Message from the Chief Nursing Officer

June is an exciting time for us as we are preparing to open 3 new units: 2800 16 bed Level 1 Nursery, 28 bed medical surgical unit on 5800 and a 14 bed ICU / Stepdown unit on 4800. The 13-month construction project is on schedule for completion on Monday, June 18, when the new space can occupied. Special attention was given to detail to focus on the experience of our patients and our staff.

New patient care area to offer quiet, soothing environment

Various construction techniques and materials have been used to create a soothing environment in the new patient care addition. Sound-absorbing wall panels have been placed throughout the two-story expansion project added to the 800 Blue Zone area of the hospital. Best practices to reduce noise levels also have been incorporated in other aspects of the design. For example, space around electrical junction boxes has been filled with sound-proofing material to reduce noise traveling between adjoining rooms.

Color schemes were selected to achieve the same purpose. In the new units, the pallet consists mainly of blues and beiges, colors associated with healing that also bring calming elements into a room to promote sleep.

To make families and patients feel more comfortable, design planners selected fabric patterns that were similar to those one would find in a home, as well architectural fixtures to assimilate plants and nature and to further reduce the “institutional feel” of the space.

In addition to a soothing environment, the patient rooms were designed to provide a family zone and a caregiver zone. Lighting is designed and switches placed so that families and visitors can easily control from the family zone. The use of dimmers on room lighting and chart reading lights are less disruptive to sleeping patients. The access to both floor have been zoned such that staff and support services traffic will be generally separated from family and visitor traffic.

Patient rooms support family overnight stays with a sleeper sofa, and waiting rooms and meditation rooms have various zones for enhanced privacy. There is a toilet and shower in each ICU room plus the ICU visitor toilet room has a shower for use by family members staying with patients. There is also a wardrobe in each patient room that can be locked to protect patient and family valuables.

A safe environment to promote wellness and safety for our staff and patients

All 14 intensive care unit (ICU) beds and 4 of the medical surgical beds will be equipped with lifts, and staff is being trained to use these devices, which can prevent back strains and other employee injuries. Electrical and medical gas outlets in the patient room headwalls are located at a height that makes it convenient for staff.

Staff restrooms can be found throughout the units. The new ICU has both male and female locker rooms that each contains showers for staff use in addition to an on call room that is also equipped with a shower. Staff lounges are located on each floor and numerous staff support areas have been provided to allow medical teams to meet. There are decentralized nursing and charting stations for staff.

Continued on Page 2
When possible, construction materials and furnishings are sustainable with high recycled content. Hands free sinks are located within each patient room and waterless hand sanitizing units are strategically placed throughout the units.

Synthetic stone sink counters are made from recycled material. Countertops are solid-surface-material to eliminate the potential for mold to grow and the dry wall is mold resistant. For the ICU, no curtains are located in the patient rooms; however shades within the glass window panes provide patient privacy.

Nurse server alcoves are provided adjacent to each patient room in addition to soiled linen and trash collection points for quick access to staff. Locked medication drawers are also located for each patient room.

Recycling containers are located within the patient rooms. Water consumption will be minimized with toilets that have dual controlled flush and plumbing fixtures that are high efficiency. There was a focus to reduce energy consumption by using high-energy HVAC and lighting systems. Also, the ventilation system was designed to reduce occupants to exposure to chemicals of concern. All of the patient rooms are ventilated by rooftop air-handling equipment which has HEPA filtration at the unit such that all air supplied to the rooms will be virtually free of outside or recirculated contaminants.

The ICU will have 2 negative pressure rooms and the 5800 medical surgical floor with have 4 negative pressure rooms that are also ADA rooms. A seamless flooring material was used in patient rooms and was carried through to patient toilet rooms to eliminate the need for a threshold at the door making it easier for patients to roll IV stands in with them. Another feature for patient safety will be the placement and style of night lights that are intended to reduce patient falls.

I hope you have an opportunity to tour and see firsthand how we have tried to address the needs of our staff and patients. An open house and tours will be held Tuesday, June 5, from 9 a.m. to 4 p.m.

— Maribeth

Notable Nurses

Good Catch

Congratulations to the following staff for their contributions creating a Safe patient environment.

