crossing specialties, divisions, hospitals, and locations. MNC incentivizes nurses to further their education and gain expertise through advanced degrees or certifications. Over the course of the last 12 months we have highlighted the senior professional nurse role in multiple venues including system nursing grand rounds, the 2013 Nurses Week Conference, at various local hospital events, and lastly, in this issue of *Pathways to Excellence*. The senior professional nurse role within our ladder was established to provide nurses who care directly for patients an opportunity to advance their careers while remaining closest to our patients. The senior professional nurses are role models for professional nursing practice as recognized leaders in one or more of the following areas: clinical expert, staff or patient educator/teacher, specialized resource nurse, and/or through evidence-based practice. The qualifications to become a senior professional nurse include the following: two years of nursing experience, either a current UPMC-approved nursing certification or a master's or doctorate

degree in nursing, and an annual professional contribution. The professional contribution is an uncomplicated and painless evidence-based project, similar to those being shared in this newsletter by your colleagues. Whether you are a professional staff nurse at the bedside, in a procedural area, in a clinic, or a physician office, I invite you to learn more about the promotional process to join your colleagues in becoming a senior professional nurse. I also want to applaud the 1,132 senior professional nurses at UPMC today. Your expertise, leadership, and involvement make a noticeable and appreciated impact every day. I hope you enjoy and are motivated by some of the amazing senior professional nurse contributions that are highlighted in this issue. More information can be found on the nursing Infonet site at Infonet.upmc.com/MyNursingCareer.

Holly L. Lorenz, MSN, RN
Chief Nurse Executive, UPMC

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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.



Putting It All in the Bag

By Catherine Novak, BSN, RN, CWON
UPMC St. Margaret

The purpose of my professional contribution titled “Putting It All in the Bag” was to increase the nurses’ knowledge level and comfort level when caring for patients with ostomies. The education was developed in response to a needs assessment survey conducted on the UPMC St. Margaret Surgical Unit 6A, which identified the nurses’ need for both an increase in ostomy knowledge and confidence when caring for ostomies.



The Wound, Ostomy, Continence Nursing Society’s (WOCN) recommended guidelines for care of the ostomy patient are evidence based. The guidelines support preoperative and postoperative education, basic ostomy management, and appropriate pouching options. There is evidence supporting the benefits of the WOC nurse meeting with the patient and family preoperatively to discuss the equipment, what to expect, to begin ostomy education, mark the stoma site, and allow time for the patient to ask questions. In addition, the preoperative meeting decreases the patient’s postoperative anxiety because the patient will see a familiar face — the WOC nurse. There is evidence

supporting the positive outcomes of early preoperative care on the immediate postoperative phase and on the patient’s life with an ostomy.

A key need identified was the nurses’ desire for ostomy education to improve both their knowledge and comfort levels. A six-month teaching plan was developed and implemented with a new objective each month. The post survey will be administered to the 6A staff in mid-July to evaluate the effectiveness of the education.

My goal was to increase the nurses’ knowledge and comfort level with ostomy care. The post survey will provide an opportunity for the nurses to vote on educational topics for the coming year.

The greatest barrier encountered when implementing the education was the nurses’ availability because education occurred during their workday. In the future, I plan to offer scheduled education sessions, post informational fliers on the unit, and engage the assistance of the resource nurse/clinician in gathering the staff for the educational presentations.

In summary, the 6A nurses have verbalized positive feedback with the ostomy education provided through this project. The post-survey results will be shared with the UPMC St. Margaret Professional Nursing Council. My future plans include expanding this project hospitalwide.

For more information contact Catherine Novak via email at novakcs@upmc.edu. ■



High-Quality Palliative and End-of-Life Care

By Kate Sciandra, RN, MSN, CNL
UPMC Shadyside

In 2010, I identified a need for high-quality palliative and end-of-life care on our oncology unit at UPMC Shadyside. While the nurses excelled at delivering life-sustaining therapies, we struggled with the needs of patients in the end stages of life. I often felt unprepared for this world of difficult conversations, particularly when faced with the question, “Am I dying?” Other nurses, novices and experts alike, expressed the same sentiment.

Trish Macara, RN, our clinician at the time, planted the “palliative” seed in many of us, demonstrating ways to improve patients’ quality of life and to address difficult life and death questions. “Yes,” she said, “you can be the nurse who delivers curative chemotherapy treatments, alleviates distressing symptoms, and even transitions patients to hospice.” Trish role modeled what it meant to be a true oncology nurse: providing physical, social, and spiritual support to patients.

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Trish and I collaborated with Roxann Esolodo, RN, our unit director, and designed an educational intervention (a mentorship program) to enhance nursing knowledge in the palliative care setting. With a grant I received from the Shadyside Hospital Foundation, we piloted the first palliative education mentorship program at UPMC Shadyside in 2011-2012. Staff nurses Katherine Chorik, Valerie Hess, and I attended the national End-of-Life Nursing Education Consortium (ELNEC) and became ELNEC trainers. We then trained six colleagues (mentees) in palliative and end-of-life care. Post-implementation test scores reveal an 18 percent increase in palliative care knowledge among participants. Additional post-implementation outcomes such as a 90 percent retention rate among our participants, an 11 percent increase in our nursing communication HCAHPS score, a 9 percent increase in our pain HCAHPS score, and a 12 percent increase in our palliative care consult volume, suggest that our mentorship program improved nursing knowledge and patient outcomes.

In 2012, Sandy Rader, the chief nursing officer, Sharon Hanchett, clinical director, Oncology Services, and Trish Macara, unit director, supported our dissemination of ELNEC hospitalwide. ELNEC trainers taught a seven-hour hospitalwide lecture series on palliative and end-of-life care. Nurses, physicians, social workers, case managers, dietitians, educators, and students attended. We also hosted the first National Palliative and Hospice Month celebration at UPMC Shadyside in 2012.



