

UPMC
NURSING

Pathways to Excellence



Message from the Chief Nurse Executive

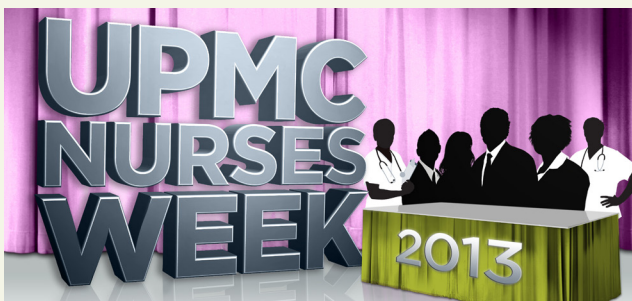
In this issue of *Pathways to Excellence*, we are highlighting UPMC's Cultural Competency Initiative. Cultural competency focuses on being aware and being able to interact with individuals in a culturally appropriate manner. This communication may be with your colleagues, as well as with our patients who we care for.

How well we, as a health care organization or you, as an individual builds cultural competence is directly reflected by our nurses, physicians, and support staff's engagement and our patient feedback including patient satisfaction scores. Each time a patient completes a patient satisfaction survey, they are telling us how well we met their individual needs and expectations. The same holds true for each of you. When you complete an employee engagement questionnaire, you are providing the organization your personal feedback pertaining to the culture of the organization. Since

all of us have different life experiences and come from different backgrounds, each of our viewpoints and expectations may be different. Therefore, as an organization, our challenge is to create an inclusive culture in which everyone is treated with dignity and respect.

Dignity & Respect Tip 11 is "Treat others the way they want to be treated." This is the foundation of cultural competency. To assist you with putting this tip into action, the UPMC Center for Inclusion, in collaboration with the Donald D. Wolff Jr. Center for Quality, Safety, and Innovation at UPMC, has created innovative tools and resources for your use. Some of these tools and resources are shared in this issue of the newsletter. My hope is that each of you become experts in treating your patients, and each other, in a culturally competent manner. What a perfect example of living "Your Care. Our Commitment."

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



UPMC Nurses at the Table: Partnering for Our Future

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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.

Introducing the Cultural Competency Initiative

UPMC is committed to ensuring that every patient gets the right care, in the right way, at the right time, every time. In support of this commitment, we are proud to introduce to you the Cultural Competency Initiative. Building on the Dignity & Respect Initiative, Cultural Competency continues the conversation of how we ensure that inclusion is at the core of what we do every day by focusing on how we as UPMC employees can practice Dignity & Respect Tip 11: Treat others the way they want to be treated. This means we all must work to build cultural awareness in order to treat patients and their families, health plan members, our communities, and each other with dignity and respect.

In this edition of *Pathways to Excellence*, and over the next several months, you'll learn more about the strategy and resources in place to provide you with what you need to work toward cultural competence. For example, both at a system level and soon at a business unit near you, Culturally Competent Care (C3) committees will connect service areas with cultural resources and experts so that conversations about the best care consider the diverse pieces that impact what each individual needs and expects. You'll also find out

more about the CHRIS model, how it can help you integrate cultural competence into your daily work, and the tools and resources available to all UPMC employees.

As UPMC nurses, you are among the best in the business. You do more than just provide medicine, you truly listen and care, and because of that our communities trust their health and well-being to your hands. We're proud to work alongside you to ensure we are treating everyone with dignity, respect, and in a culturally appropriate manner.



Candi Castleberry-Singleton
Candi Castleberry-Singleton
 Chief Inclusion and Diversity Officer



Tami Minnier
Tami Minnier
 Chief Quality Officer

Introducing CHRIS Dignity & Respect Tip 11: Treat others the way they want to be treated.

Submitted by Joseph Breems

The UPMC Center for Inclusion and the Donald D. Wolff Jr. Center for Quality, Safety, and Innovation at UPMC are excited to present new resources available to UPMC employees. These tools can be used to provide quality, culturally competent care to our patients and their families. Let us introduce you to CHRIS.