- Mike Bassar, Radiology
- Marlene Bertiaux, Postpartum
- Tracy Brunsak, 4100
- Sonja Burkley, 3200
- Louise Carozza, ED
- Linda Cumpston, OPC
- Rosalind Duncan, 3200
- Renee Eckert, WCC
- Rusty Hein, 4100
- Sissy Hydock, 5300
- Phillip Kelly, Central
- Michelle Kuczykowski, WCBC
- Abby Mallon, Pathology
- Deborah McGory, NICU
- Jennifer Milko, 3200
- Karen Robb, Pharmacy
- Anita Stanko, 2700

Submit to The Caring Times

Where do I send my submissions?

Email articles to Karen Stein at kstein@magee.edu and Jennifer Titchworth at jtitchworth@magee.edu.

What is the deadline to submit an article?

The submission deadline for the July issue is June 15, 2012.
Hospital / Nurses Week

Highlights

Submitted by Glenda Davis, RNC, BSN, MPM and Jennifer Stolar RN, BSN, OCN

We hope everyone had an opportunity to attend one of the events during Nurses week. The turnout for each event was tremendous. In addition to breakfast, American Idol, Ice Cream Social and Massages, there were several other moments of celebration and education. The Hospital Celebration was a high hit with over 4 baskets to raffle and the room was filled with unique and informative posters from each department.

Please remember to thank the Medical Staff for their kind words of appreciation during Nurses week and also their generous donation toward funding of our nurses week activities.

Our night and weekend staff had several opportunities to attend “Healthy Lifestyles” presented by our ICU Unit Director, Lauren Gorman where she reviewed tips to stay alert at night in addition to what foods to eat or avoid.

The lunch n learn “Pennsylvania’s Approach to Impaired Healthcare Professionals: Are you Doing Anything That Can Impact Your Ability to Practice?” was videotaped and we will schedule additional viewings to include night shift and weekend staff.

Mona Wallace and the security co-workers did a fantastic job demonstrating staff safety and they used scenarios of how to keep us safe working with patients who turn aggressive. We will also be scheduling repeat performances for staff to attend.

Our Nursing Awards Ceremony was extra special this year. We started with a welcome from our CNO Maribeth McLaughlin showing us some “before and after”. Sister Nora gave a blessing and we recited the Nightingale Pledge.

Vivian Petticord, Chair of the Magnet Steering Committee, explained our model of care components and she revealed that the team Ivy won the model logo.

Continued on Page 4
Glenda Davis recognized the Magee Nurses who retired this past year and the annual Nursing awards winners were revealed. Lastly, there was a surprise announcement that plaques have been purchased to display all of the Nursing Cameo and Advanced Practice Winners since Cameo inception in 1999. Please look for the plaque in the hallway near the gift shop.

The Nursing staff all had an automatic chance to win 2 IPADs and they received additional entries with each event scheduled during the week that they attended.

Congratulations to Kim Boulanger from Postpartum and Joseph Ellis from 4100 who were winners of the IPADs.

In addition, Evelyn Deason from 5300 was the winner of a basket filled with nursing apparel.

A huge thank you to the Hospital/Nursing Week planning committee, they helped to make the week a huge success.

### 2012 Hospital/Nurses Week Planning Committee

- Kim Brooks
- Barb Cannella
- Glenda Davis
- Cindy Frosztega
- Lauren Gorman
- Jenny Hall
- Michelle Hanrahan
- Dawn Kelly
- Linda Le
- Sarah Odes
- Janet McFarland
- Vivian Petticord
- Cynthia Shaffer
- Brittany Sheets
- Jennifer Stolar
- Jennifer Titchworth
- Melissa Young

### 2012 Nursing Award Winners

Submitted by Glenda Davis, RNC, BSN, MPM

#### Cameos of Caring

**Nancy Broadway, Pre/Postop**

Nancy is the epitome of the Nurse we should all aspire to be. Nancy is nearing retirement after decades of dedicated service and continues to wear many hats. Nancy is a breast cancer survivor who took her diagnosis in stride, with a cheery smile and a positive attitude. She is an advocate and support to our newly diagnosed breast cancer patients, giving them encouragement to be strong and hopeful as they watch her taking excellent care of them and others. In addition to Nancy’s career at Magee, she is currently working with a group of Nurses, Physicians, and Benefactors in opening a free clinic in the Jeannette, PA area. This clinic will serve 2400+ people, some of whom have no health insurance. Nancy saw the need to reach out to these people and didn’t hesitate to become involved. Nancy also holds a CCRN certification and teaches CPR and ACLS classes.

