



UPMC Shadyside



2017 Annual Report

Patient Care Services





Letter from the Chief Nursing Officer and Vice President of Patient Care Services



I am excited to think back over this past year and all that has been accomplished. Nearly ten years have passed since we created the tagline for our first Magnet designation to represent nursing at UPMC Shadyside: *Rooted in caring. Guided by innovation.* This rings as true today as it did ten years ago. Our annual report speaks to the ways our nurses bring innovation to life. We do this with the patient in the center of our work demonstrating compassion and a commitment to our patients.

While our principles are unchanged, the health care world around us is changing rapidly. As nurses, we often find ourselves in the center of this change. We strive for nursing excellence in all that we do. It serves as our mission as we care for so many who come to depend on our services. (You will read about our work with nursing bundles.) You will also read about our work through our Shared Leadership Council structure. I am always impressed with the level of professionalism and skill that our staff exhibit. I enjoy

meeting these front line staff nurses in their work and support their quest for outstanding clinical and service excellence.

This past year we began a multi-year patient care tower renovation plan. This renovation represents the complete demolition and rebuilding of five patient care units. The units were designed by our associates to support our nursing practice and the patient experience. The year also brought the announcement new of a patient care tower on the UPMC Shadyside campus. The new tower is slated to sit on the current site of the North Tower. It will be developed with staff and patient input at all levels. We hope to challenge ourselves to think beyond our current reality and design a building to serve our community for the next 100 years.

While we look forward to building the bricks and mortar of our care, what is most important is what happens at the bedside. This annual report shares the past year's renovations, the work of our councils, and the new career ladder. We take this opportunity to congratulate so many among us who have achieved additional degrees or certifications, or who have presented their work nationally. We also celebrate our award winners. We are proud of each of you.

Thank you for the work each of you do every day. I look forward to our continued success in 2018!

Sincerely,

Sandra L. Rader, DNP, MSA, RN, NEA-BC
Chief Nursing Officer
Vice President, Patient Care Services
UPMC Presbyterian Shadyside

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About UPMC Shadyside

UPMC Shadyside is a 518-bed tertiary acute care hospital that has been serving the residents of Pittsburgh and the tristate area since 1866.

UPMC Shadyside offers primary medical care; physician and nursing education; and a broad range of specialties that include cardiology, oncology, orthopedics, geriatrics, obstetrics and gynecology, vascular medicine, endocrinology, and more. UPMC Shadyside's medical staff includes nearly 1,000 primary care physicians and specialists, many of whom have offices at the hospital and throughout the community.

UPMC Shadyside provides a full range of health care services, including inpatient, outpatient, and emergency care, as well as highly specialized diagnostic and treatment procedures. The combination of high-tech medicine and compassionate care touches every one of the thousands of patients who enter UPMC Shadyside each year.

UPMC Shadyside first received its Magnet Designation from the American Nurses Credentialing Center (ANCC) in 2010, and again in 2015. Only 6.8% of hospitals nationwide have received Magnet status, one of the highest achievements an organization can obtain in professional nursing.

Professional Practice Model

A Professional Practice Model is the framework for nursing and interdisciplinary patient care. The role of the staff utilizing knowledge and evidence is recognized, and the impact on patient care is evident. Nurses have control over staffing and scheduling processes and work in collaboration with interdisciplinary partners to achieve optimum patient care. The autonomous nurse makes judgments on how care is provided based on the unique needs of the patient and family. Staff at all levels analyze data and use national benchmarks to gain a comparative perspective on their performance and the care the patients receive.

Mission, Vision, Values

Our Mission: To promote nursing excellence through education, research and best practice while keeping the patient as the central focus of our care.

Our Vision: To provide excellent patient care in a collaborative and innovative environment.

Our Values: To embody the CARE model in our practice and our daily activities.

Nurse Leaders *Manage the Present, Anticipate the Future*

In 2010, our hospital achieved Magnet designation supporting a strong culture of shared leadership. As a result, each nursing unit was charged with creating a unit based council (UBC) with front-line nurses and support staff at the helm. The Operating Room (OR) had a UBC for quite some time. The UBC had evolved into an ineffective group with little outcomes, frequent negativity, and lack of organization. With new leadership in the department at the close of 2016, there was a renewed energy to revitalize the UBC with the aim to create a more effective shared leadership structure.

