

UPMC
Nursing

Pathways to Excellence



Message from the Chief Nursing Officer

As many of you know, February is American Heart Month. This presents an ideal opportunity to reflect on the heart and soul of nursing. What is the most essential or most vital part of our collective and individual nursing practice? Nurse theorists have spent their life's work conceptualizing and describing this question. Jean Watson's Theory of Human Caring describes caring as a "crucial element of nursing." Nursing theorist Madeleine Leininger stresses that nursing should focus on "culturally congruent and capable" characteristics of caring. There is an abundance of nursing literature and research that supports the thinking that the fundamental element of nursing practice is the relationship we have with our patients. UPMC's relationship-based model of care focuses on the heart of nursing by blending the caring concepts of nursing theorists. Reflecting on the basics of nursing provides us direction on relating to our patients. This connectedness with our patients is offered by touch; offering compassion, hope, or providing patient education while at the bedside; or actively seeking cues from our patients as we anticipate their needs or use our assessment expertise. Being emotionally present while implementing this nurturing method of relating to our patients and families allows us to feel a personal sense of accomplishment and commitment. Though opinions may vary, one thing is for certain, we each need to be aware of our personal influence on our patients, families, and colleagues as we reveal the heart of nursing. I would like to thank you for being the heart and soul of nursing at UPMC.

Passionately,

Holly Lorenz, RN, MSN
UPMC Chief Nursing Officer

Expansion of Cardiovascular Services at UPMC Passavant

Cardiovascular services continue to expand at UPMC Passavant with the opening of a new tower in February 2010. A 16-bed cardiothoracic surgical intensive care unit will focus on caring for patients undergoing complex open heart and thoracic procedures. This will complement the existing 8-bed medical coronary care unit and will bring the total number of ICU beds at UPMC Passavant to 40.

The new tower will house an additional 24-bed cardiothoracic surgical step-down unit. The existing 30-bed step down unit will focus on medical and interventional cardiology patients.

The growth of the cardiovascular program has brought new and exciting technology to UPMC Passavant including advanced catheter-based coronary artery interventional procedures and electrophysiology studies including atrial fibrillation ablation procedures. Treatment for advanced heart failure and pulmonary hypertension continues to expand with both medical and surgical therapies.

A new monitoring system will provide the capability for flex telemetry throughout the entire hospital. Patients will be monitored by trained critical care technicians at a centralized heart station.

Nurses who have a particular interest in an area of cardiology will be dedicated to a specific area. The specialization of the nursing staff will allow them to develop their skills and become experts in caring for a dedicated patient population. Ongoing educational opportunities including informal case study presentations, lectures series, and a cardiovascular symposium are planned for the entire cardiology division. The goals of improved patient outcomes and patient and staff satisfaction are essential to the vision of the cardiovascular program. ■

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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.

Cardiology Advancements at UPMC St. Margaret

Recent accomplishments at UPMC St. Margaret have helped cardiology patients locally and nationwide receive excellent patient care. The Cardiology Department's Pacemaker Center has expanded its services in caring for patients with internal defibrillators (AICD). Previously, the staff was following internal defibrillator patients with device interrogation in a traditional clinic setting. While this provided information regarding device activity and detection of arrhythmias that had occurred since the last time they were interrogated, there was no alert notification of device actions or errors between clinic visits. If a patient received a shock from the device, they would have to return to the Pacemaker Center or the Emergency Department to determine if the shock was appropriate or not.

During the last year, the staff has been trained in remote monitoring of AICDs. The remote monitoring has improved patient care by delivering rapid and efficient alert notifications and data review. Patients have reported an increased sense of safety and satisfaction. One patient who moved to California for a year but did not want to change physician or clinic was able to use the expanded service. He is able to be monitored and cared for across the country.

Patient monitoring within the hospital provided the opportunity for the telemetry staff to design and implement an Off Monitor Algorithm to enhance nursing autonomy while providing safe and effective transportation of monitored patients to and from tests.

