Health Care Reform: A Reality

After more than a year of debate, a goal that had eluded presidents and Congress for nearly 100 years finally became a reality. On March 24, President Obama signed the comprehensive health reform bill, the Patient Protection and Affordable Care Act into law. On March 30, he signed the Health Care Education Affordability Reconciliation Act that made financing and revenue changes to the law.

For decades, health care professionals, especially nurses, have been advocating for health care reforms that would guarantee access to high-quality health care for all. With the passage of the law, millions of people will have greater protection against losing or being denied health insurance coverage, and better access to primary and preventive services. However, the debate of health care is not over, and nurses need to remain committed to learning about the changing system. The following summary outlines key health coverage provisions in the new law.

The legislation will do the following:

• Most individuals will be required to have health insurance beginning in 2014.

• Individuals who do not have access to affordable employer coverage will be able to purchase coverage through a health insurance exchange with premium and cost-sharing credits available to some people to make coverage more affordable. Small businesses will be able to purchase coverage through a separate exchange.

• Employers will be required to pay penalties for employees who receive tax credits for health insurance through an exchange, with exceptions for small employers.

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New regulations will be imposed on all health plans that will prevent health insurers from denying coverage to people for any reason and from charging higher premiums based on health status or gender.

Medicaid will be expanded to 133 percent of the federal poverty level (an annual income of $14,404 for an individual and $29,327 for a family of four in 2009) for all individuals under age 65.

The Congressional Budget Office estimates that the legislation will reduce the number of uninsured by 32 million in 2019 at a net cost of $938 billion over 10 years, while reducing the deficit by $124 billion during this time period. For additional information, visit the American Nurses Association website at http://www.rnaction.org/site/PageServer?pagename=nstat_HCRT_Resources.

UPMC Center for Quality Improvement and Innovation: Improving Patient Outcomes

Nurses know that no matter how hard they work, it is challenging to ensure that every patient gets the right care, at the right time, every time. At the UPMC Center for Quality Improvement and Innovation, staff work to help nurses provide consistent quality patient care by reducing unnecessary work allowing for more time to provide care. Projects include processes to reduce fall-related injuries and hospital-acquired pressure ulcers (HAPUs).

The Fall with Injury Reduction Program was initiated systemwide in 2009 to help nurses focus on patients who are most likely to have a fall with injury by making it easier to identify patients at risk and to quickly implement preventive interventions. The key to this was reducing the “fall screening admission assessment” from an average of 24 sections (paper) and 30 sections (eRecord) to three sections, leading to an 87 to 90 percent reduction in nurse assessment time. As a result, from June 2009 to August 2010, there was a 26 percent reduction in injury from falls systemwide.

The Hospital-Acquired Pressure Ulcer Initiative is working to target and simplify the risk assessment and interventions of pressure ulcer incidents. Despite staff training, best practice guidelines, and hard work, UPMC had 498 HAPUs over a one-year period. In 2009, staff from the Center for Quality Improvement worked with hospital front line staff to redesign the risk assessment tool and create a simplified intervention bundle. Staff feedback revealed that the new risk assessment was easier to complete, understand, and was more accurate than the Braden. Chart review showed that the new risk assessment tool identified more at-risk patients than the Braden and the intervention bundle led to at least one related intervention documented 79 percent of the time.

Simplifying work, giving time back to busy caregivers, and improving patient outcomes — that is the mission of the UPMC Center for Quality Improvement and Innovation.
Raising the SBAR for Good Communication and Safe Patient Care

Effective teamwork and communication are central to safe patient care, yet the challenges of accomplishing this are numerous. “As health care providers try to accomplish more in less time … miscommunication, flawed assumptions, decreased staff and patient satisfaction, and poor or nonexistent care coordination result” (Chapman, 2009). Using communication tools such as SBAR (situation, background, assessment, and recommendation) can help to ensure that messages are clear even in stressful situations (Leonard, et al., 2004).