To accomplish this, the OR partnered with an Improvement Specialist in 2017 to design an organized improvement plan to include a UBC Toolkit. The hospital's global shared leadership by-laws were used to develop OR UBC written guidelines. Standard UBC meeting dates and times were set based on staff schedules. Current OR UBC

membership was dissolved and started new by requiring interested staff to complete a formal application. All OR staff positions were encouraged to apply with intent of broadening the scope of positions represented. Elections were held for UBC Chair and Co-Chair with staff vote. Templates were created for meeting agendas and minutes for consistency.

After 4 months, the new UBC was evaluated by conducting a survey of current UBC members and all OR staff. Survey results revealed 75% staff overall felt the UBC is making progress; 73% staff is pleased with the current UBC, and 93% UBC members are pleased serving on the current UBC.

With its success, the UBC toolkit has been shared with all of our hospital nursing units. As the revitalized OR UBC continues to improve over time, NDNQI nurse satisfaction scores will be monitored.



West Wing Renovations

Over the past three years, UPMC Shadyside has invested in renovating the West Wing. The rooms include a larger 275 square foot room, quieter all-private suites and safer designs that are more comfortable for not only patients, but families as well.

The patient and family experience was at the center of all of the new construction. A built-in couch allows families to gather for a meal at a table or convert to a bed for an overnight stay. Technology in the new wing is state-of-the-art including 42-inch, HD-capable smart television, USB charging ports. New safety features include a motorized lift to move patients and a bathroom, positive pressure capabilities in the intensive care unit's and new travel monitors when transporting patients.

Nursing stations are found at every three patient rooms making them decentralized. Privacy is ensured with the glass doors that become opaque at the touch of a button. Noise has been reduced at the patient rooms by ensuring supply and medication delivery through a two-way drawer in the hallway. Waste removal also operates in a similar non-intrusive fashion.



Glenn Zinnsmeister, MSN, RN

Nursing Bundles

Line Care Bundle

*By: Shelley Watters, DNP, RN, NE-BC
Director of Cultural Excellence*

Nursing Bundles are defined as best and consistent practice within the patient care services division. At UPMC Presbyterian Shadyside our nursing bundles include:

1. Purposeful Hourly Rounding
2. Consistent use of the C.A.R.E. model
3. Whiteboards nursing updates
4. Bedside Shift report
5. Nurse Leader Rounding

Nursing Bundles include our nurse sensitive indicators. These identify structures of care and care processes, which in turn influence care outcomes. Nursing-sensitive indicators are specific to nursing, and differ from medical indicators of care quality.

Our national vendor for the collection of this data is NDNQI. We report this data quarterly and it is benchmarked against organizations to evaluate if we are exceeding the mean.

I recently had a conversation with a Chief Nursing Officer from another hospital system. She assumed that the nursing bundles were taking place, yet her patient satisfaction scores did not budge. She knew that if nurses were consistently practicing nursing bundles, patient satisfaction should increase. She asked her leadership team to complete audits. Reports came back almost 100% of the time that nurses were utilizing the bundles, bedside report was occurring, white boards were being updated each shift and nurse leaders were rounding. It did not make sense, so she asked the improvement specialists to do sample audits on every unit. These results were astonishing. In reality, only 40% of the times were the nursing bundles being practiced on the unit. The lesson for us in all of this is learning to hold each other accountable to support and promote what is demonstrated best practice.

As I have stated, we have a lot of work to do and I am excited to be part of this work. My hope is we will see a cultural shift of nurse to nurse accountability and improve the patient experience.

*By: Jamilyn Kennell, BSN, MSN, RN, OCN and
Wendy Lucas, MSN, CCRN, CCNS, CMTCN*

The Line Care Bundle was developed to support the goal of ZERO central line-associated bloodstream infections (CLABSIs) at UPMC. Bloodstream infections from central lines are largely preventable when evidence-based practices are followed consistently by healthcare providers routinely for every patient, every line and with every access every time. The Line Care Bundle is an evidence-based initiative to provide best care for our patients. This user manual includes daily practice guidelines, procedures, product information, and other reference information.

This Bundle was developed with the intent of decreasing the rate of central line-associated blood stream infections at UPMC Presbyterian-Shadyside to ZERO by implementing a new, comprehensive, multi-disciplinary, evidence-based Line Care Bundle.