Currently we maintain our commitment to educating more staff nurses. Our second ELNEC mentorship program is in full swing on 5 Main with funding from the Beckwith Institute. Valerie Hess and I direct this web-based program of ELNEC modules, email exchanges, and a monthly blog. Nineteen nurses are participating including graduates from the first mentorship project who are now mentors. Our train-the-trainer model ensures sustainability. By October 2013, 60 percent of 5 Main staff nurses will be palliative and end-of-life care trained. Another unit in the hospital is seeking to replicate our ELNEC model.

Over the past two years since enacting ELNEC, a unit culture has been born. Patients and families have written letters attesting to 5 Main's unique communication and care at end of life. We even have a comfort cart, a resource to improve patients' quality of life while hospitalized. Funded by the Shadyside Hospital Foundation, this special armoire contains aromatherapy, guided-imagery and music

CDs, colorful blankets, snacks, journals, and lotions. These simple interventions promote relaxation for patients at all stages with a cancer diagnosis.

As we continue to grow as an oncology unit, we recognize Roxann Esoldo, our former unit director, who laid the foundation for excellent care. We are especially grateful to Trish Macara, our current unit director, who has expanded nursing education, knowledge, and interpersonal skills essential to better patient outcomes.

For more information, contact Kate Sciandra, RN, MSN, CLN via email at caseyk@upmc.edu ■



Encouraging Family Participation in Comfort Measures During Pediatric IV Procedures

By Joni Ondra, BSN, CPN, ASRT, RN
Children's Hospital of Pittsburgh of UPMC

IV starts are never pleasant, but for pediatric patients they can be particularly challenging. Children seldom have sufficient coping mechanisms to manage the fear and discomfort involved. Unfortunately, the fear they understandably feel is not just likely to magnify their perception of pain, but is also likely to lead to behaviors that undermine the provider's ability to minimize discomfort. For this patient group, fear of the procedure itself can be self-fulfilling, with the result that the procedure is more traumatic and painful than it would have been had fear been better managed. And for patients who must undergo repeat procedures, this can create a vicious cycle, where a bad experience with an initial procedure can lead to increased fear and increased discomfort in subsequent procedures. Our project — a collaboration between myself, Deborah Salac, and Natalie Stein, our child life specialist — aims to combat this negative feedback loop through better management of the patient's fear and by facilitating the participation of family members in the development of a comprehensive pain and comfort management plan.

Our project had three phases. The first was to implement a training regime designed to increase provider proficiency and confidence in pain and comfort management procedures and techniques. Each member of the staff was required to complete a variety of training modules geared toward increasing the staff's skill and confidence level.

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A skilled and confident practitioner is much more likely to be able calm a patient's fears than one who is unsure.

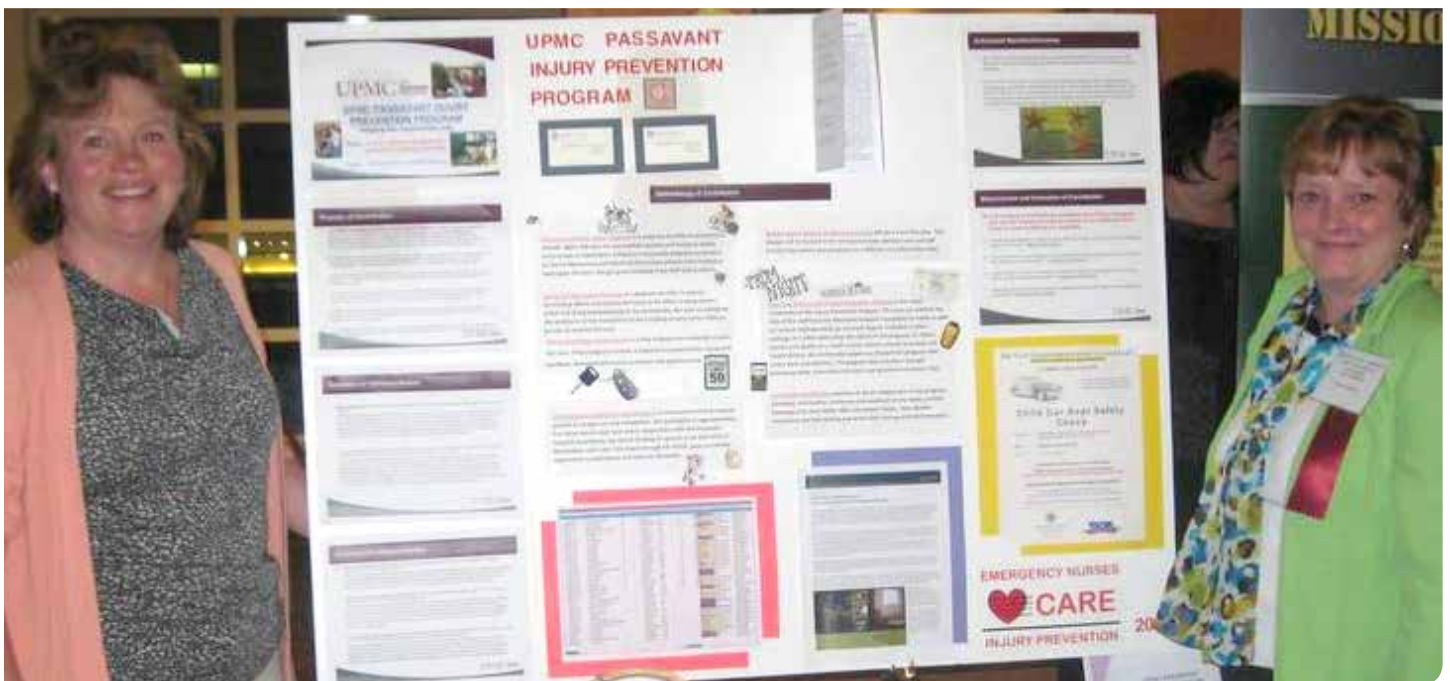
Second, we designed a procedure for developing individualized comfort management plans for each patient that integrated the patient's family into the decision-making process. This included development of a letter educating family members about the upcoming procedure and informing them of comfort care options. It also included development of a questionnaire, to be consulted prior to the procedure, seeking family input in developing an individual care plan. As each child is different, the family's input is essential in tailoring an individual plan.