Communication using this situational briefing model, an assertive communication style, and critical language in a safe environment can help us to manage complex situations. The UPMC model for effective communication includes these essential components:

Safe environment

We are all accountable for the safety of the environment in which we practice. No member of the health care team should feel afraid to report a patient problem to another team member. Ask yourself, “Do I ever respond negatively to a co-worker who is reporting a patient problem or request to me?”

Assertion/critical language

Closely linked with the safe environment is the assertion of our rights, and the needs of our patients, particularly when communication is unclear or unsatisfactory. UPMC has adopted the phrase, “I need clarity,” as a signal to stop and focus attention on communication. This nonconfrontational phrase can alert the other party that you have a need for more information or a clarification of the message, or that you are not getting what you believe you need for the patient.

Structured communication

The third arm of this model for effective communication is structured communication, and the template we have chosen for this at UPMC is SBAR.

S: Situation — What is going on with the patient? What are your concerns? Getting the other person’s attention and stating your concern focuses attention on the problem. “Dr. Jones, I’m calling about Mr. Smith. He just woke up with severe chest pain.” This summary of the situation and your concern will set the stage for effective communication.

B: Background — What is the context of this problem? Has this problem occurred before? What led up to this current situation? If the health care provider you are communicating with is not familiar with the patient’s background, this would also involve bringing your colleague up-to-date. “Do you know this patient? He is a 72-year-old man admitted yesterday to rule out MI. He has been pain-free since admission.”

A: Assessment — By providing information to “fill out” the clinical picture, you are giving your colleague your insight as to what is going on and how that is manifested in the patient’s presentation. Ask yourself, “What do I think is going on? What evidence (clinical data) supports that?” An example is, “Mr. Smith’s blood pressure is stable at 142/78, but his heart rate is up to the 120s. It had been running in the 80s. He is very diaphoretic and anxious and his respirations are shallow and up to 30. He states the chest pain is centered in his chest and does not radiate.”

R: Recommendation — This reflects the collaborative segment of the communication. “Can you please come and see him right away? I would also like to start some oxygen and get a stat EKG.”

Many times nurses and other health care workers know what to communicate, but are not comfortable with assertive communication. The “assertion cycle” (Leonard, et al.) can help to draw attention to the actual problem and away from personal discomfort with asserting what we believe our patient needs. “Focusing on the problem and avoiding the issue of who’s right and who’s wrong is quite important.” This involves getting the other person’s attention, expressing concern, stating the problem, proposing action, and then reaching a decision together. The SBAR model for effective communication is not only for nurse-physician communication. This is also appropriate in delegation communication and in patient hand-off communication as well.

What if the conversation does not result in the orders, care, or action you believe that you need for your patient? Remember that the nonconfrontational phrase, “I need clarity,” can help with this. For example, “I need clarity. Why don’t you think this patient needs oxygen?” Each UPMC hospital has a policy or process for escalating problems or concerns up the chain of command. Remember, this is all about getting what is needed for the patient and ensuring safe care with all of the members of the health care team.

References


Take a Vacation from Smoking

In recent years, the nation has experienced its first tobacco use increase in almost 30 years. Yet since 2005, prevalence of tobacco use among UPMC employees has decreased from 19.1 percent to 12.8 percent. Nearly 1,800 UPMC employees are now tobacco-free thanks to a combination of initiatives that encourage a tobacco-free culture at UPMC.

And for those who still use tobacco products, UPMC encourages you to take a vacation from smoking.

The great thing about vacations is that they can make you feel like a new person. If you are ready to quit smoking and follow a vacation quit program, you may, indeed, return a new person ... a nonsmoker. This is your chance to leave behind the things that make you reach for a cigarette. Take advantage of this change in routine to quit cigarettes for good. It won’t be easy, but many have done it, and you can, too.

Are you ready to quit?

