



Pathways to Excellence



Message from the Chief Nurse Executive

In this issue of *Pathways to Excellence*, we continue on our journey to create and instill a culture of excellence at UPMC. An essential ingredient necessary is shared governance. "Porter O'Grady defines shared governance as a professional practice model founded on the cornerstone principles of partnership, equity, accountability, and ownership that form a culturally sensitive and empowering framework, enabling sustainable and accountability-based decisions to support an interdisciplinary design for excellent patient care"¹. With that said, what nurse wouldn't want to work in an environment built on these elements of professional practice?

As we look across UPMC, shared governance takes on many forms; unit, hospital, and system-based. The common themes within the various shared governance structures include equity, ownership, partnership, and accountability.

Equity constitutes nurses having the ability to contribute within their scope of practice as an indispensable part of the care team.

Ownership is both as an individual (your professional practice) and team (patient centric). Each person or team is empowered and equipped with the knowledge and expertise to achieve positive outcomes.

Partnerships are essential for the coordination of care. There must be mutual respect, communication, and collaboration among nurses and the interprofessional care team.

Accountability is willingness to invest in decision making and express a sense of ownership in decisions that are made², as well as the interest in being responsible for and achieving outcomes.

The system unit director council is in the process of refocusing on peer-to-peer accountability as a model to promote and reward accountability. As nurses, we are sometimes reluctant to provide our colleagues with constructive feedback. In order for us to develop and be more effective, we must learn effective strategies and become more comfortable with giving and receiving feedback. My hope is that this issue of *Pathways to Excellence* will encourage you to embed the principles of shared governance in your professional practice.

Warmest wishes,

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

¹ Wade, A., (2011). *Shared Governance: A Vehicle for Engagement and Change*, *Nurse Education Today*, 32, p 191-194.

² Batson, V., (2004). *Shared Governance in an Integrated Health Network*, *AORN Journal*, 80(3), p 494-514.

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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.

Journey to Shared Governance Is Not a Destination

UPMC Horizon, a community hospital with two campuses, discovered that implementation of shared governance, as characterized by the American Nurses Credentialing Center was not easy. Initial plans failed because our original model was extremely complicated.



Realizing that shared governance is more than a new organizational chart or committee configuration, nursing leadership proposed re-evaluation of the original model. We took a look at the old shared governance model and engaged the staff and nursing leadership to rebuild a model to fit our culture with a leadership team that is open, transparent, and willing to give all nurses in the organization equal footing and power by giving staff a voice in decision making.

The new model demonstrates partnership, accountability, and ownership for practice oversight. It is based on relationship-based care, and places the patient and family at the center of all decision making. Our model establishes a vision of professional nursing practice that correlates with the mission, vision, values, and strategic direction of UPMC Horizon. It highlights our five pillars, including exemplary nursing practice, structural empowerment, transformational leadership, empirical quality results, and collaborative relationships.

Nursing Executive Council

The Nursing Executive Council provides leadership and oversight to all nursing councils by ensuring optimal collaboration of efforts among councils.

TRANSFORMATIONAL LEADERSHIP:

Nursing Leadership Council

The Nursing Leadership Council serves as a platform for the professional development of staff, sharing innovations, spreading evidence-based practice, and serving as a catalyst for best practices in patient care through transformational leadership.

EXEMPLARY PROFESSIONAL NURSING PRACTICE:

Professional Practice Council

The Professional Practice Council serves as the vehicle by which the voices of all professional nurses within the organization act as a catalyst by bringing together knowledge, information, and problem-solving solutions to initiate change that promotes the best nursing practice.

EMPIRICAL QUALITY RESULTS:

Nursing Care Council (Peer Review)

The Nursing Care Council serves as a foundation of nursing accountability for patient safety. It is led by direct care nurses and established a formal process for analyzing events that contribute to adverse outcomes.

STRUCTURAL EMPOWERMENT:

Evidence-Based Practice Council

The Evidence-Based Practice Council assists nurses with the implementation of evidence-based practice and ensures that policies, procedures, and standards of care are evidence-based.

COLLABORATIVE RELATIONSHIPS:

Medical- and Hospital-Based Staff Committees

As part of a collaborative leadership model, Patient Care Services and the Nursing Department are represented at all medical staff- and hospital-based committees. ■

Looking to Implement a Quality Improvement Project?

The Donald D. Wolff Jr. Center for Quality, Safety, and Innovation at UPMC offers one- to two-hour, free, interactive quality improvement workshops. These classes are proven to help build the skills necessary to tackle improvement projects where you work.

The Quality 101 classes focus on how to implement quality improvement projects. These classes provide a fundamental introduction to quality principles and tools, a framework with which to view work processes, and examples of how to tackle improvement efforts.

The Quality 201 classes offer a deeper dive into key quality improvement concepts. These classes are designed to focus on more specific aspects of quality improvement, as well as some higher-level concepts about improving the reliability of care and processes.

You can register for classes on uLearn via My HUB. Spring and summer courses are accepting registrations now.