There are many components of the bundle broken down into multiple areas of focus including line selection, skin asepsis, line assessment, aseptic line use, dressing change practice, dressing securement, and ongoing education. Each element of the Bundle lists multiple ways to ensure compliance in that focus area. Applicable procedures for nursing practices are included at the end of each section.





UPMC Shadyside

Transformation Leadership Council

- Annual Clinician Retreat
- Implementation of new Outcome Boards on each nursing unit
- Successful completion of NA/PCT Competency Blitz and RN Competency Blitz
- Introduction of the “Good Stuff Segment” at the Transformational Leadership Council Meetings during which Unit Directors present positive items from their department and what they are currently working on
- First annual collection to donate items for Light of Life Mission



Quality and Safety

- Information dissemination team, carrying updates & practice changes from multiple disciplines & care experts to our units
- Resource for initiatives from APN’s as well as feedback on those initiatives once implemented
- Safety Expo: displays, hands-on opportunities and tea cart rounds to promote best practices based on the National Patient Safety Goals
- Collaboration with UPMC Presbyterian Quality & Safety Council to improve the Critical Lab Value process
- Contributions: Nursing Education Fund raffle & UPMC United Way campaign
- Collaboration with Quality Improvement to focus on and promote best practices for the Sacred Seven

Support Services Council

- Charity support: raised \$200 for Caring for Kids Campaign
- Community support: provided breakfast at the

Family House

- Safety support: conducted ongoing unit patient safety assessments to support the work of the Falls Committee
- Staff recognition: individually reviewed Above and Beyond nominations for quarterly winners
- Patient Experience: collectively reviewed ongoing Press Ganey patient satisfaction comments for trends and actions items
- Patient Experience: Lost and Found group successfully created process to keep track of patient’s belongings
- Charity Support: Sponsored Coat Drive and all items collected went to Sonshine Community Ministries
- Council member development: members provided presentations on their position and how their department contributes to the facility and/or care of the patient.



Evidence Based Practice and Research Council

- Fall themed dissemination blitz: We were able to visit all of the units and proudly disseminate our information and findings.
- The peer mentorship project: presented a poster at the GPNRC and they have been accepted to present a poster at the 2018 ONS congress!
- Best Practices for Venous Blood Gasses: They Found that VBGs can be used in combination with SpO2 monitoring to estimate ABG disturbances to help limit the number of ABG samples that are collected. They were also able to suggest an appropriate method for drawing VBGs.
- Best Practices for Reducing IV medication errors: A protocol was established that

Shared Leadership Councils

would require IV lines to be identified with the medication name in three different places between the medication bag and the patient connection site, using colored labels as a visualization aid.

- Evidence Based Practice Research Interns: Ben Muti, Kelsie Kirchartz, and Karen Schmitt. They are currently working on projects focusing on falls and the tele sitters. Abby Hebb from 4E is also a Research Intern.
- 2 EBP Fellows: Ursula Mellinger and Kellie Antinori Lent. Ursula is working on the impact of an essential oil treatment on relieving post op nausea and vomiting. Kellie Antinori-Lent is investigating the use of Insulin Pens.
- United Way donation of \$350.00.



Night and Weekend Council

- Recommitted to the value of the Council as a Night and Weekend Bridge to Professional Practice and Development Council (PPDC)
- Committing to figuring out how to hardwire Bedside Shift Report on the Weekends
- Participated in a Bomb Drill on the night shift
- New Chair and Co-Chair elected – refocusing on the “why”/value of the committee
- Literature review continues on Working the Night-shifts: Making recommendations for piloting “steady” shift on one unit

Informatics and Technology Council

- Began work on Infusion Interoperability
- Power plan roll-out with educational rounds
- Roll-out of medication integration with staff education
- Educate staff on importance of completing admissions weights and compliance of entering weights into Cerner within 24 hours of admission

- Began training for infusion Interoperability
- Changes to bypass medication scan after requests from Shadyside council to add med/patch check, total, removal
- Selection added to order screen for mid level selection when entering verbal orders after requests from Shadyside council



Professional Practice and Development Council (PPDC)

- Bedside Report - PPDC worked to re-vamp and ensure sustainability of this form of hand-off. At the end of the year, each council member was tasked with re-evaluating another floor and submitting his or her findings. This continues to increase the support of the PPDC representative from each unit.
- Peer Review – Applying the Just Culture Algorithm, the PPDC made recommendations and observations of reported incidents. Through event reporting, we found many hospital-wide issues that we were able to work and address.
- Lunch Breaks - The PPDC worked with QI to improve the number of individuals taking a lunch break and the quality of the break. To get a better picture of how each unit felt about breaks, the PPDC went out and obtained questionnaire results.
- Onboarding – The PPDC has worked with nursing education and administration to provide feedback and suggestions for the onboarding process. We have provided feedback in the areas of badging, on-unit orientation, My Residency, and hiring incentives.
- DAISY – The PPDC continues to support rewarding nursing excellence through the DAISY award. We award two nurses each quarter through a surprise, on-unit presentation.