Nurses become Nurses for many reasons but Nursing is a true calling for Nancy. She is kind and gentle with a great ability to comfort others. She is a true ambassador for our Unit (and Magee) with her welcoming smile and gentle ways.
Cameos of Caring –

Advanced Practice for Clinical Focus

Bawn Maguire, OB Support

Bawn is Magee’s outreach coordinator for obstetrical patients. She works tirelessly as an advocate for her patients and their families faced with the challenges of drug addiction and social or behavioral health disadvantages. Her contributions to the obstetrical population are recognized at Magee as well as throughout the Western Pennsylvania Community. Bawn initiated the Safe Sleep Committee at Magee and their work has influenced practice changes throughout Magee as well as the entire UPMC system. In her most recent endeavor, she is developing a ‘maternal home’ approach to the care and management of addicted and severely affected pregnant women and their infants. She is an advocate for a patient population that is often challenging and difficult to care for. Bawn’s calm demeanor but forceful voice is invaluable to the staff and patients at Magee.

Nursing Leadership

Kimberly Boulanger, Postpartum

Kim is a leader in exemplary nursing practice on the postpartum units. In addition to functioning as a Clin IV, she serves on multiple committees. One such committee is the Bereavement Council which has implemented protocols and methods to support mothers who experience neonatal losses. She has helped educate the nursing staff to provide optimal support to these parents. Additionally, she has taken it upon herself to develop a tool for better communication between patients and their Nurses regarding pain medication management during the postpartum period.

Kim is also pursuing a Master’s Degree in Nursing as she believes in continued learning and growing in the nursing profession. She consistently models what a Nurse leader should be by demonstrating leadership, professionalism, leading by example and nurturing the nursing staff.

Preceptor of the Year

Pat Kavic, NICU

Pat has been a Staff Nurse in the NICU for almost 28 years and has volunteered for the extended role of NICU preceptor for the last 18 years. If there is anyone who is committed to precepting and shows that she LOVES it everyday that she does it, that nurse is Pat! Pat volunteers to take new staff and is passionate about helping new staff be the best that they can be as they start their new careers in Nursing and the NICU. She likes making sure that “her girls” learn everything the RIGHT way and for the RIGHT reasons. She facilitates their use of critical thinking skills and remains approachable for all staff to ask questions or her opinion of what to do when a clinical question or question of care delivery arises.

Even after 18 years of precepting, Pat continues to take her role as preceptor seriously and remains an advocate for assimilation of new staff into our NICU culture. She also is an advocate for those that she has precepted when it comes to employment opportunities within our Unit. If she has a student that has that “extra special” component with care delivery she makes sure that the Unit Directors are aware of this and that they take this into consideration when job openings arise.
**Rookie of the Year**
Briana Mangis, ICU

Briana Mangis joined the Magee Adult ICU team in August 2011. “Bri” has developed solid critical care skills in a very short time. Briana has been recognized by her peers as being able to handle the most challenging ICU assignments and the most difficult patients with ease and professionalism.

Briana has volunteered to chair the Education Council. Her team helps to educate the ICU team on the constantly changing field of critical care nursing. Bri is always looking for opportunities to advance her skills and knowledge about critical care nursing. She is certified in ACLS and recently took a class on caring for patients on continuous dialysis (PRISMA).

Bri is known to focus on the very critical details of the care she delivers to her patients. There was a patient who needed to stay in the ICU for about a month. Bri took the time to paint her fingernails and toenails and helped the patient regain her self-esteem. The patient’s family was very grateful for the special attention and the positive impact it had on the patient. Bri is definitely an extraordinary Nurse who reaches extraordinary heights to go above and beyond for her patients, her families and her peers.

**Thank You—Medical Staff**

The Nursing staff of Magee-Womens Hospital of UPMC would like to thank the Medical Staff for their kind words of appreciation during Nurses week and also their generous donation toward funding of our nurses week activities. We appreciate their collaborative spirit and enjoy the teamwork that we share toward providing the best care to our patients.