For more information about Quality Education at UPMC, visit Infonet.UPMC.com/Quality. ■

MyUPMC Patient Portal and Patient Engagement

Background

A prominent goal of the Electronic Health Record (EHR) Incentive Program (also called Meaningful Use) is patient and family engagement. The aim is to improve patients' understanding of their health and related conditions so they take a more active role in their health care. It also encourages the involvement of patients' families, as many patients depend on their support. Patient engagement in their health care is vital to improving health outcomes. Patients who are well informed of their medical condition are more likely to comply with recommended treatment plans as well as participate actively in chronic care self-management programs. Providing patients with electronic access to health information and their providers is one way to support patient engagement.

The Meaningful Use Stage 2 Requirements Regarding Patient Electronic Access

- **Hospitals:**
 - Objective: Provide patients the ability to view online, download, and transmit information about a hospital admission.
- **Eligible providers:**
 - Objective: Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the provider.
 - Objective: Use secure messaging to communicate with patients on relevant health information.

How is UPMC meeting these requirements? MyUPMC

MyUPMC is a patient portal, a secure online website, and communication channel between a patient and their provider. MyUPMC (previously UPMC Health Trak) is the new, comprehensive way for patients to access health care information. With MyUPMC, users have access to:

- View test results and select medical record information
- Communicate with established doctors
- Renew prescriptions
- Request appointments
- UPMC AnywhereCare—online medical visits (previously eVisits)
- UPMC Health Plan
- UPMC bill pay
- Go mobile with the MyChart app for iPhone, iPad, iTouch, and Android devices
- Manage another family member's account

UPMC provides MyUPMC information to patients on admission and is piloting an initiative to visit inpatients to assist them to sign up for MyUPMC and log in to see the features.

What You Can Do to Promote Patient Engagement at UPMC

First, as a nurse, you can help by promoting MyUPMC. Encourage patient and family adoption.

Share the benefits and value of MyUPMC with the patient and family. Once patients and families know that we have a portal, it's necessary to get them to venture inside.

You can find information about MyUPMC at <https://myupmc.upmc.com/>.

Second, you can sign up for MyUPMC yourself and encourage adoption by other staff members. The more that you know about the patient portal, the better able you will be to communicate the value to patients and families and promote patient engagement. ■

Speak Up for Patient Safety: Nominate a Colleague

Providing outstanding patient care is at the core of UPMC's mission. Do you know someone who has spoken up for patient safety, or advocated for patient safety? Did that person's actions prevent an adverse event? The Donald D. Wolff Jr. Center for Quality, Safety, and Innovation at UPMC is looking for the unsung patient safety heroes — from any and all business units or roles — whose actions clearly affect patient safety.

The Richard L. Simmons, MD, Speak Up for Patient Safety Award recognizes the unsung patient safety heroes. The award was named in honor of Richard Simmons, MD, distinguished service professor of surgery; chairman emeritus, Department of Surgery; and medical director, UPMC, for his role in improving the quality of health care and patient safety. The award honors patient safety heroes whose actions clearly impact patient safety, and demonstrate Dr. Simmons' passion for the commitment to the well-being and care of patients.

Among last year's award winners was an operating room nurse at Children's Hospital of Pittsburgh of UPMC who recognized that the wrong patient had been admitted to an operating room and was in danger of having an unindicated procedure. She halted the operating room immediately and instituted corrective action that made sure that patient transfers within the operating suites were appropriate.

If you know someone who you feel qualifies for this honor, you can nominate him or her by filling out the online nomination form on Infonet at Infonet.UPMC.com/SafetyAward. Applications for the award are now being accepted throughout the year. Nominations will be reviewed in the fall, and winners will receive their awards at the annual Dr. Loren Roth UPMC Quality and Patient Safety Symposium in the fall. ■

Professional Practice Council at Western Psychiatric Institute and Clinic

The shared governance process for Western Psychiatric Institute and Clinic might have a unique spin from the other business unit models. On our inpatient units, the nurses work alongside a team of support staff to provide excellent patient care and services. Communication and partnerships between the nurses and the staff are key pieces to workflow, safety, and meeting the needs of our clients in an efficient and therapeutic manner. We promote shared governance by having a multidisciplinary team represented on our unit-based and hospital-based councils. They work with our nurses and leadership on developing outstanding care delivery models. The collaboration allows our staff to freely participate in decision making within the scope of their role on the unit with our management providing support, encouragement, education, and resources necessary to help make the staff-generated ideas a success. This model promotes equity, accountability, and ownership within the Institute.



Clinical and administrative leadership at WPIC role model the concept of leadership support. Nursing leadership supports the nurses and inpatient staff at the hospital meeting and there are regular monthly meetings with nursing management and the corporate council members to best incorporate systemwide initiatives into daily care.

The WPIC Professional Practice Council is solution-oriented, knowledge-based, collaborative, and cohesive with staff and patient goals. The PPC uses nominal group techniques to identify problems or issues; we then gather data, design solutions, obtain feedback, implement, and then evaluate the program. All of these elements are

integral to the success of new ideas. Each unit selects their top three issues and spends the year developing solutions that are staff generated.

“I enjoy the opportunity to meet and share ideas with the staff from other units and to know that I can make a difference with my opinions and ideas,” said a nurse from WPIC’s Integrated Health Aging Program, when asked what he likes best about sitting on the Professional Practice Council. “Plus, we host a wonderful holiday party that I look forward to every year,” he added with a smile. ■

Exemplary Professional Practice — Professional Practice Model

The UPMC Shadyside Professional Practice Model (PPM) provides a conceptual framework designed to enhance the delivery of patient care, promote and recognize respectful collegial interactions, and empower interdisciplinary shared decision making at all levels. The shared leadership model has been in existence since 2007. The organization’s PPM motto — “Rooted in Caring ... Guided by Innovation” — applies itself in the format of a prescriptive model, as it is unique and specific to UPMC Shadyside.