Using Transforming Care at the Bedside (TCAB) as a springboard for change, telemetry nurses sought a sanctioned and consistent methodology to autonomously determine patient need for transport by a telemetry nurse or unlicensed assistive personnel. With support and advice from hospital administration and key physicians, nurses successfully developed and implemented an Off Monitor Algorithm, providing safe and effective patient transport without incident. The team recently had their best practice published in *The American Journal of Nursing* (AJN). ■

UPMC Presbyterian Cardiovascular Nursing Initiatives

UPMC Presbyterian is continually on the cutting edge of innovation in patient care and professional advancement. Currently, a few nursing initiatives are being conducted in its cardiovascular units.

Nurses in the CICU are providing care for patients with the Impella® device which is already utilized in heart catheterization labs. The Impella® is a percutaneously inserted, catheter-based cardiac assist. The device is designed to provide short-term circulatory support in a variety of low cardiac output states, to reduce myocardial workload and oxygen consumption, and to increase cardiac output and coronary end-organ perfusion. Impella® offers a potential benefit to reduce the likelihood of escalating therapy, such as implantable devices or heart transplantation

The nurses in the CICU are excited about this new innovative technology. So far they have taken care of two patients with the device and anticipate more in the future.

Unit 9D Heart/Lung Transplant Step-down Unit is focusing efforts on discharge barriers. They are working on early authorizations for discharge medications. 9D and Falk Pharmacy are currently trialing a medication discharge call-ahead system to obtain patient's transplant medications prior to discharge. The process begins by Social Work obtaining authorization. Then, the MD/NP/PA transcribes the medication orders three days before discharge. The primary nurse care coordinator faxes these to the pharmacy and calls the next day for verification of receipt. Prescriptions are divided into "forever drugs" (i.e. prednisone, FK) and "for now drugs" (i.e. calcium, magnesium). This is improving process flow, patient education, pharmacist involvement, and earlier discharges. ■

UPMC McKeesport Collaborates in Study with Johns Hopkins

UPMC McKeesport is in the second year of a study in conjunction with Johns Hopkins University Hospital (JHU). The study is called the Atlantic CPORT (Cardiovascular patient outcomes research team) Trial for Elective Angioplasty. There are approximately 50 hospitals involved on the East coast.

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The goal of the study is to determine if there is a difference in patient outcomes of coronary intervention in hospitals that do not have onsite open heart surgery programs.

All patients coming through the Cardiac Catheterization Lab at UPMC McKeesport will be evaluated for eligibility in the study. If they meet the criteria, they will be given the opportunity to join. Involvement is voluntary and there is a commitment of follow-up from all patients for nine months.

If a patient agrees to join the study, a diagnostic procedure will be performed. Once this is complete, a computer at JHU will perform a randomization assignment. Three out of every four patients will stay at UPMC McKeesport and one patient will be transferred to a hospital with onsite cardiac surgery.

At the end of the study, all of the patient outcomes will be compared and a determination made as to whether or not percutaneous coronary intervention (PCI) should be allowed in hospitals without onsite cardiac surgery.

With a goal of 18,000, more than 10,000 patients have already consented to the study. The study is expected to continue until the end of 2010. ■

Cardiac Seminar at Seven Springs

This January, the 7th annual Updates in Common Cardiac Surgical Procedures seminar was held at Seven Springs Resort and Conference Center in Champion. This event, sponsored by UPMC Mercy and hosted by Ross DiMarco, MD, covered all aspects of cardiovascular nursing care. It was organized by Pamela Lynn from Perfusion and Judy Miller from the CVICU at UPMC Mercy.

Speakers have covered a wide variety of topics over the years, from endoscopic vein harvesting to the uses of platelet gel in post operative healing. The event tries to introduce subjects that are on the frontier of cardiac medicine. This year's topics included air transport of patients on ECMO and VAD support, new respiratory therapies for post operative care, and health care reform.