CHRIS represents UPMC's Commitment to culturally competent Health care and improving Retention of diverse employees by Integrating dignity and respect into Systemwide practices. Each color of CHRIS represents a different attribute of who someone is, and is vital to consider when caring for and communicating with that person.

For instance, if a department were to create a brochure that failed to represent different kinds of people, the brochure might not be successful in connecting with the diverse communities that UPMC serves. A receptionist can use CHRIS with each new patient he or she sees. CHRIS can be used as a checklist to remind the receptionist to consider the patient's various cultural, social, and communication needs, in order to provide the best care possible.

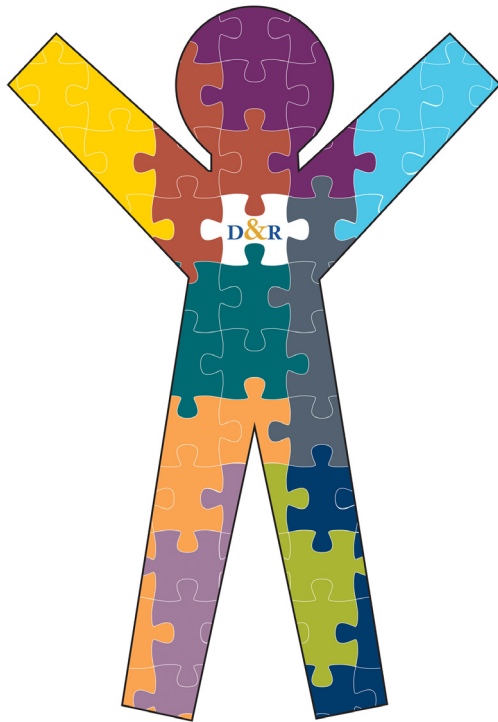
To help you understand how to consider CHRIS in what you do every day, the Center for Inclusion is coming to your business unit for a Cultural Competency Road Show. Building on the core belief that everyone deserves dignity and respect, these presentations take the conversation to the next step: What do one's choice of words, for instance, mean to others, and how can we treat everyone the way they want to be treated?

To find out more about CHRIS, and the tools and resources available to you for integrating cultural competence, such as CultureVision™, and how you can demonstrate a commitment to cultural competence every day, visit Infonet.UPMC.com/CulturalCompetency. Look for Stories of Inclusion and Cultural Competency articles in *Extra* describing how CHRIS can be used.

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If you have examples of how you use CHRIS, email your stories to Inclusion@upmc.edu. If chosen, your story may be shared and highlighted in *Extra*. By treating people the way they want to be treated, we can all do our part to ensure that inclusion is at the core of what we do every day.



Courtesy and Respect: Because It's Our Job

By Gina Pugliano, Donald D. Wolff Jr. Center for Quality, Safety, and Innovation at UPMC

Without a doubt, the role of the nurse in health care is complex, critical, and challenging on multiple levels. Nurses generally have more “touches” or interactions with the patient than anyone else on the care team. The nurse is the patient’s lifeline — his or her caretaker, advocate, and provider of treatment, medication, and information. When patients reflect on their experiences with nurses, they are evaluating how well their needs, preferences, and expectations have been met, both physically and emotionally (Merkouris, Papathanassoglou, and Lemonidou, 2004).

Our patients are more than our customers and consumers of our services; they are like friends and family. Research has continuously shown that how patients respond to a nurse who treats them with courtesy and respect is highly indicative of how they feel about their experience and the hospital as a whole.

“I was very impressed by the respect and courtesy the staff shows to the patients as well as one another.”

The patient who wrote the above comment responded with a “nine” on Overall Hospital Rating, a “Definitely Yes” on Likelihood of Recommending, and reported that the nurse “always” treated her with courtesy and respect. On the other hand, patients who feel disrespected by their nurse may allow that feeling to influence their overall hospital experience. For example:

“The nurse let a visitor in when I was getting a spinal with my curtain open. No respect from nurse at all.”