The PPM is embedded in a relationship-based care model that supports the core values and mission of the organization. Practice of this prescriptive model is carried out through the Shared Leadership Council structure. The ultimate goal of the councils is to provide the highest quality of evidence-based care to those we serve in an environment where staff members treat patients, families, each other, and themselves with kindness, compassion, and respect. The Shared Leadership Council structure has grown into a group of diverse health care providers united by a shared vision — to provide an optimal healing and caring environment for patients and families.

The clinical nurses work closely with other health care workers, transcending all disciplines and departments at UPMC Shadyside.

One of the major annual events at UPMC Shadyside is the “Shared Leadership Conference.” Sponsored by the Shadyside Hospital Foundation, this inclusive event gives voice to the organizations’ clinical nurses and ancillary staff who present each council’s work. It also fosters an environment of professionalism and collegiality as they come together as a team aiming to improve the patient experience in a positive environment. At the March 2013 Shared Leadership Conference, the councils proudly hosted Tim Porter O’Grady, DM, EdD, APRN, FAAN, as the keynote speaker. He validated the work of the council: “It is a delight that I am able to witness the dynamics within an organization where the Professional Practice Model is alive, evolving, and truly the roadmap to excellence.” ■

Are You Considering a Career as an Advanced Practice Provider?

The need for nurse practitioners and physician assistants — also known as Advanced Practice Providers — is growing.

Here are some things to consider when choosing an Advanced Practice Provider educational program:

- **Application Requirements**
 - What prerequisites — such as previous work experience, grade point average, entrance testing, and observational experience — are required?
- **Program Structure**
 - Are courses offered in the evening or during the weekends? Is the program full-time or part-time?
- **Cost**
 - What discounts, scholarships, grants, and loan options are available to students enrolled in the program?
- **Clinical Experience**
 - Does the program provide assistance with identifying preceptors? Does the educational institution you're considering have a UPMC Educational Experiences Agreement, which allows for clinical rotation at UPMC?
- **Program Outcomes**
 - What are the first-time board exam pass rates? Will the program you're considering give you the skills you need to succeed as an Advanced Practice Provider?

UPMC's Advanced Practice Providers include more than 1,400 nurse anesthetists, nurse practitioners, nurse-midwives, and physician assistants. The Office of Advanced Practice Providers serves as the central resource for continuing education, career advancement, practice support, and operational strategy creation.

If you have questions about becoming an Advanced Practice Provider, or if you would like to learn more about educational experiences for students at UPMC, contact the Office of Advanced Practice Providers at APPStudents@upmc.edu.

To learn more about the Office of Advanced Practice Providers, visit UPMC.com/AdvancedPracticeProviders.

Your Career. Your Total Rewards.

Staff who are classified as regular full-time, flex full-time, job share, or regular part-time may be eligible for tuition assistance, provided the term or class date begins on or after their employment date. Visit the Tuition Assistance site on Infonet to learn more. ■

At UPMC East, Shared Governance Began Before the Hospital

Although UPMC East is one of the newest additions to the UPMC hospital network, we strive to continue the vision and mission of the shared governance nursing model. From before the doors opened, UPMC East had several unit-based practice councils already established and functioning. Our very first hospital-wide Professional Practice Council met and established its charter only four months after we starting seeing patients. Shared governance remains a paramount priority to the nursing practice at UPMC.



Professional Practice Committee (PPC) is an opportunity to be involved in unit-based projects and developments by allotting time for them to express their concerns and ideas in a nonjudgmental environment. PPC leaders encourage others to utilize evidence-based practices and suggest trials of ideas within the unit. With continued development and application of suggestions from staff, we continue to grow as a unit and our trials and errors allow us to share experiences within the system. PPC has utilized tools such as Survey Monkey and quick huddles to get feedback from all staff in order to implement change.

Our individual unit mission statement: The UPMC East Step-Down Unit Professional Practice Committee (PPC) will provide a forum for RNs and APCTs to exchange ideas and discuss workplace challenges and then work together to find a mutually satisfying resolution in order for our staff to continue to demonstrate

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professional excellence while delivering the highest quality of patient care. PPC promotes endless possibilities for staff to engage themselves as leaders and researchers on a unit specific level as well as on a system wide level.

Shared governance helps us to engage employees to actively participate in creating and enforcing a positive work environment. UPMC East's Step-Down Unit PPC creates an environment and culture to encourage employees to expand their education while strategizing to recruit and retain staff. We recognize employees' success by placing these accomplishments on the "Helping Hands" bulletin board in our staff lounge and sending out emails with congratulatory praises. Unit PPC, in collaboration with our Recruitment and Retention Committee, was instrumental in creating an Employee of the Month nominating system where peers recognize each other. We also use the allotted monthly meeting time to update staff on upcoming educational opportunities and mandatory trainings, as well as to encourage attendance for future meeting times. ■

UPMC Mercy Shared Governance

UPMC Mercy has had a shared governance structure for more than 25 years, and several recent changes have served to strengthen and empower our nursing staff, by building on the strong foundation.