The relaxed learning atmosphere of this two-day, annual event has helped attendance grow to 68 participants. The seminar is attended by registered nurses, perfusionists, respiratory therapists, cath lab personnel, and physicians. UPMC Mercy has designated the event as a continuing education activity worth 6.0 CEUs, as well as 6.0 AMA PRA category I credits. ■

UPMC Shadyside Stroke Assessment Team

UPMC Shadyside has been recognized as a Joint Commission Certified Stroke Center since October 2006. This means it is able to provide acute interventions to stroke patients 24 hours a day, seven days a week by a specialized neurology staff. These interventions include administration of intravenous tissue plasminogen activator (rtPA), intra-arterial rtPA, Merci Clot Retrieval, or stenting of the cerebral vessels for acute onset of arterial occlusion. These interventions have a time limit for administration once stroke symptoms have been noted and it is imperative care is streamlined and the stroke pathway is followed to improve patient outcomes.

In October 2009, UPMC Shadyside developed a team known as the Stroke Assessment Team (SAT). The SAT consists of one neuroscience intensive care nurse specialized in stroke care and one critical care medicine resident. The responsibilities of the team members are to evaluate suspicion of stroke for the inpatient population at UPMC Shadyside and Hillman Cancer Center treatment areas. Prior to implementation of the SAT, the rapid response team was responding to all suspected strokes. Often, the rapid response nurse was not a certified stroke nurse.

If a stroke is suspected through a team approach by both the nurse and physician, the stroke pathway is initiated. The stroke pathway ensures patients receive a CT scan of the brain within 20 minutes.

The CT is interpreted by a neurologist. A specialized neurological assessment is completed by both the neurointensive care nurse and physician, and implementation of the Ten Stroke Performance Measures. The neurologist will make the determination if acute interventions are needed. Patients receiving any interventions are transferred to the neurointensive care unit to ensure they receive quality-driven, evidenced-based stroke care. The nurses ensure stroke performance measures are met and facilitate dialogue with the physicians if necessary.

The critical care residents are educated at the beginning of their rotation to their role responsibilities of the SAT. These physicians change every four weeks therefore, the process is driven by UPMC Shadyside's neurointensive care nurse, and they are the constant. The nurses were trained prior to implementation of the SAT and monthly meetings are held to address obstacles and continually process improvement.

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The SAT has been in place for three months. Data is collected to assess the decline in use of the rapid response team for stroke patients as well as delivery of quality stroke care and compliance with performance measures.

This nurse driven process has been very successful. The nurses and physicians have collaborated wonderfully to meet the needs of the acute stroke patient. The nurses appreciate having a specialized team available around the clock. UPMC Presbyterian and UPMC Shadyside are stroke certified facilities. ■

Parish Nurses Care for the Body, Mind, and Spirit

Parish nursing began as a local movement in Chicago in 1985 by the Rev. Dr. Granger Westberg. A Lutheran minister and pioneer in holistic health care, Dr. Westberg and his colleagues established medical clinics in several churches. Doctors, nurses, and pastors worked as a team, caring for individuals in body, mind, and spirit. Nurses were instrumental in translating information between the patient, doctor, and pastor. When the clinics eventually closed due to a lack of funding, parish nursing was born.

Dr. Westberg placed nurses in six congregations. Church members health improved as they discussed health concerns with the nurses before serious problems developed. According to Dr. Westberg, "It gradually dawned on us that churches are actually the one organization in our society to give leadership to the field of preventive medicine."

Parish nursing, also called faith community nursing, is recognized by the American Nurses' Association as a specialty practice. It is rooted in Judeo-Christian traditions, beginning with the first deacons, deaconesses, and monastic orders who cared for the sick. Parish nurses believe that a person's spiritual needs are as important as physical needs, especially when the individual is experiencing an illness. The parish nurse's role includes that of health counselor, educator, referral agent, advocate, and physical, emotional, and spiritual support person. Rather than providing traditional hands-on care, the parish nurse connects church members to the health care and community resources they need. Today there are more than 12,000 parish nurses worldwide.

In 1991, Pittsburgh Mercy Health System established the region's only parish nurse program: the Mercy Parish Nurse and Health Ministry Program. The program continues to serve all denominations, providing nurses, clergy, and others with ongoing consultation and resources.

For more information about parish nursing, contact Dorothy Mayernik at 412-232-7997, DMayernik@mercy.pmhs.org or visit www.pmhs.org/parish-nurse-program. ■

did you
know?