—Glenda Davis, Director of Nursing and Patient Safety Officer

**Magee Recognizes Our Retired Nurses**

- Sheila Kearney, Med/Surg IP Oncology, Professional Staff Nurse BSN
- Sabirah Khabir-Nazir, TCU, LPN
- Patricia Kudlac, NICU, Registered Nurse Unit Tier I
- Georgia Moreman, NICU, Professional Staff Nurse
- Susan Nestico, Antepartum, LPN
- Rosecina Weadon, OR, Clinician
Highlights from Nurses Week!

Thank you for Your Contributions & Donations

Submitted by Jennifer Stolar RN, BSN, OCN

On behalf of the Professional Practice Council and the Nurse’s Week Planning Committee, we would like to thank all of the departments for their participation during the Hospital Celebration on Wednesday, May 9th. The baskets and posters were phenomenal!

There were a total of 40 posters from departments all over the hospital including Genetics, Quality, Biotronics, NICU, 2700, 2800/4200, 3700/3800, 4100, 5300, WCC/Infusion Center, WCBC, Ortho Clinic, Social Work, Oncology Navigators, Imaging, Bariatric Program, Orthopaedic Program, OR, PRE OP/PACU, ED, Health Management, CAP projects, ICU, OPC, Infection Control, Exemplary Professional Practice, PT/OT, Education and Pharmacy to name a few. Many of these same areas included a basket for the Chinese Auction. There are even areas that did not present a poster, but, were involved with the baskets as well including IS, EVS, Administrative Clinicians, Administration, Diagnostics, Gyné Specialties, TCU, Anesthesia. There were a total of 34 baskets!

Each employee’s name was entered to win and the winners were from various areas in the hospital from different departments and even Magee Employees that are located in off-site offices! Again, we thank you for your generosity and cooperation with the donations!

Because the posters and baskets were such a huge hit, the planning committee is contemplating an award structure for the posters, and possibly the baskets too!
Magee recognizes our 2012 Nursing Nominees

Submitted by Glenda Davis, RNC, BSN, MPM

*Cameos of Caring*
Michele Aubele, Surgical Services
Melissa Binger, 2800
Nancy Broadway, Pre/Postop
Jill Enyart, Outpatient Clinic Yellow
Nicole Germanoski, WCBC
Laura Lanzine, WCBC
Jonette McClelland, NICU
Renee Mihalchik, ER
Diana Oravec, NICU
Jill Szoszorek, WCBC
Debra White, OPC Blue
Laura Witt, Emergency Department

*Cameos of Caring – Advanced Practice for Clinical Focus*
Bawn Maguire, OB Support

*Nursing Leadership*
Monica Ahwesh, 3200
Kimberly Boulanger, Postpartum
Cathy Harger, ICU
Melanie Herbst, Emergency Department
Jeanne Donahoe, WCBC
Jennifer McLinden, Postpartum
Leslie Spagnol, PCS

*Preceptor of the Year*
Jenny Arkett, 2800
Javon Dipyatic, ICU
Pat Kavic, NICU
Pam Roberts, WCBC
Amanda Paczkowski, Postpartum
Erin Sapsara, NICU
Rachael Sondej, Emergency Department
Katie Werling, WCBC

*Rookie of the Year*
Melina Badanich, 2800
Barbara Bertrand, 2700
Sophie Brandenburg, 3200
Caroline Fleming, ED
Jessica Harbison, Outpatient Clinic
Allison Knopf, NICU
Briana Mangis, ICU
Sheena Sarazen, 2800
Jamie Strohmeyer, 2700

*Evidence-Based Practice*
Submitted by Karen Stein RN, MSeD, CCRN

We all have heard so much about evidence-based practice and we all know that after we graduate nursing school we are supposed to keep up with all the new advancements in our field. We also know that it can be very difficult to do this. To make life a little easier, many of our professional organizations are developing evidence-based practice guidelines. These guidelines give us a generalized approach for many conditions. They are not a substitute for individual patient needs, but help to guide practice based upon randomized control studies (large well run research studies done with many patients) and systematic reviews (studies that analyze all medical literature and research pertaining to a particular condition and a final recommendation is made based on the analysis of these results).