To encourage employees to make their quit date this summer, UPMC started offering copayment reimbursement for tobacco cessation medication to employees, spouses or domestic partners, and adult dependents in July. There is still time to qualify. Individuals must:

• Register for the MyHealth Ready to Quit™ program and have at least one prescription of their tobacco cessation medication filled between July 1 and September 30, 2010.
• Complete the program.
• Complete a 90-day follow-up survey.

Why enroll?

• The right, personalized combination of support, planning, and possibly medication, can help you quit.
• UPMC employees who choose to work with a health coach and use tobacco cessation medication double their chances of successfully quitting from those who use medication alone. Those who complete the health coaching program are 13 times as successful!
• Quitting smoking can help you begin your path to a healthier lifestyle.
• Those who register are allotted three months’ use of the prescription, saving you approximately $50 to $100.

To learn more about MyHealth Ready to Quit and start your vacation quit program, call 1-800-807-0751.

Benefits News and Notes

UPMC Savings Plan

Effective Jan. 1, 2011, UPMC will reinstate the 1 percent employer matching contribution to the UPMC Savings Plan. The reinstatement of the 1 percent match will bring the total Savings Plan match back to levels that were provided prior to July 1, 2009. This signifies UPMC’s commitment to helping employees plan and save for a secure future.

You can find more information about UPMC’s retirement plans on Infonet. You can access your personalized retirement information via Your Benefits Resources™ by entering My HUB, clicking on the Human Resources tab, and selecting My Retirement under the My Benefits section.

UPMC Savings Plan

Special Summer Voluntary Enrollment

UPMC will introduce two new voluntary benefits this summer:

• Premier Universal Life Insurance is a new plan offered through ING designed to complement the UPMC basic and supplemental term life insurance benefits.
• Group Critical Illness Insurance is a new benefit offered through Allstate to provide protection in the event of a costly condition, such as a heart attack, stroke, or cancer.

UPMC has asked Innotech Benefits Solutions, a benefits consulting, communication, and enrollment organization with a proven track record of enrolling health systems throughout the United States, to provide one-on-one education to eligible employees across all shifts. Noncommissioned benefit counselors understand that patient care is our number one priority, so they will return you to work as quickly as possible. All nursing staff are encouraged to participate in these valuable education sessions.
UPMC study finds Emmi reduces average length of stay

A recent UPMC study of 3,300 inpatient records in six diagnostic-related groups (DRGs) found that patients who viewed educational Emmi® programs before their procedures had an average length of stay 0.7 days lower than non-Emmi viewers.

Emmi is an interactive Web-based tool that patients can access to learn about their procedures in easy-to-understand language before they go to the hospital. The premise behind Emmi is that better-informed patients are better patients who will spend less time in the hospital and make speedier recoveries. UPMC’s study, which was conducted at UPMC Presbyterian, UPMC Shadyside, UPMC St. Margaret, and Magee-Womens Hospital of UPMC, supports that premise.

The results from UPMC’s study echoed findings from New York-Presbyterian at Columbia University Medical Center published in the Journal of Arthroscopy in 2009. That study found that improving preoperative patient education reduced the level of stress patients experienced after their procedures. The study found that patient education lowered patients’ average length of stay by 0.8 days.

UPMC uses interactive Emmi programs to inform and engage patients about their procedure, chronic condition, or moment in care. The programs answer common questions and soothe common fears. Since 2005, more than 132,000 UPMC patients have been given Emmi programs.

“Originally, we looked at Emmi programs as a risk and patient satisfaction tool,” says Thomas Worrall, MD, medical director, Donald D. Wolff Jr. Center for Quality Improvement and Innovation at UPMC. “Now, in addition to those benefits, we’re seeing a correlation between Emmi and improved outcomes such as shorter lengths of stay.”

Getting started with Emmi

UPMC offers Emmi at no cost to UPMC-owned or affiliated physicians who then can issue computer access codes to enable their patients to log on to educational programs.