A Salute to Black History Month

Mary Eliza Mahoney (1845-1926) is credited as America's first professionally trained black nurse. She entered nursing school at the age of 33 at the New England Hospital for Women and Children in Roxbury, Mass. She started the nursing program with 42 other students and was one out of four students from her class that graduated. After graduation, Mahoney left the New England Hospital for Women and Children and started working as a private duty nurse. She traveled and provided medical assistance to patients in the New England area. Mahoney had a widespread reputation for giving exceptional nursing care. She received requests from potential patients nationwide.

Mahoney is known for her contributions to professional nursing organizations. In 1896, Mahoney became one of the original members of the predominately white Nurses Associated Alumnae of the United States and Canada (later known as the American Nurses Association [ANA]). Mahoney recognized the need for nurses to work together to improve the status of blacks in the profession. In 1908, she was cofounder of the National Association of Colored Graduate Nurses (NACGN). Mahoney gave the welcoming address at the first convention of the NACGN and served as the association's national chaplain. Later, the NACGN merged with the ANA, leaving a 20 year void for having a nationally recognized black nursing organization, until the inception of the National Black Nurses Association in 1971.

Mahoney ended her nursing career as director of an orphanage in Long Island, N.Y. after remaining in this position for 10 years. In 1976, the ANA inducted Mary Eliza Mahoney into the Nursing Hall of Fame.

Top 10 African American Inventors

Throughout history, African Americans have made great contributions to the world of innovation. Here are 10 examples:

- 1. Elijah McCoy** (1843–1929) invented an oil-dripping cup for trains. Other inventors tried to copy McCoy's oil-dripping cup, but none of the other cups worked as well as his. Customers started asking for "the real McCoy." That's where the familiar expression originates.
- 2. Lewis Latimer** (1848–1928) invented an important part of the light bulb, the carbon filament. Latimer worked in the laboratories of both Thomas Edison and Alexander Graham Bell.
- 3. Jan Ernst Matzeliger** (1852–1889) invented a shoemaking machine that increased shoemaking speed by 900 percent. In 1992, the U.S. made a postage stamp in honor of Matzeliger.

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4. Granville T. Woods (1856–1910) invented a train-to-station communication system. Woods left school at age 10 to work and support his family.

5. George Washington Carver (1860–1943) invented peanut butter and 400 plant products. Carver was born a slave and did not attend college until he was 30.

6. Madam C. J. Walker (1867–1919) invented a hair-growing lotion. Walker grew up poor but she became the first female African-American millionaire.

7. Garrett Morgan (1877–1963) invented the gas mask and the first traffic signal.

8. Otis Boykin (1920–1982) invented electronic control devices for guided missiles, IBM computers, and the pacemaker. He invented 28 different electronic devices.

9. Dr. Patricia E. Bath (1949–) invented a method of eye surgery that has helped many blind people to see. Dr. Bath has been nominated to the National Inventors Hall of Fame.

10. Lonnie G. Johnson (1949–) invented the world-famous watergun, the Super Soaker. Johnson's company recently debuted a new Nerf toy gun. ■

Opportunity for Continuing Education Credits

The Pittsburgh Mercy Health System Parish Nurse and Health Ministry Program is sponsoring a basic preparation course for those interested in becoming parish nurses or health ministers. The courses will run on May 21 and 22 and June 11 and 12 at Beulah Presbyterian Church in Churchill.

Modules offered include prayer, self care; healing and wholeness; ethics, documenting practices, legal aspects, communication and collaboration; family violence, and more. The cost is \$395 per person. Limited scholarship funds are available. Class size is limited to 20 participants. The registration deadline for the summer session is May 17. Registered nurses who attend all of the four-day sessions can receive 30 continuing education credits. For additional information about the courses, contact Dorothy Mayernik at 412-232-7151 or dmayernik@mercy.pmhs.org.