This is really an exciting time for nursing because we have an opportunity to provide state of the art care to our patients. It also is a good time to be a patient because you can also ask your physician what the evidence points to for treatment of a particular condition. Of course I am all excited about evidenced-based nursing! We finally have an opportunity to unleash our creativity and validate our thinking! I urge all of you to think of a patient problem you are having on your unit and join me in the Evidence-Based Fellowship Program. In a few weeks your manager will be sending you the application for the fellowship. So please put your thinking caps on and apply. It is guaranteed to be an enlightening journey for yourself and your patients!
Re-designed Vaccine Forms for Influenza & Pneumococcal Vaccines

Submitted by Pat Petruna, RN, BSN, MS  Quality Management Coordinator

Beginning in January, 2012 a new Core Measure was added to the CMS guidelines, that measure was Global Immunizations. Both the Influenza and the Pneumococcal vaccines are included in this inpatient quality measure. According to the immunization inpatient quality measures for Influenza vaccine all patients age ≥6 months are eligible to be included in the measure and for the Pneumococcal vaccine all patients age 65 or older or patients aged 6 to 64 with a high risk condition are eligible to be included in the measure. To meet this new measure the Influenza and Pneumococcal vaccine forms were re-designed. The new forms can be found in the Admission Assessment Form and the OB Admission Assessment Form, each having their own heading on the admission form menu.

The Influenza Vaccine Form:

The Influenza vaccine is a seasonal vaccine and will be offered to our patients from September through March 31 of the following year. Condition logic will be utilized to un-dither or open each field on the form as the questions are answered. The changes to this form include the first question asking whether it is Flu Season or not; the vaccine history view has been moved to the top of the form; the question regarding whether the patient has had the flu vaccine this flu season; the month or season for the vaccine will have a drop down box to select either the month the patient received the flu vaccine or the season, fall or winter, and the current year for the vaccine; the current list of contraindications to the vaccine; and finally the question asking if the patient wishes to receive the Influenza vaccine if they have not already had the vaccine this flu season. If the patient wishes to receive the Influenza vaccine and YES is selected or “Unable to assess” is selected an order for the Influenza vaccine will automatically be sent through the electronic system and the vaccine will be ordered.

Continued on Page 10
The Pneumococcal Vaccine:

The Pneumococcal vaccine will be offered year round to patient’s who meet criteria to receive the vaccine. This form has several changes, the first asking whether the patient has had the Pneumococcal vaccine and if yes the year the patient had the vaccine. If the patient has not had the vaccine the indications for the vaccine will open and will be age dependent. The patient’s age will be identified by the system and the appropriate questions for one of three age groups will open. The first age group includes patients under age 65, the second group includes patients aged 65 to 69, and the third group includes patients age 70 and older. Conditional logic will then be utilized to open the appropriate questions that need to be answered for each patient’s vaccine status. All inpatients must be assessed for Pneumococcal vaccine status. Note that the Pneumococcal vaccine is no longer required just for patients aged 65 and older but is also now risk dependent for patients under the age of 65. The acceptable contraindications to receiving the vaccine are only those listed on the vaccine form.
Form for patients under age 64:

Once the contraindications section has been completed for patients in any age group, the final question asking if the patient would like to receive the Pneumococcal vaccine will open. If the answer is YES or “Unable to assess” and order will automatically fire to the system and an order for the vaccine will be generated and be seen in the MAR.

Please note that pregnancy is only a contraindication to the vaccine as long as the patient remains undelivered. Once the patient is delivered that contraindication no longer exists and the patient becomes eligible for inclusion in the measure and we are required to offer the pneumococcal vaccine to the patient if they fall into one of the high risk categories which include asthma and diabetes which are commonly seen in this population.

These new vaccine forms should help us to improve our compliance with the new Global Immunizations Core Measures. The anticipated “Go-Live” date for these new forms is Wednesday, May 30, 2012.

You Spoke ... We Listened

Submitted by Jennifer Stolar RN, BSN, OCN

Hopefully, many of you were able to visit the Hospital Week/Nurse’s Week Celebration Day on Wednesday, May 9th. By chance, did you happen to notice the Professional Practice Council Poster as you entered the venue? For those of you that did not get the opportunity to participate this day, I wanted to share with you the information that was included on this poster.