Units have implemented the unit-based council structure, and we have developed several new councils, night council, collaborative ancillary council, and tech council which have enhance quality and practice at UPMC Mercy. Below are some examples of recent activities of the councils.

UPMC Practice Council

Over a year ago a subgroup of the UPMC Mercy Nursing Practice Council began a journey to identify a nursing theorist that fit with the organizational culture. The council reviewed and studied the work of several nursing theorists, Gladys Husted, Jean Watson, and Patricia Benner.

In order to ascertain a cultural fit the council members submitted "stories" about great patient care on their units. The subgroup performed a theme analysis of these "care stories," major themes identified were care and spirituality.

Patricia Benner's work was chosen as best fit for the nursing department to guide nursing practice. This theory was chosen because it:

- Acknowledged the importance and value of nursing
- Acknowledged and articulated professional skill development
- Focused on RN role and reward of professional development and practice
- Supportive of staff empowerment

The components of theory — patient, health, situation/environment, and nurse — were defined and visually depicted by the group. The nursing staff was introduced to the theorist and her work at the UPMC Mercy Nursing Quality Fair in November 2013. Currently the group is working on a video to introduce and educate all RN staff at UPMC Mercy about our professional practice model and the theory that guides our practice.

OB Department

The unit-based practice council committee on the fifth floor at UPMC Mercy has been extremely busy over the past few months. On Dec. 15, we merged the Labor and Delivery and Post-Partum units into one unit for Labor, Delivery, Recovery, and Post-Partum.

The first challenge has been merging staff and deciding the basics, how to place patients on the unit for optimal care, how to assign staff to patients, and re-defining roles of staff and responsibilities on the new combined unit. Through decision making meetings involving staff collaboration, and respect for one another's skill and knowledge has grown.

The staff of the LDRP has maintained a "to do" list that ranges from equipment and supply needs to work flow issues, and has worked with the unit physicians as well to include their input and perspective.

Next steps will be cross-training staff, ensure comfort levels with new knowledge and skills and developing new work practices. The unit based council has been very effective in implementing change.

12E Medical Progressive Care

The 12E Unit-Based Steering Committee has been active over the past two years.

One of the first projects that we worked on as a group was floating staff to other units. We completed a literature search and shared the data. We then developed a staff survey about their attitudes and preferences regarding this practice. Staff were included in both the gathering of the information, deciding what actions to take and disseminating their collective decision. They worked with Human Resources in order to learn more about staffing policies. Working through this issue allowed staff to examine the positives and negatives of their decision, work with other departments, and learn about human nature.

We have also nominated candidates for the Cameo of Caring® award, helped arrange social outings, scheduled journal meetings and explored whether our practices are "best" through evidence.

The group is responsible for holding committee members accountable and has a significant role in staff engagement.

Some of our current work includes developing a peritoneal dialysis kit to increase efficiency in patient care, developing an updated orientation handbook, and redesigning our charge report tool and process. ■

Shared Leadership at UPMC Passavant

At UPMC Passavant, a shared leadership structure provides a voice for the bedside nurse in all aspects of their practice, including accountability, autonomy, and empowerment. This approach encourages nurses at all levels to participate directly in the clinical and administrative decisions that impact their daily work through various interprofessional councils and committees.

Our active and robust councils, at both the hospital and unit levels, empower staff to use their knowledge and expertise to make decisions and solve problems, build a positive work environment, and provide an opportunity for collaboration with colleagues and consensus-building. Most importantly, it is an effective way to engage staff and enhance satisfaction regarding their work environment. All councils are either chaired or co-chaired by a bedside nurse.

The hospital Professional Practice Council (PPC) provides a forum for nurses to discuss issues and generate solutions to issues that impact not only the delivery of patient care, but also those that affect the morale and work environment of the clinical staff. Most of this council's work is driven by the results of our annual National Database of Nursing Quality Indicators® (NDNQI®) survey.

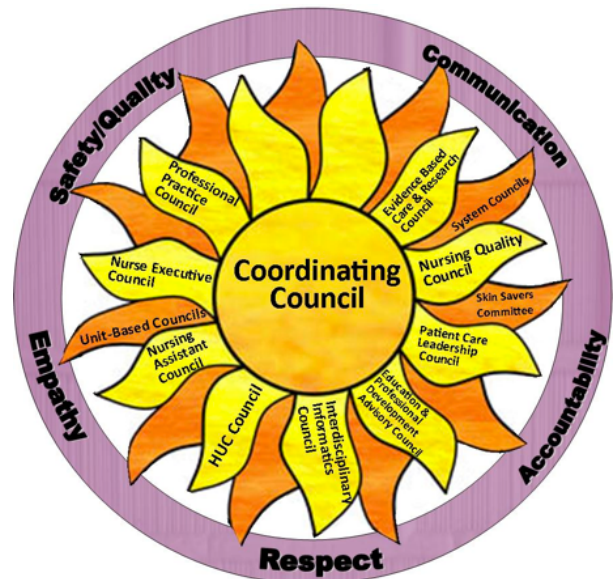
The council reviews the survey results and completes a SOAR (strengths, opportunities, aspirations, results) process. The top opportunities are discussed, prioritized, and voted on by the members of the council. From that, a strategic work plan is developed for the coming year. Previous contributions include the development of a leadership rounding program, a standardizing of SMAT times, and improvements in physician/nurse communication.