Reflections on a Magnet Appraiser Team Site Visit

UPMC Shadyside began the new year in style as they hosted their Magnet Site Visit. Three Magnet appraisers walked the halls of UPMC Shadyside from January 4 to 7. The goal was to verify, amplify, and clarify what was submitted in the UPMC Shadyside Magnet documents as the next step toward achieving Magnet designation. Sandy Rader, vice president of Patient Care and CNO reflects on the visit, “It was an invigorating week. The energy level was palpable across the campus. We were so proud to showcase the work of our staff.”

The team of appraisers diligently scoured the campus to score each of the 88 sources of evidence required to achieve Magnet designation. Shelley Watters, program director, Professional Development and Magnet program director, shares her thoughts on the site visit, “The most amazing thing about the site visit was to see everything we wrote about being demonstrated. How we practice and what we do every day is what supports a Magnet environment.”

The old saying “what gets measured, gets changed” rings true once benchmarked against hospitals on a national level. Nurses at all levels of the organization were asked to speak about unit level plans to support the broader hospital goals and initiatives.

Highlights of the week were the open and community sessions. The open staff session on the third day of the visit brought many in attendance to tears as staff shared their thoughts. There were many stories shared about why staff worked at UPMC Shadyside and why they felt Magnet designation was deserved.

The community session on final day of the site visit was equally, if not more, emotional for those who attended. Many were honored and privileged to sit in the auditorium while community members throughout the city talked of their special and unique relationships with the staff of UPMC Shadyside. Many UPMC colleagues throughout the system also took time to come and speak with the appraisers about the work they have done with UPMC Shadyside and staff.

Upon their departure, the appraisers commented that the nurses of UPMC Shadyside well demonstrated the art and science of nursing. The appraisers will submit their summary and recommendation to the Magnet commission. The process will take several weeks with final determination expected in mid-March. Whether or not UPMC receives Magnet designation, the visit touched everyone and instilled a sense of institutional pride. ■

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Nursing Events

Make note of these events in your schedule. Hope to see you there!

- **March Grand Rounds**

Meet Holly Lorenz, UPMC's new chief nursing officer, during the system Nursing Grand Rounds on March 4 at noon. Ms. Lorenz will be presenting UPMC's new clinical ladder "My Nursing Career" in the Bioscience Auditorium on the UPMC Presbyterian campus. She will speak about her vision for providing opportunities for you to create a lifetime career at UPMC. If you are unable to attend the session it will be available on uLearn after March 15. Visit the Nursing Infonet site for viewing instructions.

- **Save the Date**

Nurses Week Celebration 2010
April 28, 29 & 30, 2010
Herberman Conference Center, UPMC Shadyside

This year, the System Professional Practice Council will be holding a Scrub Drive in collaboration with Dress for Success Pittsburgh. The organization promotes the economic independence of disadvantaged women by providing professional attire, a network of support, and the career development tools to help women thrive in work and life. For every set of scrubs you donate, you'll receive a free Chinese auction ticket. Start collecting your scrubs and nursing outfits today. All colors and sizes are appreciated.

2010 Mary Ann Scully Excellence in Nursing Award Breakfast

Mary Ann Scully, born in 1931, was an exceptional woman and tremendous nurse who devoted 35 years to cardiac units at UPMC Presbyterian. Mary Ann was very active in the American Heart Association (AHA). Upon her death in 2007, the AHA established an award in her name to recognize others who are devoted to cardiac nursing.

On January 19, 2010, a breakfast was held to honor the award nominees and bestow the award to the 2009 inaugural recipient. Congratulations to the UPMC nurses who were nominated:

Donna Coda

Margaret Lattanzio

Sally Mikesic

Kimberly Roderick

Lauren Saul

Total Compensation is More Than Your Pay Advice

UPMC offers a great total compensation package in order to retain and recruit the brightest minds in health care, customer service, and other professional fields. Aside from the pay that you receive for the hours worked, much more goes into your total compensation package.

"Total compensation at UPMC includes a wide variety of benefits that UPMC pays for partially or fully on behalf of staff members," says John Galley, vice president, HR Operations and Services. "These benefits include paid time off and flexible work arrangements, retirement programs, medical and dental insurance, short- and long-term disability insurance, life insurances, and tuition benefits for staff and their families, among many others."