Shared Leadership All Council Conference

The annual UPMC Shadyside Shared Leadership All Council Conference was made possible by the Shadyside Hospital Foundation. It was held on Friday, March 17, 2017 and is in recognition of all the work our councils do throughout the year.

There were over 225 people in attendance at the Herberman Conference Center from the following councils:

- Support Services Council
- Informatics and Technology Council
- Quality and Safety Council
- Evidence Based Practice and Research
- Night and Weekend Council
- Professional Practice and Development Council
- Transformational Leadership Council

Each council chair and co-chair presented on their accomplishments throughout the past year. The keynote speaker was Dr. Christian Conte who displayed an engaging and entertaining presentation. Dr. Conte is a behavioral psychologist specializing in emotional management.



Pennsylvania State Award **I am Patient Safety**

“I Am Patient Safety” 2018 is a statewide contest that recognizes and celebrates healthcare staff for their individual or collective commitment to patient safety. UPMC Presbyterian Shadyside won the Pennsylvania Safety Authority award called “I am Patient Safety” in the category of Innovation for the project titled: “Safe Quality Patient Care through Fecal Management Process Change”. The winners were just announced on November 16, 2017.

The group challenged the way nurses developed creative ways to manage fecal incontinence. Their observations found that nurses were using Nasopharyngeal Airway devices as off label rectal trumpets. As a result of using these Airways adverse patient safety events were occurring which included rectal mucosal injury, bleeding, and perirectal injuries.

Since the implementation of the revised policy and care protocol, the hospital had 1 adverse event related to fecal containment products in 8 months’ time; whereas there were 18 adverse events in the year prior to the initiative. Patient safety should always be a nurse’s top priority and this WOC Nurse led initiative proves that nurses can impact the safety of their patients.

Congratulations to the project team members:
Carol Mathews, BSN, RN, CWOCN
Cecilia Zamarripa, MSN, RN, CWON
Lisa Donahue, DNP, RN, CPPS
Sarah Cua, MBA, MSN, RN
Kristian Feterik, MD



My Nursing **Career Ladder**

My Nursing Career, a structured career ladder program, encompasses 17 different specialty areas and continuously updates the options available to nurses in their careers. This ensures that UPMC is competitive within the market and allows for growth, development, and career advancement for all of our nurses. The goal is to enable nurses to gain experience in different areas of nursing while keeping their careers — and their expertise — within UPMC.

To better focus on the needs of our patients, our staff, and our organizational priorities, we have made significant changes to our inpatient, skilled nursing, and procedural career ladders. Based on evidence and nurse focus groups, we have increased the number of promotional levels from four to seven to create new nursing opportunities. In addition, UPMC has revised

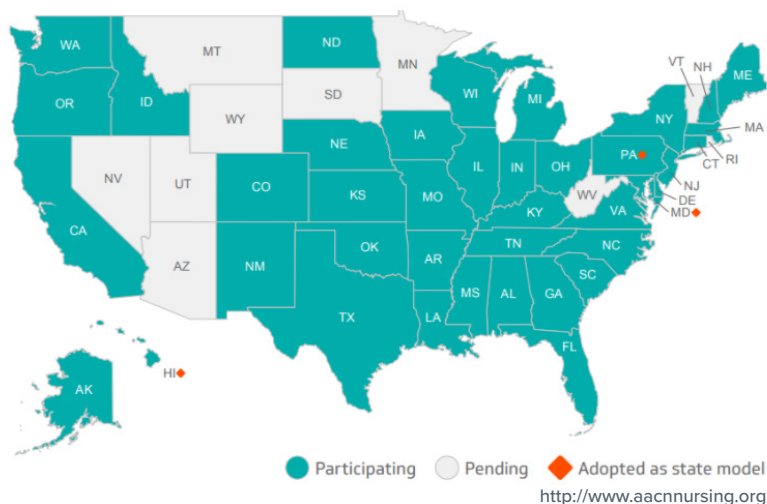
the casual nurse program and added a limited casual option. The limited casual option provides a varied schedule to support nurses who are in school full-time or who may desire to be off for extended periods. Other flexible scheduling options are available including a weekend program.