We are presently evaluating the effectiveness of different comfort measures with a post procedure survey developed to evaluate the effectiveness of the individualized care plan. The data generated by these family surveys is being collected on a continuing basis so that comfort measures can be updated and improved upon. The response so far has been encouraging. Where the system has been implemented, outcomes have generally been positive. We expect that as further data-based refinements are implemented, we will continue to see further improvements.

For more information about this professional contribution, contact Joni Ondra, BSN, CPN, ASRT, RN, via email at ondrjx@upmc.edu. ■

UPMC Passavant Injury Prevention Program — Keeping Our Communities Safe

By Donna Galbraith, RN, BSN, CEN, and Jeanmarie Daugherty, RN, CEN, UPMC Passavant



Ten years ago, we had an interest in doing an injury prevention program for high school students focusing on alcohol awareness and safe driving. We first attended the Emergency Nurses Association's Injury Prevention instructor course. After receiving our certification as injury prevention Instructors, we submitted a proposal to our hospital's vice president of Marketing, director of Nursing, and Emergency Department manager, to begin the Emergency Nurses Care (EnCare) program. As our senior professional nurse project, the program was renamed The UPMC Passavant Injury Prevention Program—Keeping Our Communities Safe.

Through the years, this free program has grown to include various topics covering all age ranges. To date, we have presented to approximately 55,000 residents across seven different counties in western Pennsylvania, averaging 30 events per year.

The Child Passenger Safety Program was most recently added. In 2008, we attended a 40-hour course to become national child passenger safety technicians. This program involves installing and inspecting car seats at area car seat clinics, as well as providing education about child passenger safety and injury prevention. This requires recertification every two years and reviewing frequent updates in available information.

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The Bike and Helmet Program provides education about prevention of head injuries through helmet use and bike safety, by incorporating a hands-on approach and student involvement. A jello brain is utilized to show the fragility of the brain and what a concussion might look like. There is much interaction with the students.

The Teen Safe Driving Program utilizes a PowerPoint presentation, handouts, and a thought-provoking video about alcohol awareness and safe driving. Distracted driving, texting, cell phone use, and seat belt use are discussed. This program requires continual updates as new data and statistics emerge.

The Senior Fall Prevention Program's focus is to help seniors remain independent in their homes by preventing injuries. This is a PowerPoint presentation which focuses on home safety with demonstrations and discussions about low-cost products available to help seniors maintain independence and safety in their homes.

In people ages 5 to 44, injuries result in more deaths than all other causes combined. "ED nurses have a role in providing community education and can identify opportunities to intervene and prevent injuries" Hoyt S. Selfridge-Thomas J.

For more information, contact Donna Galbraith RN, BSN, CEN, galbdj@ph.upmc.edu, or Jeanmarie Daugherty, RN, CEN, daugjm@upmc.edu ■



Implementation of a Monthly Team Meeting to Enhance the Multidisciplinary Approach to End-of-Life Care

By Abigail Di Gaetano, BSN, RN, CCRN, UPMC Mercy

Health care delivery in the ICU is complex. Professionals from a variety of disciplines tend to critically ill patients, often in isolation. Communication and collaboration can be fragmented, leading to poor outcomes. Patients and families are often crippled in the decision-making process with much conflicting information being shared by numerous sources. To combat this dilemma, a nurse envisioned change that would decrease the frustrations voiced so often by patients, their families, and members of the health care team. In an era of high-tech and fast-paced communication, this increasingly disjointed approach to end-of-life care needed brakes applied.

This Medical ICU at UPMC Mercy is now using a multidisciplinary approach to impact end-of-life care by focusing on communication and collaboration among all health care disciplines. Since March 2012, monthly team meetings have served to promote discussion, disseminate knowledge, share viewpoints and disagreements, support one another, and ultimately to provide better care for terminal patients. The multidisciplinary team includes nurses, residents, attending physicians, medical students, palliative care nurses and physicians, the hospital ethicist, case management, and representatives from pastoral care, and social work. Each meeting typically has patient cases and palliative care topics assigned in addition to two to three learning objectives that help to promote efficient use of meeting time.



Improvement of outcomes related to end-of-life care focus on a more peaceful and satisfying death for the patient, their loved ones, and include the healthcare professionals involved. One of the greatest outcomes of this intervention has been the ability to discuss patient scenarios that were morally distressing to the staff. Ongoing support is an invaluable benefit when navigating difficult scenarios. Feedback from staff thus far indicates that implementation of a monthly team meeting is viewed as positive and useful when it comes to end-of-life care. However, complimentary effects of this approach spill over well beyond the realm of palliative care. The same individuals who have increased collaboration on end-of-life care now have more effective communication in all their dealings, not limited to end-of-life patients or by the walls of the ICU. In addition, nurses within the ICU have developed increased confidence in handling difficult situations and have been pivotal in identifying terminal patients that would benefit from a more enhanced collaborative effort. This too, had a spillover effect and nurses are undoubtedly becoming stronger advocates for all patients. ■



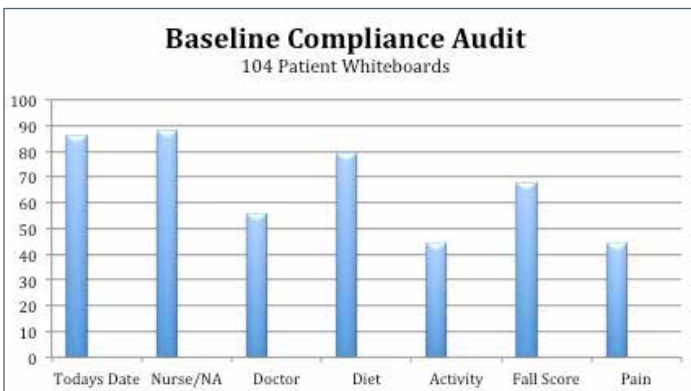
Whiteboards: Improving Communication

By Rebecca Jahn, BSN, RN, CMSRN
UPMC St. Margaret

Patient whiteboards are becoming an increasingly popular communication tool. Whiteboards unite the interdisciplinary team, patients, and families together. By building on the concept of the innovative whiteboard, we can promote teamwork, decrease missed nursing care, engage patients in care, and increase patient satisfaction.