See your Total Compensation Online through My HUB

View your personalized Total Compensation Statement online via My HUB. Just click on the Total Compensation Statement link on the My HUB homepage to view the statement.

Each month, this statement is updated with information such as your pay, the benefits that you have selected, and even tuition benefits that you have used in the past year. The total compensation package includes a variety of benefits designed to provide personal security, convenience, and assistance to staff and their families, he says. "UPMC works to ensure that we remain very competitive in terms of the total compensation that we offer to both new and long-time, loyal staff members. Our continued strength as a health care leader relies upon it."

To see your Total Compensation Statement, visit My HUB today. ■

I SPY: Recognizing Nursing Colleagues Across UPMC

correction from previous issue — Susan Hoolahan, MSN, RN, NEA-BC, and Jackie Stogoski, MSN, RN, of UPMC St. Margaret, presented a poster abstract at the 2009 SWPONL annual conference entitled *A Community Hospital's Journey to Excellence that took first place.

Heidi Boitnott, RN, MSN, of UPMC Northwest, completed her MSN in Education and Leadership from Carlow University.

Kristi Charlesworth, RN, BSN, of Magee-Womens Hospital of UPMC, received her BSN from Chatham University.

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Bonnie Colaianne, MSN, RN, of UPMC St. Margaret, obtained a masters degree in nursing from the University of Pittsburgh and presented the poster abstract “The effects of oral care on pre-operative thoracic surgery patients in the prevention of post operative pneumonia” at the 2010 CNL Summit in San Diego, Calif.

Faith (Himes) Colen, MSN, RN, CEN, of UPMC Shadyside, wrote the tenth most accessed journal article from the *Journal of Emergency Nursing*, “Oncologic Emergencies: Superior Vena Cava Syndrome, Tumor Lysis Syndrome, and Spinal Cord Compression.”

Mary Jane Daugherty, RN, MSN, of UPMC Northwest, completed her MSN in Education and Leadership from Carlow University.

Susan DiNucci, BSN, RN, CIC, of UPMC St. Margaret, presented “Keys to a Successful CAUTI Prevention Program: Improving Patient Outcomes by Reducing Infection Rates” as a national audio webinar produced by AHC Media.

Lisa Donahue, DrNP, RN, of UPMC Shadyside, wrote “A Pod Design for Nursing Assignments” for the *American Journal of Nursing* and presented a webinar to a hospital in San Jose, Calif.

Pamela Donovan, RN, MSN, of UPMC St. Margaret, presented a poster abstract entitled *Using an Electronic Health Record (EHR) to address findings of a Post Resuscitation Committee (PRC) in a Community Hospital* at the 2010 ANA 4th Annual NDNQI Data Use Conference in New Orleans.

Linda Dudas, RN, MSN, of Magee-Womens Hospital of UPMC, received her MSN from the University of Pittsburgh.

Cindy Frosztega, RN, BSN, of Magee-Womens Hospital of UPMC, was promoted to Emergency Department unit director.

Tracy Gaggiani-Savochka, PACU, RN, of UPMC St. Margaret, obtained her MSN in and was promoted to PACU team leader.

Beth Gaw, RN, MSN, of UPMC Northwest, completed her MSN in Education and Leadership from Carlow University.

Betsy George, RN, PhD, of UPMC Presbyterian, received the 2010 AACN Circle of Excellence Award.

Lisa Grandizio, RN, BSN, of Magee-Womens Hospital of UPMC, received her BSN from California University of Pennsylvania.

Janet Griffiths, RN, MS, of UPMC St. Margaret, completed Chatham University’s masters in science of nursing (MSN) program

Leah Kelly, RN, MSN, of Magee-Womens Hospital of UPMC, received her MSN from Waynesburg University.

Mary Kish, RNC, BSN, presented “Improvements of the Bedside Nurse’s Evidence-based Knowledge and Support of Breastfeeding to Mothers in a NICU” at the Greater Pittsburgh 21st Annual Nursing Research Conference.

Melissa Kolin, DNP, RN, of UPMC Horizon completed Waynesburg University’s doctorate in nursing practice (DNP) program.