The My Nursing Career portal was launched earlier this year. This is an easy, automated, and transparent system that nurses can access to review projects and receive reminders of their project status. Our hospitals, service lines, outpatient centers, and physician practices offer an abundance of opportunities across UPMC for dedicated nurses who want to expand their knowledge and their careers.



Nurse Residency Program

The nation's largest nurse residency program



UPMC has adopted the Vizient/American Association of Colleges of Nursing (AACN) called the Nurse Residency Program (NRP), and the first cohort began on Presbyterian Shadyside in August of 2017. The NRP is designed to support new graduate nurses as they make the successful transition to competent professionals by:

- Using effective decision making skills
- Providing clinical nursing leadership at the point of care
- Incorporating research-based evidence into practice
- Strengthening professional commitment to nursing
- Formulating an individual development plan

The evidence-based curriculum meets national residency accreditation standards, and UPMC will be pursuing accreditation for our residency program. The curriculum includes sections on leadership, professional roles, and quality outcomes. The residents learn the curriculum through monthly seminars and group discussion. Teaching learning styles will be interactive, including

case studies, exercises, and small group discussions. Each session begins with a different self-care/stress management strategy, continue with content presentation, and end with the “Tales from the Bedside,” during which residents will be able to share their experiences from the past month and help support each other as they gain the confidence to practice in the professional nurse role. All new inexperienced professional nurses hired to UPMC Presbyterian Shadyside participate in the program. Residents also complete an evidence based practice project as part of their residency. Throughout their first year of professional nursing practice the residents complete surveys to assess their confidence and progression in their role, and our results can be compared with national benchmarks.

Although each of our campuses has been offering a home-grown residency for many years, adopting the Vizient residency curriculum will even further support our new nurses as they transition into professional practice.

Nursing *Degrees and Certifications*

UPMC Shadyside prides itself on the exemplary care given to patients and values the excellence of the nursing staff. One way to denote this excellence is through encouraging clinical nurses to achieve certification.

Literature supports the most effective way to validate a nurse's knowledge and experience needed to care for specialized populations of patients is through specialty nursing certification. Generalist knowledge does not fit the healthcare mold where specialization is the norm. Certification demonstrates the nurse possesses the knowledge to care for patients with increasingly complex needs.

Certified nurses are viewed by peers and patients as experts in their specialty. They promote excellence in nursing practice that is deserved by patients as well as colleagues in the unit and the field. Nursing staff are provided a variety of opportunities to encourage and assist them in obtaining certifications.

At UPMC Shadyside, these initiatives include: Certification Scholarship program; certification fee reimbursement; recognition in newsletters, annual reports, and on-line publications; recognition award plaques on each of the units featuring the names of the certified nurses. Additional programs and rewards can be found from unit to unit, based on the individual unit's culture.

Tuition reimbursement is an available option to cover the cost of a certification exam upon passing. Additionally, in cooperation with the Shadyside Hospital Foundation, a Nursing Certification Scholarship Program continues to be in place since its inception in 2012. Each year, 20 applicants are selected to receive this scholarship.

In 2017, thanks to participation A major goal on the Nursing Strategic Plan for UPMC Shadyside is to increase the number of certified nurses by 2% annually from a baseline of 35% in 2010. This is not inclusive of Unit Directors and Clinical Directors (nurse managers and nurse leaders). UPMC Shadyside met and exceeded this goal each year from 2011-2017.