The PPC has become a very engaged group that actively participates in hospital wide initiatives to address staff concerns, share staff ideas and implement improvements. Some things that have resulted from the PPC’s work includes: Charge Nurse Differential Pay, Survival Guides given to pulled nurses, pulled nurse appropriate assignments, no pulling across service lines, buddy assignments, revamping of The Caring Times, red flag project, rounding with physicians, face-to-face handoffs, peer review scripting, new hire binders, administrative rounds, Town Hall meeting frequency increased, CNO visits to UBPC meetings, weekly updates sent out by UD’s, Survey Monkey usage to gather and distribute information, administrative rounds with coffee cart and HR attending unit meetings to name a few. I believe that many areas/departments have personally witnessed or experienced many of these changes and have had a favorable response.

As we come closer to beginning a new fiscal year, we will be facing new challenges and as a council we look forward to take these challenges head on and taking your voices to the next level.
Congratulations Magee!

Magee-Womens Hospital has been awarded the highest environmental achievement Award presented by Practice Greenhealth, the national membership organization for health care facilities committed to environmentally responsible operations. Magee was named a member of the Environmental Leadership Circle for 2012, Practice Greenhealth’s most prestigious Award.

“This Award honors the highest level of commitment to environmental stewardship and protecting public health,” said Practice Greenhealth Executive Director Laura Wenger, RN. “They are the best of the best, the recipients of our top award. Magee Womens Hospital of UPMC is truly demonstrating leadership for the future of health care.”

The Environmental Leadership Circle recognizes health care facilities that exemplify environmental excellence and are setting the highest standards for environmental practices in health care. Award winners are chosen by the Practice Greenhealth Award review team from the top Partner for Change applicants. To be considered, facilities must meet the criteria for the mercury-free Award, recycle at least 25 percent of their total waste stream, have implemented numerous other innovative pollution prevention programs, and be leaders in their community.

Magee staff were recognized for leadership in the application of environmental health education and clinical practice as well as waste reduction efforts, a commitment to healthy foods in health care as evidenced by organic vegetable gardens, and greening of the OR.

Magee’s green team is a robust and engaged group that includes membership from almost all hospital departments. In fact most staff members have contributed to the winning of this award in both small and more significant ways through recycling, choosing alternative transportation, counseling childbearing families about environmental health, utilizing “green” cleaning products, reducing red bag waste, and much more. Environmental health and sustainability continue to be part of the culture of Magee.

The Practice Greenhealth Environmental Excellence Awards were presented in Denver, CO, at CleanMed, The premier national environmental conference for leaders in health care sustainability.
Announcing the New Patient Care Support Career Ladder

Submitted by Glenda Davis, RN, MPM

A new career ladder has been designed in order to allow patient care support employees the opportunity to grow based on increased education, experience and job responsibilities helping to create their own rich, diverse and satisfying careers in one or more jobs within the MYCAREER structure.

Initial Standardization has occurred across the system with the following job titles and job descriptions:

- **Nursing Assistant**
- **Patient Care Technician**
- **Patient Care Technician, Advanced**
- **Lead Patient Care Technician (NEW)**

The job responsibilities are as follows:

**Nursing Assistant**

**Core Responsibilities:**
- Blood Glucose
- Weights
- Vital Signs
- I & O
- Specimen Collection
- Foley Care

**PCT**

**Core Responsibilities as above**

**Additional Responsibilities:**
- Phlebotomy
- Simple dressing
- Foley removal
- Point of Care Testing
- Bladder Scan
- IV Catheter Removal
- 12 Lead EKG (Certain Units)

**Advanced PCT** (ICU and monitor units-assist with reading monitors and transporting patients on monitors)

**Core Responsibilities, Additional Responsibilities as above and**
- Successful completion of Basic Arrhythmia Class

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**Lead PCT-1 per unit**

**Core Responsibilities,** Additional Responsibilities as above and

- Shadow potential new staff as needed
- Support department, facility based projects, and quality initiatives such as care model implementation
- On-boarding and precepting of new staff
- Actively participates in scheduling process of other support staff

“It helped to boost my confidence that I could now do all these skills as well as having my unit directors support and have the confidence in me to do it. I was thrilled to be able to take on these responsibilities and to be trusted to provide those skills. It is nice to be able to help a nurse more; to be able to take some of their tasks on them so they can tend to other priorities.”