The PPC is also committed to serving the local community. Partnering with Crisis Center North and Voice of Butler County, the PPC collects items and donates them to these facilities quarterly.

At the unit level, multidisciplinary professional practice councils are responsible for developing a set of specific goals and objectives that may include evaluating policies and procedures; developing and reviewing department specific standards; analyzing quality data and/or developing action plans in collaboration with department leadership. They review their unit's NDNQI Nurse Satisfaction data, conduct a SOAR process, and prioritize the results to develop an action plan.

Most importantly, these unit-based councils can develop programs that foster an environment of effective communication, problem solving, and work-life balance. In the past year, unit-based councils have developed and effectively implemented a plan to improve meal breaks for staff.

All councils report out to the Coordinating Council, which is chaired by the Patient Care Leadership Team and meets quarterly. The goal of the Coordinating Council is to facilitate achievement based on council work plans and timelines, finalize decisions regarding council proposals, work plans and resource allocation; and identify and resolve gaps or overlaps in planning and execution.



Our shared leadership structure is represented by a sunflower, which visually demonstrates how hospital and unit councils interact with each other, with the coordinating council, and with system-level councils. The outer ring represents our hospital values. ■

Nursing Talent Round Up Encourages Professional Growth

On Feb. 13, nearly 70 nurses braved a mid-day snowstorm to attend the 2014 Nursing Talent Round Up, a career advancement event cosponsored by the Center for Nursing Excellence and Innovation, UPMC Human Resources, and the UPMC Nurse Mentorship Program.

The Talent Round Up helps nurses who aspire to climb the UPMC Nursing Career Ladder take the first step toward their career goals. The event provides attendees with updates on UPMC Nursing and work underway in leadership development. It provides personal coaching, resume development, image and wellness guidance, and networking opportunities.

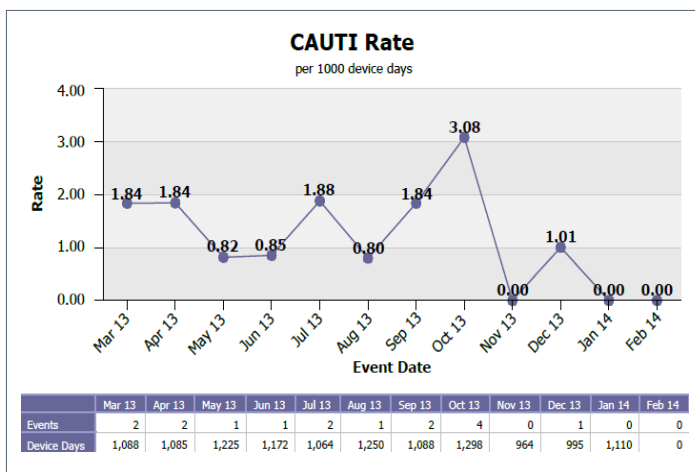
If you were unable to attend this year's Talent Round up, this video (use this link from home) provides career advancement tips from UPMC Nursing Leaders and insights from participants. ■

Magee PPC Promotes Safety, Quality, and Patient-Centered Care

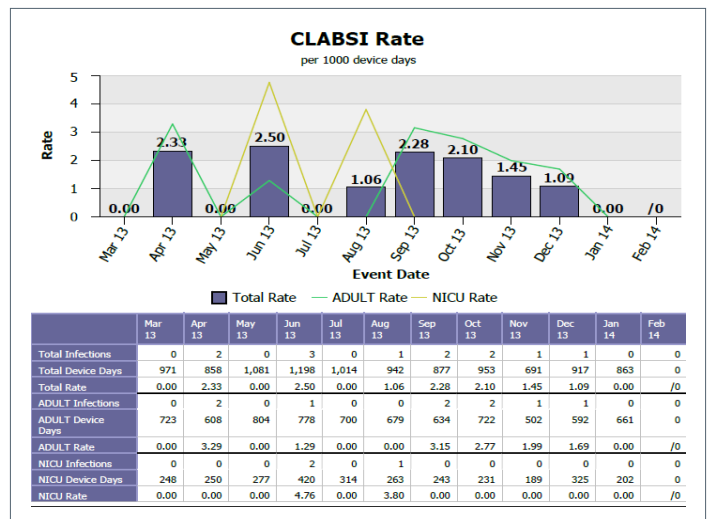
At Magee-Womens Hospital of UPMC, the purpose of the Professional Practice Council (PPC) is to provide leadership for the shared governance structure, and to create an environment that promotes safety, quality, and patient-centered care. In the beginning of 2013, the shared governance structure was updated. There are six councils that report to the PPC: Professional Development, Employee Experience, Evidence-Based Practice/ Research, Informatics, Quality/Patient Safety, and Operations.

Several initiatives have resulted from discussions at the PPC. One of the first initiatives was the decision to improve nurse satisfaction upon reassignment to another unit. Pulling guidelines were developed. In addition, each unit was asked to create their own list of important facts, numbers, and routines for the nurse to make their re-assigned shift as pleasant as possible. As a follow-up re-assigned nurses are provided a survey. The surveys have shown that the changes to the guidelines have led to increased nurse satisfaction.