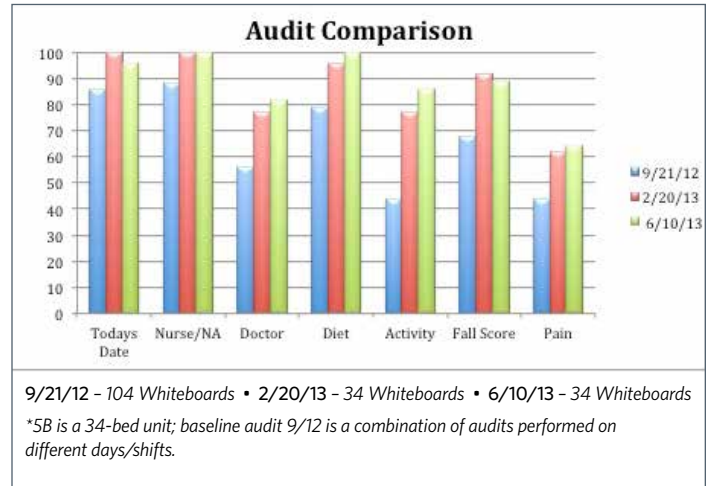
While research may be limited as far as best practice, research does support the importance of the whiteboard as a communication tool. With growing emphasis being placed on patient whiteboards, the question arose, "Are we utilizing our whiteboards to their full potential?"

Blank whiteboards and whiteboards not updated with current information can contribute to breakdowns in communication and give the impression that "we do not care." Recognizing the need for change, the goal of this project became: increase whiteboard compliance, incorporate new information, involve ancillary staff, and tailor whiteboards specifically to each patient. Audits were performed to assess current compliance with the patient whiteboard. Nursing staff was surveyed to determine perceived whiteboard compliance barriers, and patient satisfaction scores were reviewed to obtain pertinent baseline information.



Compliance audits and patient satisfaction scores confirmed we had much room for improvement. A few of the perceived barriers from a nursing prospective include: "Not enough time," "Too much information is already written," and "It is not my responsibility." With the research and information collected and the perceived barriers noted, staff were then educated and motivated to improve.

Physicians requested that we include information pertinent to the patient, such as a daily international normalized ratio, pulse ox readings, and activity progress. The nursing assistants incorporated blood glucose readings on the whiteboard, and physical therapists now write the level of assistance a patient needs to get out of bed. Other content includes goal of the day, anticipated discharge, patient education, skin care needs, concerns for the doctor, specimen collection, tests and procedures, and monitoring intake and output.



After 10 months we have noticed an increase in compliance. Preliminary audit results support this observation. Patients and families are expressing they feel more involved in care. Staff members answering call bells or bed alarms find the additional information written on the board very helpful as it promotes patient safety. They know what fall level the patient is and how much assistance the patient needs to get out of bed. The nursing staff is beginning to have fun with the whiteboard and writing things such as their name with a smiley face or "Have a great day!" Overall communication is improving.

UPMC St. Margaret Room: 559 Phone number: 412-784-455

TODAY'S DATE: Wednesday Feb 20th 2013 PRS Level 2 BED ALARM

YOUR CAREGIVERS: NURSE: Ginny Crystal, AGE: Dana, DOCTOR: Salovey

DIET: Regular

ACTIVITY: 2110 FOS, TURN C: Q2H, RR: incant, *Skin prep heels & Blum bed

PATIENT NEEDS: Encourage Feed/Fluids

TESTS: *Breathing exercises cough & deep breathe

SPECIMENS: COFF 1 2 3

Pain Management

PAIN MEDS ORDERED: Tylenol 650mg Q4 PRN

DATE/TIME LAST GIVEN: 2/19 5:30 AM

TIME PT MAY REQUEST: 9:30 AM

OTHER: 2:20 UR 2.9 → 3mg coumadin PT 29

HouseK-4157 GRiti 2/20/13

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Barriers noted thus far include using unclear abbreviations such as CHH (cardiac heart healthy diet), writing patient sensitive and confidential information, content organization and consistency, not updating or erasing old information, resisting change, and training many new nurses and nursing assistants. The project will be completed in August, ending with compliance audits, staff surveys, and a comparison of patient satisfaction scores. For sustainability we will continue to preform audits, reinforce education, and address barriers at unit meetings.

For more information, contact Rebecca Jahn, BSN, RN, CMSRN, via email at jahnrl@upmc.edu ■

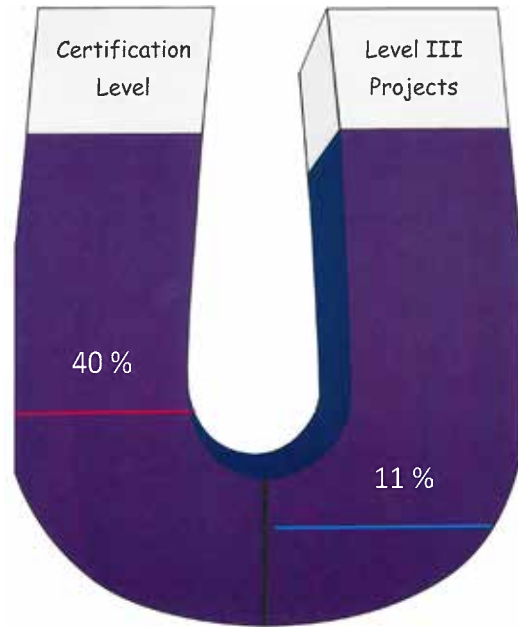
Professional Development: Certification & Level III Project Promotion

By Shelee Padhiar, MSN, RN, CCRN, CCDS
UPMC Shadyside

Promotion of professional development with emphasis on certification and level III projects is the focus of my evidence-based practice fellowship project. UPMC Shadyside has offered monthly level III workshops to master's level and certified nurses to assist with the level III application process. While assisting with the workshops every month, seeing the declining attendance, and recognizing the stagnant growth in certified nurses, I became a little puzzled. These are great opportunities for professional growth and financial reward, not to mention the advantages to the institution and the clients we serve. My goal was to find out why nurses are not maximizing the professional development opportunities and tools available to them, overcome any barriers to those opportunities when possible, and promote certification and level III projects. Baseline information was obtained from the nursing staff at UPMC Shadyside through a survey that was offered in both paper and electronic format and yielded a 44 percent return. The data analysis included the hospital totals and a breakdown per nursing department so each department's needs could be individualized



and specifically addressed. The professional development status — certified and level III nurses — of each nursing department was also calculated and placed on a magnetometer (see image below) that was made available on SharePoint, enabling each department to monitor their current status and future growth.