This patient recorded a “four” for the Overall Hospital Rating, and reported that the nurse “sometimes” treated him with courtesy and respect.

For HCAHPS reporting and value-based purchasing, we only receive credit for the “top-box” responses. Even if the nurse “usually” treats the patient with courtesy and respect, we do not receive credit. Respect must be given always, in every encounter and with every interaction, to receive credit.

It seems obvious and simple, but if it truly were that simple, everyone would do it.

Press Ganey has provided the following strategies as a starting point for improvement efforts surrounding courtesy and respect:

1. “Adopt basic courtesy and respect standards, such as: Knocking on the door and waiting to be invited in before entering the patient’s room; not interrupting the patient or his/her family; greeting the patient with their preferred name and indicating openness by making eye contact and using the patient’s title if appropriate; knowing or learning the identity of the persons with the patient; maintaining a relaxed, attentive body posture; being aware of the patient’s personal circumstances in and outside the acute setting; not talking about the patient in the third person; and protecting the patient’s privacy and modesty.”
2. “Ask if there is anything else you can do before leaving the room, and either fulfill the need or let the patient know who will do so, then subsequently follow up with the patient to ensure that the need was fulfilled.”
3. “Be mindful of your conversations with patients and family. For instance: Do not talk about other patients negatively; do not speak so loudly that others can easily hear the conversation; do not complain about personal or professional problems; do not ignore the presence of patients or family members.”

The information above has been derived directly from Press Ganey, “Nurses Treat With Courtesy/Respect”, Oct. 29, 2010.

UPMC Schools of Nursing Teach Culturally Competent Care

Culturally competent care is essential in today’s health care environment. Nursing curricula must include experiences that allow students to develop the knowledge, skills, and ability surrounding this essential component. The UPMC Schools of Nursing has designed unique experiences that promote the attainment of these skills in their graduates.

Mercy School of Nursing focuses on developing cultural competence early in the program. Students are first introduced to the concept in the Foundations courses and complete a self-analysis. After students reflect on their own cultural beliefs and biases, faculty facilitates a discussion that allows students to dialogue about how their beliefs will impact their nursing care. The Maternal Child nursing course includes a clinical field experience at Salud Para Niños bilingual clinic at Children’s Hospital of Pittsburgh of UPMC. The experience focuses on students completing wellness assessments, and provides teaching that considers the cultural practices of children and families. Throughout the curriculum, case studies conducted in Problem-Based Learning include cultural competency, which students must consider when developing their interdisciplinary plan of care.

Grounded in patient-centered care, UPMC Shadyside School of Nursing students engage in cultural self-awareness during their emotional competencies learning experience. Students discover their family cultural values, beliefs, and customs, then view a media presentation in which cultural awareness is absent. Ineffective communication behaviors are identified and discussed, including examining how health care ethnocentric behaviors directly impact patient care and satisfaction. Highlighting the UPMC Center for Diversity and Inclusion Culture Vision resource, available at www.crculturevision.com, students access specific cultural information to support patient-centered care. Students receive a ring of knowledge (ROK) that includes cultural awareness and assessment tips for clinical use.

During the initial nursing course at the UPMC St. Margaret School of Nursing, Basic Nursing I students participate in an ethnic luncheon. Each student brings in a dish that represents their own background or an ethnic food of their choice. Led by their instructor Susan Greenhill, each student discusses their food choice and its relevance to their culture. Many students also offer recipes to replicate the dish. The students have an opportunity to interact and share with each other during the luncheon. This occurs as part of the culture and ethnicity content. Students have consistently positive feedback about this opportunity to explore and share.

Recognizing that cultural competence is essential to the care of the patient, the UPMC Schools of Nursing remains committed to promoting the development of cultural competence in its graduate nurses.

Do You Understand How Medical Plan Deductibles Work?