Another initiative was begun after the PPC reviewed reports provided by the infection control practitioner from the Quality/Patient Safety Council regarding catheter associated urinary tract infections (CAUTI). The PPC members suggested the IC Practitioner work with the EBP Council members to derive best practices related to urinary catheters. After an extensive literature search by EBP, the vendor was brought in to provide in-services on a new Foley catheter product. Audits were conducted by the vendor as well as hospital representatives. In the past several months, the rate of CAUTIs has been reduced to zero.



A systemwide initiative involving creation of a central line toolkit was presented and discussed at several PPC meetings. The toolkit was rolled out to the adult units and was adapted to address the needs



of the neonates in the Neonatal Intensive Care Unit. PPC focused on monitoring CLABSI and the rate has been reduced to zero.

Each of the councils is currently involved in projects to increase patient safety across all areas of Magee-Womens Hospital of UPMC. ■

UPMC Northwest PPC Focuses on Transparency

At UPMC Northwest we have a Professional Practice Councils (PPC) on each inpatient unit. There are also other departments that have nursing PPCs. The councils are required to meet monthly and assist nursing leadership with developing strategies related to their care of patients. The PPCs also look to problem solve issues and develop projects to address the issue.

At UPMC Northwest there is also a hospital-based PPC. Nursing members from each department are present on the committee. The forum meets monthly and discusses issues. They also monitor progress on hospital initiatives and give guidance to the direction.

The hospital PPC also has a portion of the meeting that is dedicated to staffing effectiveness. The group is educated about the budgeted staffing and also provided opportunity to discuss current staffing levels in their unit. Other projects this last year included picking awardees of direct-patient care awards, advocacy for bedside report, hourly rounding, quiet at night work, and charge nurse role definitions.

Along with the above structure of shared governance, administratively we look to provide transparency to the staff. Breakfast with the President, Community Breakfast, Town Halls, administrative rounding, and traveling road shows occur on routine basis with the goal to communicate to staff and dialog with them to understand barriers of caring for our patients. ■

UPMC St. Margaret Shared Governance Structure

The shared governance model at UPMC St. Margaret can best be described as a dynamic structure of professional nurses participating in a shared decision-making environment. Nurses from all levels and within all departments have the expectation to participate in this structure, which fosters communication in a purposeful and consensus-driven manner. Our shared governance framework consists of a particular infrastructure, or core, that serves as the basis of our professional practice. Our professional practice model takes the premise that nurses' education and experience qualify them for leading roles in the advocacy and decision-making that affects patient care and related nursing activities. Our goal for every nursing council member is to move nurses beyond making recommendations to empowering them to carry out their decisions — decisions that result in the best possible outcomes for their patients.



There are six nursing councils that form the core of our shared decision making model that supports advancement of organizational and departmental goals (see below). Council management consists of staff nurse chairs and co-chairs, unit director advisors, and nursing director mentors. Leadership development of the chairs and co-chairs occurs during monthly pre-council meetings. These staff-leader partnerships promote a collaborative atmosphere where nurses from every area of practice work together toward problem-solving and decision-making.

The decision-making model is designed to require a broader distribution (more people involved) and is based upon professional accountability (where the responsibility resides) and role expectations that are determined by the goals of the nursing division.

This council model is intended to define staff-based decisions, staff and management accountability and ownership of nursing staff in the activities that directly affect the nurses' life and practice within our organization. Professional engagement and seeking the opinions of nurses at the bedside are the substance of our nursing shared governance model. Council by-laws, meeting minutes, and presentations by council members consistently demonstrate that nurses at UPMC St. Margaret have a voice in their practice. Surveys of staff members occur formally and informally to always assure that nurses have a participatory role in decisions that affect nursing practice and that decision-making is close to the point of care.

Unit-based councils are integrated into the shared governance structure by the following processes:

- Council chairs and co-chairs have protected time each month to prepare and manage the nursing council work.
- Unit council members have time allotted to attend council meetings.
- Unit council members have time during monthly staff meetings to communicate council initiatives and work. This also provides an avenue for communication upwards — from the unit staff to the councils.

We encourage you to come and visit us to learn more about our nursing shared governance in action. ■

UPMC ST. MARGARET NURSING DIVISION SHARED GOVERNANCE MODEL



Children’s Hospital of Pittsburgh of UPMC — Nursing Shared Leadership

Children’s Hospital of Pittsburgh of UPMC values the critical role nurses play within the organization. Empowerment is important to autonomous practice at Children’s. When empowerment and autonomy are encouraged, they illustrate how valued and important the direct-care nurse is within the organization. The primary structure that empowers nurses’ and supports participative decision-making is the shared leadership model. Children’s shared leadership councils encourage decision-making through the empowerment of staff, as well as promote a work culture of interdisciplinary and interpersonal collaboration.