These magnetometers will be updated every three months. Each nursing department will receive a packet of materials developed specifically to address their needs and will include a list of professional nursing organizations related to their field of practice, certification exam information, preparation materials, and UPMC career development information. Links to SharePoint, the library, School of Nursing of citation, and the level III SharePoint site will also be included. A year-long contest to promote certification between all nursing departments at UPMC Shadyside began on Certified Nurse's Day, March 19. The two categories of competition are "best performers" and "most improved." The winners of the contest will be rewarded thanks to a generous grant from the Shadyside Hospital Foundation. Our goal is to increase certification and level III professional contribution projects by 5 percent over the course of a year. Currently we have 40 percent of the eligible nurses certified and 11 percent completing level III projects. I'd like to express my thanks to the evidence-based practice fellowship leaders: Janet Cipkala-Gaffin, Karen Stein, and Betsy George; to my mentors Linda Lakdawala and Bethanne McCabe; and to Karen Henery for the enormous help they have all been to me during this fellowship. A special thanks to the organizers of the nurses week conference for allowing me to present and share my project.

For more information about this profession contribution, email Shelee Padhiar, MSN, RN, CCRN, CCDS, at padhiarsj@upmc.edu. ■



Decreasing Monitors Through Effective RN/MD Communication

By Tawana Smith, MSN, RN
Children's Hospital of Pittsburgh of UPMC

Nuisance alarms and alarm fatigue has been well documented in nursing literature. The main concern is the mounting number of monitor alarms may increase the risk of desensitization to alarms. Alarms may be silenced, ignored, or disabled, which can lead to patient safety issues. In pediatrics, physiological monitoring is ordered for a variety of conditions including respiratory compromise. Often times monitoring would be ordered for a child at admission and never discontinued until discharge. For pediatric patients this is an added burden as it limits the child from going to the playroom, the library, and atrium for various activities.

In an effort to improve patient safety and decrease alarm fatigue, I spearheaded a quality improvement project developed on a 25-bed acute care pediatric unit at Children's Hospital of Pittsburgh of UPMC. The project's aim was to improve communication between nurses and physicians regarding appropriate patient monitor use. Education regarding this quality improvement initiative was provided to staff nurses, patient care technicians, and physicians prior to implementation. Topics included proper situation background assessment recommendation (SBAR) technique, process for daily communication in regards to monitors, examples of diagnoses that may not require continuous monitoring, and setting appropriate alarm limits.



Project implementation began in November 2011. Staff nurses conducted daily conversations with physicians and utilized the SBAR technique to relay relative patient information. Physicians would use clinical information provided by the nurse to determine if continuation of monitoring was necessary. Clinical leaders recorded information, including number of monitors, conversations occurring, and discontinuation of monitors on a data collection tool for four months

(N= 45 days). Results showed that mean number of monitors per day decreased from 8.04 to 6.58 ($p=0.009$) after nurse/physician conversations for a 16 percent reduction in monitor use. Staff members were given pre- and post-implementation surveys evaluating perceived monitor usage. Results showed that the percentage of staff who felt patients were monitored for appropriate clinical implications to a satisfactory degree rose from 42.6 percent pre-implementation to 76.9 percent post-implementation. In addition, the 61.5 percent of staff surveyed described their perception of monitor use since project implementation as slightly or very decreased.

Success of this project was evidenced by a decrease in monitor usage per day and improved perception of appropriate monitoring.

For more information about this project, contact Tawana Smith, MSN, RN, at tawana.smith@chp.edu. ■

Unit-Based Skin Care Prevention Project

By Jean Crouch, RN, and Carrie Swiech, RN, OCN
UPMC Presbyterian

The Enterostomal Department at UPMC Presbyterian initiated unit-based skin care teams as a format to provide education to staff member with the goal of improving quality of care, safety, and, satisfaction. The enterostomal nurse acts as a resource for the unit-based teams to meet their educational needs that are specific to their patient population. This allows the nurse on the unit to become more independent, increases collaboration among staff, and they in turn become more proactive by advocating for their patients. The teams learn preventative measures to avoid hospital-acquired pressure ulcers (HAPU). HAPUs place a significant burden on health care costs and cost to patients related to increased length of stay. Expenses such as additional supplies, equipment, specialty beds, nursing hours, and services from other disciplines to treat wounds increased the cost of the overall hospital stay. Most wounds can be prevented when the nursing staff knows how to assess the patient for factors that place patients at risk for skin breakdown and implements preventative measures to maintain the skin integrity. The unit-based skin care team education covers topics like assessment, documentation, products, specialty beds, wounds, ostomy, VAC dressings, and the patient's plan of care. The Enterostomal Department's wound ostomy certified nurse is spearheading the group along with five staff members from each unit including RNs, LPN, and PCTs. The teams meet monthly with the Enterostomal Department and facilitates educational discussions that the staff identifies as a need specific to that unit. Currently we have five units participating, including 12 South, 11 South TCU, 8D, MICU, and 7 South Tower. More units have expressed a desire to form a unit-based skin care team. The outcome has resulted in increased nursing satisfaction related to their new knowledge and empowerment. They feel they are making a change on

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the unit for the improvement of care delivery for skin prevention. The prevalence in HAPUs has decreased on participating units. Patient and family satisfaction has increased. Anyone interested in initiating a unit-based skin care team should contact the Enterostomal Department at 412-647-7728.