- Jessie LaCava Postpartum PCT

Over time other positions will be rolled into the MyCareer Structure.

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**Breastfeeding Friendly**

Submitted by Karen Ewing, CRNP

Magee-Womens Hospital of UPMC is committed to providing superior health care to the families of western Pennsylvania, including women, infants, and men, and to being a regional and national leader in innovative women’s and infants’ health care and research. As the premier provider in the region with greater than 10,000 deliveries a year, we impact the beginning of many new families’ lives by instilling healthy living as a lifelong endeavor.

We are committed to establishing and promoting healthy lifestyles beginning in the first days of our newborns lives. One way to achieve this goal is by becoming more and more breastfeeding friendly. The American Academy of Pediatrics (AAP), the American College of Obstetrics and Gynecology
(ACOG), the American Academy of Family Medicine (AAFM), and the World Health Organization (WHO) recommend that nearly all women breastfeed their babies exclusively for 6 months and then continue to breastfeed with the addition of complementary foods at least for one year. Breastfeeding benefits mothers, newborns, society, as well as the environment. Studies have shown a decreased incidence of ear infections, childhood obesity, asthma, diabetes, and diarrhea in children who were breastfed. Additionally, studies have shown slightly enhanced performance on tests of cognitive development in children who were breastfed.

Many of these same organizations (AAP, AAFP, District 1 of ACOG, WHO, CDC, and Massachusetts Medical Society) oppose hospital distribution of commercially provided diaper bags. There is strong evidence that the distribution of these bags with formula or coupons within them decreases the duration of breastfeeding as well as the exclusivity of breastfeeding within the first 6 months. Using supplements as formula reduces the frequency of breastfeeding and ultimately the quantity of breast milk produced. Also, use of supplements without a medical indication is associated with earlier cessation of breastfeeding.

In our efforts to support breastfeeding, we are eliminating the distribution of formula sponsored diaper bags to our new families at Magee-Womens Hospital of UPMC. Additionally, our nurses are highly skilled in breastfeeding support and we have both inpatient and outpatient lactation services including a full-service retail center at Magee-Womens Hospital to support our breastfeeding mothers. Together we will promote healthy living as a lifelong endeavor beginning at birth. Let’s work together to promote, protect, and support breastfeeding.

### dbMotion Training Module

Submitted by Kimberly A. Gracey, RN, BSN, MPM

There is a new **dbMotion Overview Training Module**. This module is an on-line Captivate Module with sound.

The new training module provides the ability to learn how to use the dbMotion application to better meet the needs of the provider and enhance patient care delivery.

It can be used for all new hire training of physicians, nurses, and other clinical team members, as well as individual usage of clinicians at the bedside, clinic, office or at home.

To access the dbMotion Overview Captivate Module:

- Select the Interoperability link from the Training and Education tab on the Infonet.

- Click on **dbMotion Training Materials** and then the Training tab. Select **dbMotion Overview Training Module 2012**.

- The training module can also be found within eRecord A to Z (select I for Interoperability) OR within the dbMotion application by selecting the Applications List icon then clicking on the Training tab.
Nursing & Politics: A Necessary Partnership

Submitted by Mary Z Kish, CRNP, MSN

Why are politics and the legislative process relevant to you as a nurse? Political involvement leads to public policy formation. If nurses wish to affect outcomes in policy formation, they must be involved in politics. Legislation is responsible for shaping the health care policy in this country and that places nurses in an excellent position to exert considerable influence on policymakers and health care policy. Are you aware that nursing represents the largest sector of the health professions? With more than 3 million registered nurses in the United States today, these healthcare professionals make up a significant number of the constituents. Are you aware that 1 in 44 women voters is a nurse or that 1 in 100 adults is a nurse? There are also over 10,000 nurses per congressional district; and that is not all. Not only do nurses consistently rank at the top of the polls when asking about commitment to patient care, improved safety and quality, and better outcomes, but nurses are also viewed as playing key team roles in leadership for a reformed and better-integrated, patient-centered health care system. Who, then, to better be able to speak to policy makers on behalf of nurses than nurses? Who knows more about what nurses do and need than nurses? Who is there to better address the health care concerns of our patients than nurses? That’s right! It is all of us! Nurses!