The Coordinating Council is the overseeing body and includes all of the co-chairs and vice-chairs of the six main councils. The goals of this Coordinating Council are communication sharing and setting the vision and goals for Children’s shared leadership philosophy. Six core councils provide the structure that encourages direct-care nurses to initiate, participate in, and manage the decision-making processes surrounding patient care at Children’s. These councils include: Education and Professional Development, Evidence-Based Practice (EBP) and Research, Nurse Advisory, Patient Care Leadership, Professional Practice, and Quality and Safety. Nursing shared leadership councils and organizational committees establish the structure for nurses in all settings to be empowered in the decision-making process. Active involvement in these councils, committees, and taskforces encourages nurses to participate in the decision-making process to provide safe, quality health care services to all patients and their families. ■

SHARED LEADERSHIP COUNCILS



Your UPMC Benefits and Total Rewards

Many of us may not be aware of all of the various programs made available to employees by UPMC. Below are a few reasons why you should think about your Total Rewards at UPMC. Through the various programs offered in your Total Rewards, you have the ability to chart a course to where you want to be and UPMC can help you get there.



A few features of your Total Rewards include:

- Generous paid time-off (PTO) program with the ability to carryover balances from year-to-year, buy and sell features, and the ability to earn additional PTO for blood donation.
- Flexible work schedules and arrangements in many areas.
- Tuition Assistance benefits to further your knowledge and provide additional opportunities to advance your career.
- My Nursing Career, which provides a formal career pathway in which can build an impressive professional skill set and portfolio within UPMC.

- UPMC's award-winning *MyHealth* wellness program, which is designed to help educate you about your health risks and provides information and activities to help you address any risks.
- Financial Wellness through the UPMC Retirement program, including one-on-one investment advice that is now available online, in-person, or via phone through Aon Hewitt Financial Advisors.

The 2015 Take a Healthy Step (TAHS) requirements were announced a few weeks ago, and can be reviewed on the TAHS pages on Infonet. If you didn't earn the maximum deductible credit for 2014, make sure you start now to earn your full credit for 2015. You can receive full credit by completing your healthy activities in advance of the Nov. 12, 2014 deadline.

Interested in expanding your knowledge or enhancing your career at UPMC? Check out the Tuition Assistance section on Infonet to learn about the tuition benefits available to eligible UPMC employees. Not only can you use this benefit for yourself, but your spouse/domestic partner and dependent children may also qualify to receive tuition assistance benefits for a first baccalaureate degree at certain schools.

Have questions? Remember that by calling the DirectLink phone number of 1-800-994-2752, you can obtain help with any of your UPMC benefits. ■



Influencing Our Profession, Driving Health Care Change

This year, Nursing Now welcomes these featured speakers:

- Diana J. Mason, PhD, RN, FAAN, President of the American Academy of Nursing and Rudin Professor of Nursing at Hunter-Bellevue School of Nursing
- Karen Drenkard, PhD, RN, NEA-BC, FAAN, Chief Clinical/Nursing Officer GetWellNetwork™
- Marjorie S. Wiggins, DNP, MBA, RN, FAAN, NEA-BC, Chief Nursing Officer, Maine Health System
- Patricia S. Yoder-Wise, EdD, RN, NEA-BC, ANEF, FAAN, Editor-in-Chief, The Journal of Continuing Education in Nursing; President, The Wise Group; and faculty member at the Texas Tech University Health Sciences Center School of Nursing

Monday, June 16 and Tuesday, June 17, 2014

Location:
**University Club
Pittsburgh, PA**

To register and view more information visit www.NursingNowConference.com.

Sponsored by the UPMC Center for Nursing Excellence and Innovation and the University of Pittsburgh School of Nursing.



I SPY: Recognizing Nursing Colleagues Across UPMC

Children's Hospital of Pittsburgh of UPMC

Awards

Christine McKenna, MSN, RN, CRNP - Dignity and Respect Champion Award

Certifications

Renee Brown-Bakewell, RN, CCTC

Poster Presentation

Alyssa Bostwick, MBA, MSN, RN, CPN, **Kelly Bricker**, BSN, **Marnie Burkett**, MSN, RN, CCRN, **Karen Croyle**, BSN, RN, CCRN, **Teresa Mingrone**, MSN, RN, CCRN, **Maryann Moore**, RRT, **Marvis Rhea**, BSN, RN, CCRN, **Joan Siwula**, MS, RN, CPHQ, **Cynthia Valenta**, MSN, RN, CCRN, **Shekhar Venkataraman**, MD, and **Carrie Vincett**, MSN, RN, "Preventing Ventilator Associated Pneumonia: Innovative Strategies Beyond the Bundle," ANA Quality Conference, Phoenix. February 2014.

A. Cashdollar, MSN, RN, CMPE, "Nursing Peer Review," CHOP Congenital Cardiology Meeting, Philadelphia, February 2014.

A. Cashdollar, MSN, RN, CMPE, "Nursing Peer Review," ACPC Mid-Year meeting, February 2014.

Publication

Straka, K., Ambrose, H., Burkett, M., Capan, M., Flook, D., Evangelista, T., Houck, P., Lukanski, A., Schenkel, K., & Thornton, M., The Impact and Perception of Nursing Certification in Pediatric Nursing, *J. of Pediatric Nursing* (E-publication), In Press.

Magee-Womens Hospital

Maribeth McLaughlin, chief nursing officer and vice president of Patient Care Service, will chair the American Hospital Association's Maternal and Child Health Governing Council starting in 2015. The 14-member council of senior health care executives advises the association on issues that affect women's and children's health.