For more information about this professional contribution, contact Jean Crouch, RN, at crouchja@upmc.edu or Carrie Swiech, RN, OCN, at swiehc@upmc.edu. ■

Summary of the International Nursing Congress — 2013

By Cheryl Brill, CNO, UPMC ISMETT

On Friday, June 21, UPMC ISMETT hosted an International Nursing Congress at the Mondello Palace Hotel in Palermo, Sicily. This event was planned approximately one year ago in collaboration with ISMETT, UPMC Beacon, and UPMC nursing leaders from Pittsburgh.

Building on the original “Believe in the Power of Nursing” theme created by Elaine Patalski during her assignment at ISMETT, our focus for this event was “Believe in the Power of Nursing: Nurses

Leading Research and Advancing Education.”

The audience of approximately 160 nurses from Italy, Ireland, and the United States had the opportunity to learn from a distinguished panel of international experts about:

- The importance and application of nursing driven research
- How to utilize evidence-based practice to improve clinical quality outcomes
- A comparative history of American and Italian nursing education
- QSEN Standards and application
- A presentation of dissertation research focused on the Philippines and migration of nurses
- An interactive session designed to demonstrate how to frame research questions
- Nursing research activity in Italy
- Nurses and physicians partnering in health care research

Our speakers included:

Dr. Giovanni Vizzini, chief of Medicine UPMC ISMETT
Paola DiGiulio, professore associato di Infermieristica Università degli Studi di Torino, consulente e ricercatore senior, Istituto Mario Negri, Milano
Fidel Taguinod, manager, Quality and Patient Safety, UPMC Beacon Hospital, Dublin



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Tami Minnier, chief quality officer, UPMC, Pittsburgh
Linda Kmetz, executive director, UPMC Schools of Nursing, Pittsburgh
Gail Wolf, professor, University of Pittsburgh
Sandy Giammona, senior clinical coordinator, Nursing Education and Research, UPMC ISMETT
Giuseppe Arena, director of Nursing, UPMC ISMETT
Giancarlo Cappello, nurse educator, UPMC ISMETT

The planning committee included:

Cheryl Brill, chief nursing officer, UPMC ISMETT and vice president, International Operations ICSD
Suzanne Garvey, CNO, UPMC Beacon
Tami Minnier, chief quality officer, UPMC
Giuseppe Arena, director of Nursing, UPMC ISMETT
Sandy Giammona, senior clinical coordinator, UPMC ISMETT
Maria Angela Barone, RN, quality nurse
Ornella Campanella, infection prevention coordinator
Rosaria Tarantino, patient care coordinator and special projects
 ISMETT Ufficio Formazione ■

Nominate Someone Who Has Spoken Up For Safety

Providing outstanding patient care is at the core of UPMC's mission. To recognize the unsung patient safety heroes, the Donald D. Wolff Jr. Center for Quality, Safety, and Innovation is accepting nominations for **The Richard L. Simmons, MD**, Speak Up For Patient Safety Award. The award honors patient safety heroes whose actions clearly impact patient safety, and demonstrate Dr. Simmons' passion for the commitment to the well-being and care of patients. Candidates are accepted from any and all business units or roles at UPMC.

Dr. Simmons is Distinguished Service Professor of Surgery; Chairman Emeritus, Department of Surgery; and Medical Director, UPMC. More specifically, he has demonstrated leadership in advancing methods for measuring and reporting health care quality and expanding staff members' capacity to evaluate the quality and safety of health care.

Melanie Hansen, RN, received the award in 2012 for demonstrating patient safety by going above and beyond. She was noted as someone who always speaks up if something seems wrong and even contacted a hospital to determine if a patient's stent was safe for a MRI.

If you know someone that you feel qualifies for this honor, you can nominate him or her by filling out an online application. Applications will be accepted through Friday, Sept. 6. The winners' will receive an award during the annual **Loren Roth, MD**, UPMC Quality and Patient Safety Symposium, held this fall. For more information about this award or to submit a nomination, visit Infonet.UPMC.com/SafetyAward.



Retirement Help Has Arrived

Many of you have told us that you could really use some help when it comes to managing your retirement savings. UPMC has partnered with Aon Hewitt Financial Advisors (AFA) to provide you with education, guidance and ongoing support that can assist you in making retirement decisions. There are a number of new resources you can access including financial education and advice, as well as, enhanced online tools to make it easier to invest in the way that works best for you.

In early July, a brochure was mailed to your home that described how and when you can start making the most of these new resources. You should have received a personalized, confidential Retirement Evaluation mailed to your home in late July. This independent analysis will use stoplights to highlight whether your current investments, savings, and projected retirement income are on track or if your savings and investment funds might benefit from some adjustments.

retirement evaluation
 Prepared for: Pat Sample, 25
 UPMC accounts: \$5,000
 Your savings rate: 6% of \$1,500/m¹
 UPMC contribution: \$75/m¹
 Other accounts: Call to add

Investments
 The investments in your accounts look aggressive for someone your age.

savings
 You're making good use of your company match, but could do better with saving more into your UPMC Savings Plan.

retirement income
 We estimate you could have about \$39,000/year in retirement at age 65. This may be less than you'll need.

	Forecast
UPMC accounts	\$22,000
Social Security (adjusted)	\$12,000
Pension	Not included
Estimated annual retirement income	\$39,000

→ Your action is requested by August 30, 2013
 1. Decide if you want retirement help.
 2. Return the enclosed reply card, call 1-877-206-8264, or go online.

However, there's no need to wait — you can visit the Your Benefits Resources website 24 hours a day, seven days a week. Simply follow this path: Infonet > My HUB > Human Resources > My Retirement. If you have any questions about the Savings Plan, call the UPMC Retirement Center at 1-877-206-8264. Representatives are available Monday through Friday between 9:30 a.m. and 6 p.m. Eastern time. ■

¹ UPMC has hired Aon Hewitt Financial Advisors to provide investment advisory services to plan participants. Aon Hewitt Financial Advisors, LLC (AFA) has hired Financial Engines Advisors L.L.C. (FEA) to provide sub-advisory services. AFA is a federally registered investment advisor and wholly owned subsidiary of Hewitt Associates LLC. FEA is a federally registered investment advisor and wholly owned subsidiary of Financial Engines, Inc. Neither AFA nor FEA guarantee future results. Financial Engines® is a registered trademark of Financial Engines, Inc. All other marks are the exclusive property of their respective owners. ©2005-2013 Financial Engines, Inc. All rights reserved. Used with permission.