All things considered, in order to be able to use our power and influence effectively, we need to develop an awareness of the legislative process. Therefore, it is important to understand how we are represented in Washington. Do you know who represents you? Do you know who your Senator is? Your Congressman? These answers are important to all of us, not only as constituents but as nurses. We should be familiar with the people who have been elected to represent us and to represent our views and the health care issues that affect our nursing profession. If you are unsure about who represents you and would like to know you can go to www.senate.gov to locate your U.S. senators and go to www.house.gov to locate your representative. It is only a mouse-click away!

We also need to become more involved on a professional level. Do you belong to a national, state or specialty professional nursing organization? Membership in professional nursing organizations facilitates information for nurses about current legislative issues and additionally offers suggestions for political action. These organizations can also assist nurses with political decision making by providing education and supporting activities that address the political process, policy development, empowerment strategies, and support for political candidates who represent your interests as a nurse. Many of them even offer email updates when legislation of interest to nursing or your particular specialty is introduced.

There is no time like the present; the present state of health care is providing the opportunity for changing, learning, and improving the status of the nursing profession. If we as nurses can meet the professional and clinical challenges we face each day in the workplace, we can certainly influence health care legislation. So develop that necessary partnership and step up to the plate. Become more involved! Join a professional nursing organization! Find out who your senator and representatives are! Sign up to be notified of legislation that affects your area of nursing and your role as a nurse. Do it for yourself and for your patients!

"Knowing is not enough; we must apply.
Willing is not enough; we must do."

--- Goethe

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PCA Pump Drug Library

Submitted by Barbara Lawrence, RN, M.Ed.

All of the PCA pumps have been updated to reflect the following changes as listed below. The new PCA pump reference cards have been attached to the pumps.

Drug Library Revisions:

**Opioid PCA Library Revisions**

- **Low Dose Clinical Care Area:**
  - The continuous dose option was deleted for all drugs included in this clinical care area.
  - This revision follows the recommendations by the Institution of Safe Medication Practices based on the premise that our Low Dose Clinical Care Area is most often used for opioid naive patients.

- **Moderate Dose Clinical Care Area:**
  - Morphine 1 mg/mL:
    - PCA (mg) and Continuous Dose (mg/hr), Lower Hard Limit, decreased to 0.1 mg (previously 0.5 mg)
  - Hydromorphone 1 mg/mL:
    - PCA (mg), Upper Hard Limit, increased to 1 mg (previously 0.5 mg)
  - Continuous Dose (mg/hr), Upper Hard Limit, decreased to 1 mg/hr (previously 1.5 mg/hr)

- **High-Dose Clinical Care Area:**
  - Hydromorphone 1 mg/mL
    - Continuous Dose (mg/hr), Lower Hard Limit, decreased to 0.5 mg/hr (previously 1 mg/hr)
    - Addition of a new Clinical Care Area: “Maximum Dose”
      - This clinical care area was created to meet the dosing regimen requirements for our palliative care service.
      - This clinical care area should be reserved for patients managed by a palliative care team physician.

- **Ketamine Continuous Infusion Revisions:**
  - Ketamine 10mg/mL is no longer in the drug library.
  - Only the 5mg/mL concentration is available for programming
  - This concentration has been standardized for UPMC.

Please call or email Krys Zaradzki in the pharmacy if you have any questions concerning the library revisions.

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**Welcome—New Employees**

**Antepartum:**
- Katherine Prior
- Patricia Rogers

**Labor and Delivery:**
- Hazel Austria-Robles

**Med/Surg 3200:**
- Melissa Dean
- Cristina Wetzel

**NICU:**
- Kathleen Mielecki

**Operating Room:**
- Rebecca Fultz

**PCS:**
- Rochelle Pietropaulo

**Student Nurse Interns:**
- Chelsea Anderson, Carlow, OR/PACU
- Sarrah Bair, Carlow, OB
- Jenna Bentz, Pitt, OB
- Samantha Danyo, Pitt, OB
- Kaitlyn Green, Carlow, ICU
- Mackenzie Jordan, Carlow, 3200
- Morgan Nealy, UVM, OB
- Ashley Owok, Penn State, 2800
- Lindsey Riehl, IUP, 5300
- Jenna Uniatowski, Pitt, 4100