BMTCN

Christina Baker
Markie Rearick
Martha Rey

CMSRN

Jacquelyn Garner
Elizabeth Lacey
Kimberly Seskey

MSCRN

Mauren Givens
Joan Zerjav

RN-BC

Melissa Bruni
Katherine Clark
Kristine D'Ambrosio
Katherine Clark

CAPA

Beverly Ekaitis
Ursula Mellinger

CNL

Joe Zimmerman

MSNCB

Ann Kristakis

SCRN

Shannon Swierczynski

CCRN

Kelly Schneiderlochner
Jessica Weber
Sarah Press
Corey Colley
Ashley Dininno
Nami Oya
Ciara Riedel
Ellen Keonig
Matthew Nicol
Colleen Maholtz
Lauren Miller
Jairan Sadeghi
Jacob Phelps
Linnea Wallace

CEN

Jen Clements

CNOR

Nancy Hickcox

OCN

Alexa Donner
Cory Miskevics
Jessica Githens
Diana Robinson

ASN

Christi Gross

BSN

John Bechtel
Shannon Rozyczka
Janice Lemme
Kassandra Koch
Dawn Inks
Nicole Hall
Sara Hurwitz
Arielle Otero
Amanda Pelco
Kenzie Young
Devin Zydel
Danielle Brightshue
Jenna McHale
Dante Trombini
Jhoeny Gomez
Taelor Martin

MHA

Patricia Munk

DNP

Lesley Jurena

MSN

Megan Liston
Nicole Schliecker
Alisha Ravenstahl
Amy Nezzar
Nicole Martinez
Meghan Neil
Ruth Fisher
Joe Zimmerman
Nicole Anzio

Not listed? Please contact Michelle Kaminski.

2017 Awards, Recognition and Research

ABOVE AND BEYOND AWARD



Kara Petrusky, RN,
BSN, 3 Main



Rana Billeh, MD



Cynthia Palombo,
RN, Cardiopulmonary
Rehabilitation



Gary Lorey,
Parking
Administration



Shannon Casey, RN,
6 West



Sheila Thurman, PCT,
3 Main



Melissa Beale, RN,
3M & MICU



Bridget Marcinko,
RN, 3M & MICU



Courtney Orlowski,
RN, 3M & MICU



Team award: 3 Main



Team award: Diagnostic Imaging
Services



Team award: MSICU

C.A.R.E. CHAMPIONS



Pamela Wargo,
Transport Services



Marissa Bevan, RN,
BSN, MSICU

ACES

Madalyn Bates
Beth Ann Clair
Megan Dwinga
Lori Ewell
Kimberly Hanner
Marissa Huss
Sherri Jones
Ronald Kaclik
Wendy Lucas
Alyssa Mrozek
Joseph Niemiec
Deborah Panos
Melissa Risher
Jay Schimmel
Johanna Watterson

DAISY

Faten Fatfat, SSU
Erin O'Brien, 4 Main
Monica Gettings, CTICU
Lynn Driscoll, SICU
Elizabeth Tracey, SICU
Victoria Reiser, 7 West
Anne Steinmeyer, ET
Katie Falcioni, 6 Main
Alyssa Miljus, 6 West

PRECEPTOR ACADEMY

Breann Klein
Amy Malenky
Victoria Reiser
Nicole Slagle
Brittany Stahlnecker

CAMEOS OF CARING

Cameos Honoree:
Erin Bartell
Cameos Rookie of the Year
Dante Trombini
Cameos Quality & Safety
Jennifer Dulaney
Cameos Advance Practice Manager
Kimberlee Fallon
Cameos Care Award (NA/PCT)
Tiffany Price
Cameos Care Management Award
Cathy Hammel
Cameos Star HUC Award
Katherine Kalish

COMPLETED RESEARCH STUDIES

GATE:Geriatric Auditory Testing for Everyone	C. Palmer, E. Mormer, A. Gennari, J. Cipkala-Gaffin, L. Mady
Effects of Instructional Vignettes on Nurses' Awareness of Inpatients with Hearing Loss	C. Williams, A. Hebb, J. Cipkala-Gaffin, K.Neal
Understanding the Registered Nurses Attitude, Knowledge, and Cultural Competence of Caring for LGBTQ Patients and the Impact of an Educational Intervention	T. Traister. K. Schmitt, J. Cipkala-Gaffin
"Examining Nurses Readiness and Motivation to Provide Care for Patients Who Use Alcohol and Opioids (AOs): A Pilot Feasibility Study".	K. Fahmi, M. Mahmoud, K. Schmitt, J. Cipkala-Gaffin
Protecting Patient Sleep: Will Sleep Monitoring Technology and Altering Care Delivery Improve Patient Sleep in the Hospital Setting?	I. D'Antonio
A Prospective Randomized Trial of and Oral Patient-Controlled Analgesia Device versus Usual Care for the Administration of As Needed Oral pain Medications Following Total Hip Arthroplasty	L. Pizzi

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