Emmi guides patients through the entire experience from pre-op to post-op — including risks, benefits, and alternatives. The programs, which are about 20 minutes long, reinforce messages that patients need to follow to enhance safety and help ensure better care. Instruction to access Emmi and codes for a variety of medical or diagnostic procedures are available on the Patient Safety Infonet site.

For more information, contact Jennifer Wasco of Emmi Solutions at 724-940-1046 or wascojj@upmc.edu.

UPMC WorkSource meets urgent staffing needs

When a UPMC hospital or business unit faces a shortage of staff due to illness, leave of absence, or unforeseen circumstance, UPMC WorkSource is here to fill the gap. As part of Human Resources, UPMC WorkSource provides nurses, administrative and support staff, and other clinical staff for all of UPMC. Its mission is to provide top quality talent resources on time, every time.

UPMC WorkSource brings together the former UPMC Temporary Services and UPMC Vital Staffing into one efficient and innovative service. It is one point of contact for departments with short-term need of an intensive care unit nurse, an administrative assistant, an interventional radiologist, or any staff position. In addition, UPMC WorkSource employs a team of full-time nurses that temporarily fills long-term, full-time gaps on nursing units across UPMC.

“The goal of UPMC WorkSource is to be a ‘one-stop shop’ for all supplemental staffing needs,” says Mark Simon, manager, Talent Acquisition. “We provide temporary and per diem support for any and all types of professions within UPMC. From administrative to food service, imaging to nursing, we are here to assist when your department is short of staff.”

UPMC WorkSource partners with regional staffing agencies to ensure that temporary staff is available wherever and whenever needed. UPMC WorkSource employees have provided more than 400,000 hours of support during Fiscal Year 2010.

Dedicated to excellence in providing qualified, professional staff when there is urgent need, UPMC WorkSource is the go-to source for all of UPMC’s short-term staffing needs.

All RN/LPN requests must be pre-approved by the business unit’s executive nursing leadership prior to submittal.
October is Dignity and Respect Month

In celebration of Dignity & Respect Month, we’re very excited to announce the first Dignity & Respect Fall Festival, which will be held on Saturday, October 16 from 11 a.m. to 4 p.m. in Oakland’s Schenley Plaza.

The purpose of the Dignity & Respect Fall Festival is to celebrate a community of inclusion, regardless of things like age, race, faith, or cultural background and to emphasize the notion that inclusion begins with a core belief that everyone deserves dignity and respect. We’ve scheduled the festival in October in recognition of the second annual Dignity & Respect Month. Since last fall, more than 5,500 people have taken the pledge to treat others with dignity and respect. More information about the Dignity & Respect Campaign – including the pledge and 30 Tips of Dignity & Respect – is available at www.dignityandrespectcampaign.com.

In the spirit of inclusion, the festival will feature a variety of multi-cultural events, entertainment, crafts, and more for the entire family. We want to highlight performances and activities that represent the many backgrounds and traditions of Pittsburghers. We’re inviting artists, singers, dancers, poets, and everything in between. Additionally, we’ll have a resource tent with up to 20 community organizations providing information and free giveaways to event attendees.

Our goal is to attract 5,000 people – kids, students, young adults, parents, and grandparents – to the Dignity & Respect Fall Festival. We’ll be doing aggressive publicity to generate awareness of the event throughout greater Pittsburgh.

So spread the word and join and fun. We look forward to seeing you there.

For more information about the festival or to find out how you can get involved, please contact the UPMC Center for Inclusion at 412-864-3582.

CRNA Referral Program

Due to the recent increase in the demand for anesthesia services, the Physician Services Division has several current openings for certified registered nurse anesthetists (CRNAs). As a result, UPMC has developed a CRNA employee referral program to encourage you to act as recruiters for UPMC.

A $5,000 referral bonus is available to current employees who successfully recruit a CRNA to the Physician Services Division.