A deductible is a specified dollar amount that you pay out of your pocket each year before UPMC’s medical plan begins to pay benefits for certain services. Meeting all of your MyHealth requirements will reduce the plan deductibles by \$1,000 for an individual and \$2,000 for a family. The remaining deductible needs to be satisfied before the plan pays for certain medical services. This deductible amount depends on which medical plan option you select.

When do you have to pay the deductible?

Expenses such as lab work, in- and outpatient hospital services, surgery, and anesthesia are all subject to the deductible before your UPMC medical plan begins paying.

What medical plan services do not apply towards deductibles?

Services that have copayments, such as PCP visits when you are ill, specialist visits, urgent care visits, and prescriptions do not apply to your deductible.

	UPMC Advantage HMO	UPMC Advantage PPO	UPMC Open Access PPO
Plan Network	UPMC Advantage Network	Advantage Network	UPMC Health Plan Network
Individual/Family Deductible	\$1,200/\$2,400	\$1,400/\$2,800	\$1,400/\$2,800
MyHealth Deductible Credit	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000
Annual Individual/Family deductible, if maximum MyHealth credit earned	\$200/\$400	\$800/\$1,600	\$400/\$800

I SPY: Recognizing Nursing Colleagues Across UPMC

Children's Hospital of Pittsburgh of UPMC

Lynne Cipriani, RN, BSN, CPN, and Kelly McGill, RN, BSN, CPN, received their certified pediatric nurse certification.

Shareen Milligan, DNP, RN, CCRN, a CICU nurse educator, obtained her doctor of nursing practice.

Sheila Hahner, MSN, RN, and Renee Bischoff, MSN, RN, obtained their master's degrees in nursing.

Karen Larkin, RN, received the *MyHealth* Award.

D. Benkovitz, T. Pasek, and S. Miedel authored "A supportive harmony: Music therapy for complex painful dressing changes," *Pediatric Pain Letter*, December 2012, Vol 14(3), pp. 34-38.

K. Straka, M. Burkett, M. Capan, J. Eswein authored "The Impact of Education and Simulation on Pediatric Novice Nurses' Response and Recognition to Deteriorating," *Journal for Nurses in Staff Development*, November/December 2012, Volume 28(6), pp. E5-E8.

UPMC Hamot

Lisa Keblish, BSN, and **Dennis Seth, BSN, RN-BC,** completed their bachelor's degrees in nursing.

Certifications achieved:

Dennis Seth, BSN, RN-BC, Med-Surg

Shelley Washek, RN-BC, Med-Surg

Donna Irish, BSN, CDN

Deborah Keyes, BSN, CDN

Chris Sargent, CEN

Chelsea Reynolds, CEN

Holly Mukina, BSN, CEN

Amanda Burket, BSN, CEN

UPMC Horizon

Monica Kozma, RN, MSN, received her master's in nursing.

Helen Cole, MSN, RN, was appointed unit director for oncology.

UPMC McKeesport

Nora Evans, RN, MSN, CMSRN, unit director of 3 Mansfield Medical/Oncology Unit was awarded the Clinical Leadership Award from the Academy of Medical Surgical Nursing (AMSN) in Salt Lake City, Utah in October 2012.

UPMC Mercy

Autumn Jones, RN, MSN, received her master's in nursing.

Adrienne Miller, RN, BSN, Jennifer Patton, RN, BSN, and Sarah Sluganski, RN, BSN, received their bachelor's degrees in nursing.

Angela Balistrieri, RN, DNP, of the Mercy School of Nursing, was selected by the National League for Nursing Accrediting Commission (NLNAC) to serve as a program site visitor.

Megan Rusk, RN, CEN, passed her certified emergency nurse exam in December 2012.

Staci Alexander, RN, CCRN, Laura Lucatorto, RN, CCRN, Jason Mittenzwey, RN, CCRN, and Theresa Troy, RN, CCRN, Intensive Care Unit, passed their certification for Adult, Pediatric, and Neonatal Critical Care exams in December 2012.