² Retirement Evaluations will be sent to all participants with a UPMC Savings Plan balance as of June 18, 2013.

I SPY: Recognizing Nursing Colleagues Across UPMC

UPMC Cancer Centers

Angel Thompson, RN, received her master of science in nursing degree from Waynesburg University.

Shani Weber, RN, OCN received her master of science in nursing degree from Walden University.

Shani Weber, MSN, RN, OCN, **Amy Korinko**, BSN, RN, OCN, and **Cheryl Steele**, MSN, MPM, RN, AOCN, presented their poster, “Outpatient Medical Oncology Acuity Guidelines and Electronic Remote Access to Staffing Resource Allocation,” at the Oncology Nursing Society National Conference in Anaheim, CA, in May. **Trudi Cooke**, BSN, RN, OCN and **Leslie Stewart** AND, RN, OCN also presented their poster, “Reducing Distractions Prior to and During Drug Administration – Red Means Stop.”

Congratulations to **Lisa Karem**, RN, BSN, OCN, a nominee for the Cameo of Caring award.

Children’s Hospital of Pittsburgh of UPMC

Congratulations to 2013 Center for Nursing Excellence Scholarship winners **John Taylor**, MSN, RN-BC, CPN, and **Kristen Schurer**, BSN, RN.

Congratulations to **Robert Nolte**, RN, CNOR, who received the Patient Safety Award and **Mary Beth Choma**, RN, who received the Kids First Award.

Tracy Ann Pasek, RN, MSN, DNP, CCNS, CCRN, CIM, obtained her doctorate of nursing practice from Robert Morris University.

The following Children’s nurses published “A Foundation For Patient Safety: Phase I Implementation of Interdisciplinary Bed-side Rounds in the Pediatric Intensive Care Unit,” *Critical Care Nurse*, 2013;33(3):89-91, **Jodi Licata**, **RK Aneja**, **Chris Kyper**, **Todd Spencer**, **Marcie Tharp**, **Michael Scott**, **MF Hamilton**, and **Tracy Ann Pasek**.

TA Pasek, **LW Locasto**, **JF Reichard**, **VC Sumrok Fazio**, and **AP Kontos** published “The Development of an Electronic Headache Pain Diary for Children who Experience Headache as a Symptom of Concussion,” *Clinical Nurse Specialist: The Journal for Advanced Nursing Practice*, 2013;27(3):155-164.

TA Pasek, **LW Locasto**, **JF Reichard**, **VC Sumrok Fazio**, and **AP Kontos**, presented their poster “The Development of an Electronic Headache Pain Diary for Children who Experience Headache as a Symptom of Concussion,” at the National Association of Clinical Nurse Specialists Annual Conference in San Antonio, Texas in March; and at UPMC Sports Medicine Concussion Program Conference, in Pittsburgh in June.

UPMC Hamot

UPMC Hamot Cameo of Caring Nominees:

Linda Caputo, RN, BC, Cameo of Caring –Bedside Nurse, **Mary “Muffi” Mascaro**, MSN, RN, Cameo of Caring – Advanced Practice (Manger Focus) Nominee, **Donald Bucher**, DNP, ACNP-BC, CCRN, RN, Cameo of Caring - Advanced Practice (Clinical Focus) Nominee, **Ann Yaworsky**, RN, Cameo of Caring Case Manager Nominee

Kim Raines, BSN, CCRN, and **Lisa Hurst**, RN, CCRN gave a poster presentation “Improving Compliance with the Severe Sepsis Protocol: Putting Guidelines into Practice,” at the National Teaching Institute National Conference, in Boston in May.

The following individuals gave lectures at the Challenges of Neonatal Abstinence Syndrome Seminar in April: “Overview of Neonatal Abstinence Syndrome,” **Emily Hirsch**, MSN, MHA, RNC-NIC
 “Standards of Care,” **Dianna Lindsey**, RNC-MNN
 “Using the Finnegan Neonatal Abstinence Scoring Tool,” **Nellann Nipper**, RNC- NNP-BC
 “Managing the Environment of Care,” **Valerie Earls**, BSN, RNC-NIC

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Certifications

Melissa Borkowski, BSN, RN-BC, ANCC–CV Certification
Marci Bradley, MSN, NE-BC – Nurse Executive, NE-BC
Peggy Camino, MSN, RN-BC–ANCC certification – RN- BC, Nursing Case Management
Michelle Morey, RN-BC–ANCC CV Certification
Gloria Mitchell, CPAN, RN – CPAN Certification

Magee-Womens Hospital of UPMC

Degrees

Megan Cowden, RN, earned her master of science in nursing from Robert Morris University
Lindsey Danylo, RN, earned her master of science in nursing from Waynesburg University
Crystle Harcar, RN, earned her CRNP from Robert Morris University

Certifications

Crystle Harcar, RN, earned her CRNP from Robert Morris University

The following nurses recently completed breastfeeding certification:

- Lynn Antenucci**
- Jill Enyeart**
- Patty Fodor**
- Diane Griffiths**
- Susie McClelland**
- Jamie Strohmeier**
- Whitney Vassallo**
- Joanna Wallender**
- Debbie White**

Presentations

Jan Buys, RNC, and **Kelly Martin**, RN, presented “Creating an Epilepsy Monitoring Unit,” at the Association of Women’s Health, Obstetric, and Neonatal Nurses Conference, in Nashville, in June.

Deborah Gross, RN, BSN, MHA, presented “Laparoscopic Vertical Sleeve Gastrectomy,” at the Bariatric Nurse Certification Review Course in New Orleans, in June.

Megan Rockey, PA-C, and **Jill Enyeart**, RN, CBC, presented “Centering Pregnancy,” at the March of Dimes Summit in Hershey in May 2013.

Tim Levison, MS, LAT, ATC, and **Barbara Lawrence**, RN, presented “The Institution of a Comprehensive Blood Management Program to Reduce Allogeneic Transfusion,” at the National Association of Orthopaedic Nurses conference in San Antonio, Texas in May.