Darlene Lovasik, RN, and Sue Costello, of UPMC Presbyterian organized the Transplant Symposium.

Sandy McDonald, RN, MSN, of Magee-Womens Hospital of UPMC, received her MSN from Waynesburg University.

Maribeth McLaughlin, RN, BSN, MPH, of Magee-Womens Hospital of UPMC, was elected to a three-year term on the AHA Maternal and Child Health Council.

Nicolette Mininni, RN, MEd, CCRN; Timothy Herzer, RN, BSN, CCRN; Michelle Marino, RN, BSN; and Wendy Kohler, RN, of UPMC Shadyside, authored “Why continuous pulse oximetry is a must in critical care” for *American Nurse Today*.

Nicolette Minnini, RN, MEd, CCRN; **Michelle Marino**, RN, BSN; **Wendy Kohler**, RN, and **Mary Jo Stephan**, RN, of UPMC Shadyside, authored “Pulse oximetry: An essential tool for the busy med-surg nurse” for *American Nurse Today*.

Lynn Nelson, RN, MSN, of Magee-Womens Hospital of UPMC, received her MSN from Carlow University.

Michele Ondeck, RN, MEd, LCCE, FACCE and **Judith Focareta**, RN, MEd, LCCE, of Magee-Womens Hospital of UPMC, authored “Environmental Hazards Education for Childbirth Educators,” *Journal of Perinatal Education*.

Vivian Petticord, RNC, MSN, of Magee-Womens Hospital of UPMC, presented the poster “Implementation of Bedside Hand-Off in a Labor and Delivery Unit” at the 2010 Clinical Nurse Leader Summit. She also received her MSN from the University of Pittsburgh.

Jill Radtke, RN, BSN, of Magee-Womens Hospital of UPMC, presented “Nurse’s Experience in Participating in the SPEACS Study (Study of Patient-Nurse Effectiveness with Assisted Communication Strategies)” at the Greater Pittsburgh 21st Annual Nursing Research Conference.

continued >>

Continuous Learning

American Heart Association

www.americanheart.org

Association of Pittsburgh Black Nurses

www.pittsburghblacknursesinaction.org

Improving communication among nurses, patients, and physicians

The American Journal of Nursing, 109 (11), 21 - 25
Chapman, K., 2009

Building bridges: a partnership between professional nursing and the Centers for Disease Control and prevention to reduce the burden of heart disease and stroke

American Journal of Preventive Medicine. 29(5 Suppl 1), 122-7
Dunbar, S., Mensah, G., & Labarthe, D., 2005

International Parish Nurse Resource Center

www.ipnrc.org

The Essential Parish Nurse: ABCs for Congregational Health Ministry

Cleveland, OH: Pilgrim Press.
Patterson, D., 2003

Pittsburgh Mercy Health System

www.pmhs.org

National Black Nurses Association

www.nbna.org

Scholastic

<http://teacher.scholastic.com/activities/bhistory/inventors/>

Karen Shreffler, RN, MSN, of UPMC Northwest, completed her MSN in Education and Leadership from Carlow University.

Judith Tinelli, RN, MSN, ONC, of UPMC St. Margaret, obtained a masters degree in Clinical Nurse Leadership from the University of Pittsburgh. She also presented “Emotional Comfort: Patient Healing is both Physical and Emotional — The ‘I Am’ Pilot 4A Rehab UPMC SMH” at the 2010 CNL Summit in San Diego, Calif.

Amy Uhler, RN, BSN, MBA, of UPMC Northwest, completed her MBA from Clarion University.

Kim Veltre, RN, MSN, of Magee-Womens Hospital of UPMC, obtained her MSN and was promoted to unit director Perianesthesia Services

Denise Verosky, MSN, MS, RN, CMSRN, of UPMC Shadyside, authored “Let Your Expert Voice be Heard in Product Selection” for the November/December 2009 issue of *Medsurg Matters*.

Western Psychiatric Institute and Clinic of UPMC received the American Nurses Association award for Nursing Excellence in a psychiatric hospital at the 2010 NDNQI conference in New Orleans. ■

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