Rashida Henderson, RN, and Jason Mittenzwey, RN, presented "Unit-Based Practice Council" at Cumberland Woods in December 2012.

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UPMC Passavant

Congratulations to UPMC Passavant for receiving designation as an Advanced Primary Stroke Center by The Joint Commission.

Libby Shumaker, MSN, RN, OCN, and Kathleen Bryte, MSN, RN, OCN, presented a poster at the Academy of Oncology Nurse Navigators Third Annual Navigation and Survivorship Conference held in Phoenix, Ariz., in September 2012.

Nicole Davis, BSN, RN, and Kelly Staszak, RN, presented at the Greater Pittsburgh Nursing Research Conference in California, Pa., in October 2012.

Katie Fowler, BSN, RN, presented “Continuity of Care: When the Long-Term Care Resident Becomes the Acute Care Patient” at the UPMC St. Margaret “Hot Topics in Nursing Conference” in October 2012.

Darlene Hills, BSN, RN, CCRN, presented her My Nursing Career Contribution, “Wiser: Introduction to Moderate Sedation” at the UPMC System Nursing Grand Rounds in October 2012.

Donna Galbraith, RN, BSN, CEN, and Jeanmarie Daugherty, RN, CEN, recently presented information regarding the UPMC Passavant Injury Prevention Program at Horizons, a Pennsylvania State Emergency Nurses Association conference.

Susan Hoolahan, RN, MSN, NEA-BC, CNO/VP, Patient Services, UPMC Passavant, assumed her responsibilities as the new president of the Southwestern Pennsylvania Organization of Nursing Leaders at its annual conference in August 2012. Ms. Hoolahan will serve a one-year term.

Katherine Blahnik, RN, was appointed as a Cardiac Vascular Nurse Content Expert Panel member with the American Nurses Credentialing Center through 2016.

Certifications achieved:

Alice Chiplock, ACM
Nicole Davis, CCRN
Kathryn Fowler, RN-BC
Lynne Gerthoffer, ACM
Michele Giacobbi, CMLSO

Jessica Gordon, CCRN
Elizabeth Murphy, CCRN
Angela Rudisill, CCRN
Marianna Stoneburner, NEA-BC
Sabrina Van Arsdale, CCRN

Brittany Hood, Denise Sponcer, and Feather Bacher received their master’s degrees in nursing.

Samantha Stewart and Amber Gilbert received their bachelor’s degrees in nursing.

UPMC Shadyside

Denise Abernethy, MSN, RN, CEN, has been chosen as the Emergency Nurses Association Outstanding Emergency Department Nurse Leader of the Year. She will receive her award formally in February at the ENA annual conference in Fort Lauderdale.

Jill I. Sweeney, MSN, RN, CNML, UD, 3 Main, received notification that her article, “Crucial Conversations: A Framework for Dealing with Lateral Violence American Journal of Nursing” has been accepted for publication as a column in a future issue of the American Journal of Nursing.

Stephanie Deible was awarded the Cameos of Caring Endowed Nursing Scholarship.

Certifications received:

Denise Abernethy, CEN
Kristen Hoskinson, PCCN
Regis Sedlack, CMSRN

UPMC St. Margaret

Betty Thimons, RN, CRN, and Leigh Resnick, RN, CRN, received their certified radiologic nurse credentials.

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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

Carrie Moelber
Jazz Miklancie

Lisa Coddinton
Sara Criley
Summer Wenzel
Becky Wyman

UPMC Horizon

Heather White

UPMC Presbyterian

Missy Haslet
Patricia Hlasnick
Jingxian Li

UPMC McKeesport

Ruth Williams
Jeanine Perhacs

UPMC St. Margaret

Trisha Ford
Karen Soltez
Carol Kardos

UPMC Mercy

Lorraine Soltesz

UPMC Passavant

Kate Frioni
Alexandra Sopher

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Chief Nurse Executive

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Editor

Dawndra Jones, MSN, RN, NEA-BC

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UPMC LIFE
CHANGING
MEDICINE