Lorna Woodhall, RN, presented “Substance Abuse: Information for the Healthcare Provider,” at the Emergency Nurses Association State Conference in State College, Pa., in June.

UPMC Mercy

Congratulations to UPMC Mercy’s 2013 Nurses Week award winners:

- Cameos of Caring Nurse of the Year - **Gwendolyn Talkish**, RN
- Novice of the Year - **Renee Faletto**, RN
- Preceptor of the Year - **Linda Andrews**, RN
- Legacy of the Year - **Patricia Allison**, RN
- Nurse Educator of the Year - **Mary Pat Sullivan**, RN

Congratulations to **Manjulata Evatt**, RN, on the successful presentation of her Doctor of Nursing Practice Capstone Project: “Development and Implementation of an Educational Support Process for Electronic Nursing Admission Assessment Documentation.”

Peggy Stein, CNRP, Center for Nursing and Patient Education, presented a poster at the eighth annual clinical research forum at UPMC St. Margaret titled, “Preventing Peripheral Tissue Infiltration by Lowering Intravenous Infusion Pump Pressures in the Neonatal Intensive Care Unit.”

The following nurses presented at the Patient Experience Symposium on Friday, April 26, at the Herberman Conference Center:

- “Improving the Patients Discharge Experience,” by **Linda Robertson** and **Holly Coccia**, RN
- “Creating a Quiet Environment on 11E Ortho Trauma,” by **Terri Stevens**, RN, and **Angela Murphy**, RN

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UPMC Passavant

Congratulations to the following Cameo of Caring award recipients:
Cameo of Caring - **Arlene Gestler**, RN
Advanced Practice, Clinical - **Jill Kelley**, RN, MSN

Advanced Practice, Manager - **Kerry Maier**, RN, MSN
Rookie of the Year - **Cory Ott**, RN
Case Manager - **Patricia Jozwiak**

Betsy Tedesco, MSN, RN, CEN, PHRN, presented
“Understanding Ourselves and Others” at the Pennsylvania
State Emergency Nurses Association 2013 Conference on
June 6 in State College, Pa.

Certifications

Rose Altmire, RN, TCU, earned her Certified Rehabilitation
Registered Nurse (CRRN) certification

Stephanie Disora-Schneider, RN, Rehab, earned her
CRRN certification.

Denise Sponcer, RN, Unit Director, Rehab, earned her
CRRN certification.

Degree Advancement

Melanie Jackson, RN, received her master of science in
nursing at Carlow University.

Jeanne Seserko, RN, received her master of science in
nursing from Waynesburg College.

UPMC Presbyterian

Nancy L. Stitt, RN, BSN, cofounder of International
Transplant Nursing Society (ITNS), had an abstract accepted
for the Joint Congress of ITNS and Italian Society for Safety
and Quality in Transplantation Congress held in Florence,
Italy in April. Her abstract “Transplant Technology: Growing
Organs Using Stem Cells and Regenerative Medicine,” was
selected to be one of two distinguished oral presentations for
the opening evening of the conference.

UPMC Shadyside

Ruth Fisher, BSN, RN, CEN, EMT-P, received her CEN
certification

Congratulations to **Jordan Snead**, RN, and **Amanda Henderson**,
RN. Their poster “InSANELy Good Evidence Collection,”
won third place at the Pennsylvania Emergency Nurses Association
Conference at Penn State University on June 6 and 7.

UPMC St. Margaret

**Congratulations to the following Cameo of Caring
award recipients:**

Deborah Ryan, BSN, RN, CNOR, Cameos of Caring Award
Cheryl Lenhart, BSN, HRM, RN-BC, Cameos of Caring
Award – Advanced Practice-Manager Focus

Kim Lopes, MSN, RN, Cameos of Caring Award – Advanced
Practice-Clinical Focus

Isabel MacKinney-Smith, MSN, RN, CCM, Cameos
of Caring Award – Care Manager Award

Kathleen Kozak, MSN, RN, CCRN, CNE, Cameos of
Caring Award – Nurse Educator Award

Publications:

Mary Barkhymer, RN, and **Jay Wright**, RN, co-authored
“Building a Collaborative Culture with Nursing Peer Review,”
published in *Breathtline*, The Newsletter of the American
Society of PeriAnesthesia Nurses, Volume 33, Number 2,
March/April.

Presentations

Bonnie B. Anton, RN, MSN, presented “Mobile Health at
Our Fingertips,” at the 31st Annual Rutgers Interprofessional
International Technology Conference in Atlantic City, NJ,
in April. She also co-presented with **Patti Glod**, MSN, RN
“Using Data Analytics to Improve Interprofessional Bar Code
Medication Administration (BCMA).”

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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 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

Kathleen Schenkel, MSN, RN, CPEN
Karla Persia, BSN, RN, CCRN — PICU
Nancy Koontz, BSN, RN – CICU

UPMC Hamot

Ann Marie Bernardini, BSN, RNC-MNN
Kate Schroeck, MSN, CRNP
Jay Jay Moyer, BSN, RN
Annette Townsend, RN

Mercy Hospital School of Nursing is proud to announce that the 2013 Daisy Faculty Award was presented to **Mary Pat Sullivan**, RN, MSN, at the annual School of Nursing Honors Recognition and Awards Banquet in May.

UPMC Passavant

Diane Leddon, RN, Oncology Short Stay,
UPMC Passavant–Cranberry
Cindy McGruder, RN, PACU/APS, UPMC Passavant
Janice Sestini, RN, Cancer Center, UPMC Passavant

UPMC Presbyterian

Misana Vantosky, MICU
Carol Strunk, 9D
Kristie Glemba, 11EW

UPMC Shadyside

Asgedet Fessehazion, RN, PACU
Mary Rush, RN, 6 Main

UPMC St. Margaret

Marlene Camp, RN, GI/Special Procedures/Harmon
Anna Spencer, RN, 3B Stepdown
Linsey Yoas, BSN, RN, 3B Stepdown

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Have a story idea?
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