To earn the referral bonus, follow these two steps:

If you know of a CRNA who is interested in working at UPMC (Physician Services Division), encourage him or her to apply for a job at www.upmc.com. The prospective employee should click the Careers at UPMC link and enter job code 1065485. It is required that the CRNA identify on the application the current employee who gave the referral.

Within seven days of the application’s submission (either before or after the submission date), the referring employee must complete the official referral form indicating the name of the CRNA who was referred to UPMC. Both names must match for the referral to be valid.

Important details to know

• This program applies to full-time and part-time CRNA referrals who are new applicants. Successful part-time referrals earn a $2,500 bonus.

• The first half of the payment will occur in the second pay period after the employee starts at UPMC. The second payment will occur six months after the employee begins to work at UPMC.

• Graduate registered nurse anesthetists are not included in this program.
I SPY — Recognizing Nursing Colleagues across UPMC

UPMC is once again the region’s only medical center named on the annual U.S. News & World Report Honor Roll of America’s Best Hospitals. UPMC is one of only 14 hospitals nationwide that made the 2010 Honor Roll of the “nation’s best” and was ranked in 15 of 16 specialty areas.

UPMC McKeesport was recognized as one of the HealthGrades 2010 Emergency Medicine Excellence Award™ Recipients

UPMC Presbyterian

Ann Kostial, RN, BS, MHA, published an article in this quarter’s edition of Collaborative Case Management. Ann and Dr. Nina Reddy wrote a piece entitled “A Consistent Approach to Quality Care: Examining an Effective Care Plan Model for Complex Patients.”


Kristy Rosenberry, RN, MSN, MBA, received her MSN in Nursing Administration and a MBA from Waynesburg University.

Shelly Zombeck, RN, received the Arleen Lhromer Volunteer Recognition Award sponsored by Family House.

UPMC Shadyside

Beth Augustine, RN, received her Master’s degree from Walden University with a focus on nursing informatics.

Nicole Fiore, RN, passed her CCRN exam.

Sharon McEwen, RN, received her Master’s degree from Walden University with a focus on nursing informatics and had an abstract accepted for the Southwestern Pennsylvania Organization of Nurse Leaders (SWPONL). The title is “The Evolution of the Patient Centered Informatics Model for Staff Nurses.”


7 SICU staff nurses received national recognition in Washington, D.C. for receiving the Beacon Award from AACN at NTI (National Teaching Institute).

DAISY Award Recipients Systemwide:

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

UPMC McKeesport

Michelle Sheedy, RN, Cardiac-Rehabilitation Unit

Children’s Hospital of Pittsburgh of UPMC

Jean Grenaldo, RN, Care Coordination

Judy Ruane, RN, 6B, Pediatric & Thoracic Surgery

Nicole Zeise, RN, Ortho/Neuro/Trauma

UPMC St. Margaret

Nancy Johnson, BSN, RN, Medical Unit

Michelle Ressler, RN, Perianesthesia Services

Sharon Walters, RN, 5B

Beckwith Institute Award

The Beckwith Institute invites any UPMC Nurse, either as an individual or member of a team, to apply for the 2010 Beckwith Institute for Innovation in Patient Care at UPMC Innovation Award.

These projects could:
• explore use of new technologies
• demonstrate innovative approaches in patient care
• illustrate quality improvement approaches
• demonstrate an interdisciplinary approach to improve patient care
• demonstrate new methods for patient education and training

The ultimate goal is for the project to demonstrate an innovative approach that provides a positive, direct impact on improving patient care outcomes. Applications can be found on the nursing Infonet site http://nursing.infonet.upmc.com. Application deadline is Thursday, September 9, 2010. For more information contact Christina Pagenelli-Haas at pagenelicl@upmc.edu.
Continuous Learning

• ANA Health Care Reform: http://www.rnaction.org/site/PageServer?pagename=nstat_HCRT_Resources


• Kaiser Health Reform Gateway: Health Care Reform and Health insurance reform analysis, data and information: http://healthreform.kff.org


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