UPMC East

Certifications

Kaitlin Baker, ONC

Janelle Alberts, CNC

Kristine D'Ambrosio, CMSRN

Stacy Skarja, PCCN

Degrees

Miranda Kuzio, BSN

Sarah Rummel, BSN

Shea Stewart, BSN

Frank Vecchio, BSN

Helen Kavalieratos, BSN

Chelsea Mehalic, BSN

Jennifer Masslon, BSN

Shannon Leonard, BSN

Aimee Hegel, BSN

Marcia Merlino, BSN

Brandi Hudson, BSN

Kristine D'Ambrosio, MSN

Michelle Guyaux, BSN

Danielle Miller, BSN

UPMC Hamot

Certifications

Destiny Juratovic, CCRN

Kristin Beckman, CCRN

Laurel Reinwald, NIC

Degrees

Krystal Krawczyk, BSN

Debbie Turk, CRN, BSN

Karen Virgilio, CMSRN, BSN

Presentations

Debbie Hess, MSN, RN-BC, "Heart of the Matter" and "Is there a better way to teach patients?," Oct. 2, 2013

Debbie Hess, MSN, RN-BC, "Nurses' Participation in Blue Team Simulation Builds Knowledge, Skills, and Confidence.," Greater Pittsburgh Research Conference, Oct. 25, 2013

continued >>

UPMC Mercy

Awards

Marydhel Crane, RN, was the recipient 2013 Dignity and Respect Campaign for Mercy

Valerie Schreiber, Unit Director, was chosen as President-Elect of the Western Pennsylvania Chapter of the Emergency Nurses Association

Certifications

Stephanie Brozek, CCRN

Megan Andrews, CCRN

Brian O'Connell, CCRN

Marilyn Tessmer, ACMA

Degrees

Kim Wockley, BSN

Kerry Coyne, BSN

Kathy Johnston, BSN

Kaitlyn Wheeler, BSN

Beth Martincic, BSN

Jackelyn Jones, BSN

Katrina Hill, BSN

Nancy Chisholm, BSN

UPMC Passavant

Awards

Congratulations to **Susan Hoolahan**, MSN, RN, NEA-BC, chief nursing officer and vice president, Patient Care Services, upon receiving the La Roche College Distinguished Alumni Circle Award.

Certifications

Annette Dye, CHPN

Degree Advancement

Priti McGowen, BSN

Jeanine Karl, BSN

Poster Presentations

Janet Mullen, RN, and **Nicole Santucci**, RN, displayed posters at the ANA Quality Conference® Advancing Quality Outcomes: Practice, Innovation and Impact, February 5-7, 2014 in Phoenix, AZ. Ms. Santucci's poster featured the "No Pass Zone" initiative and Ms. Mullen's poster focused on the development and implementation of the SkinSavers committee.

Publications

Susan Hoolahan, MSN, RN, NEA-BC, co-authored an article titled "Identification of Potential Barriers to Nurse-Sensitive Outcome Demonstration", in the December 2013 edition of *Journal of Nursing Administration (JONA)* http://journals.lww.com/jonajournal/Fulltext/2013/12000/Identification_of_Potential_Barriers_to.7.aspx.

UPMC Shadyside

Kellie Antinori-Lent, MSN, RN, CDE, programmatic nurse specialist, Diabetes, became a member of the AADE (American Association of Diabetes Educators) National Board of Directors as their Member Affiliate in January. She is also a member of the AADE Spokesperson Bureau. In December 2013, Kellie was interviewed by tudabetes, an organization of people touched by diabetes. Kellie's interview discussed patient barriers to insulin therapy and information on current injection therapy for diabetes.

UPMC St. Margaret

Awards

Congratulations to **Marjorie Jacobs**, MSN, RN, ACM, CQHQ, who was inducted into the LaRoche College Distinguished Alumni Circle for 2014.

Certifications

Susan Fenoglietto, CRRN

Degrees

Jerry Pettigrew, BSN

Karen Trimble, BSN

Poster Presentation

Jay Wright, MSN, RN, "Family Centered Care Practices to Transform Care Experiences and Improve Outcomes." Presented at AONE 2014 Conference – Inspiring Leadership, March 12 to 15, 2014, Orlando, Fla.

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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 the 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

Anne Bryan, BSN, Same Day Surgery, January 2014

UPMC Hamot

Scott Torrance, MICU

Mary Degenhart, Care Management

Courtney Ratajczak, Float Pool

Sandy Siegel, 6 South

UPMC Mercy

Sister Amy Williams, RN, Daisy Award, February 2014

UPMC Passavant

Gayle Sklarsky, RN, SICU

Judith Underwood, BSN, Medical Short Stay Unit,
UPMC Passavant Cancer Center

UPMC Presbyterian

Maggie Yaw, NICU

Kara Sloniger, Resource Unit

Larry Chong, 10S

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Contributors
Marianne McConnell, MN,
RW-BC, NEA-BC, FACHE,
CPHQ

Nursing Leadership Teams
from:

- Children’s Hospital of Pittsburgh of UPMC
- Magee-Womens Hospital of UPMC

- UPMC East
- UPMC Horizon
- UPMC Mercy
- UPMC Northwest
- UPMC Passavant
- UPMC Shadyside
- UPMC St. Margaret

Melanie Shatzer, DNP, RN
Sandy Lake, RN
Chrissy Paganelli-Haas

Have a story idea?
Contact Melanie Shatzer at
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