

UPMC
Nursing

Pathways to Excellence



Message from the Chief Nurse Executive

Dear nursing colleague,

During the past year we have taken different opportunities to educate our nurses regarding health care reform. I would like to continue with our health care reform series and share with you the importance of your role in UPMC's continued success during this health care climate. In this issue of the newsletter, you will find a Health Care Reform article that outlines how the newly created federal policies are requiring organizations to link the care of patients at the bedside with outcomes. These outcomes are patient-focused and will directly affect the organization's financial reimbursement. The intent of this federally driven reform is to place criteria and restrictions on payments to hospitals from the Center for Medicare and Medicaid (CMS) and will be highly influenced by the quality of care that we provide. The new terminology for this concept is called value-based purchasing. I encourage you to learn more about this subject in the article "Value-Based Purchasing" included in the newsletter. I cannot stress enough how your expertise and critical thinking related to patient care can continue to impact patient outcomes and our reimbursement from insurers. This goes beyond prevention of "never-events", hospital-acquired infections, and core measures, but also includes patient satisfaction. UPMC continues to take a proactive approach to the upcoming changes by piloting system initiatives that make a difference and improve the experience for the patients that we serve. As professional nurses you hold the key to making a difference. Examples of these initiatives include:

- Rest assured — Creating a restful environment for patients through decreasing noise and fewer interruptions, particularly during the overnight hours.
- Attacking alarm fatigue — Eliminating "nuisance" and non-lethal (yellow) alarms that desensitize staff to urgent alarms.
- Reliable rounder — Care delivery model that builds reliability into the work and reduces interruptions, levels work, and removes waste. This model is highly dependent on the patient care technicians and nursing assistants.

More information on each of these patient care initiatives will be available in the upcoming issues of *Pathways to Excellence* and from your chief nursing officer. Our focus continues to be on providing exceptional care and enhancing our patients' and families experience at UPMC. As a nurse, you are a critical and consistent caregiver that has substantial influence on patient outcomes and success of health care now and in the future. ■

Holly Lorenz, RN, MSN
UPMC Chief Nurse Executive

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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.

Update on Health Care Reform

Submitted by Ryan Yuhas

The one-year anniversary of the health care reform law gave both supporters and critics an opportunity to debate the impact of the overhaul. Now federal regulators will focus on the additional challenges facing the law during the second year. They must continue the methodical work of preparing for change while defending the law against opponents in Congress, the states and the courts.

The next regulatory steps will be largely invisible to the public, in contrast to the law's inaugural year, which ended March 23, when high-profile benefits and consumer protections attracted widespread publicity and scrutiny.

Department of Health and Human Services officials will create a Medicare initiative to encourage hospitals and physicians to coordinate more closely on patient care in the coming year. Regulators will start deciding which medical services health plans must cover as of 2014. Negotiations between federal and state

officials will escalate as states prepare to launch the health insurance markets that will expand coverage. Researchers will get federal money to find the most effective way to treat diseases.

House and Senate Republicans will intensify efforts to repeal or block funding for such implementation. At the same time, state officials will argue that federal control over insurance is inappropriate and that the law's eligibility expansion of Medicaid, the state-federal program for the poor, is too costly. Federal courts will rule on more than 20 challenges to the law's constitutionality, which the Supreme Court is likely to settle.

Polls show that public opinion has remained static in the first year. Republicans generally oppose the law, while Democrats are far more supportive. With all the millions of dollars in advertising, the supporters on either side haven't moved a lot, and that's not likely to change before the next election. ■

Value-Based Purchasing

Submitted by Tami Minnier and Kate Brownlee

Value-based purchasing (VBP) is an attempt to improve the quality of medical care while reducing costs by reimbursing partly for quality, rather than strictly for quantity, of care. As part of this movement, the Centers for Medicaid and Medicare (CMS) recently rolled out a VBP plan that bases a portion of CMS hospital reimbursement payments on how well hospitals perform on a set of core measures. Hospitals' baseline scores have already been established and the initial nine-month evaluation period begins July 1, 2011. The VBP program will formally begin on Oct. 1, 2012 (FY 2013) with the start of reimbursement changes. CMS will start by withholding one percent of the base DRG reimbursement; that money can be earned back based on how hospitals do on the performance measures. The amount withheld will rise by 0.25 percent each year until it is capped at two percent in 2017.

For FY 2013, CMS has identified 12 process measures and eight dimensions of the Hospital Consumer Assessment Healthcare Providers Systems (HCAHPS) patient survey to determine reimbursement; the process measures will be worth 70 percent and the HCAHPS dimensions will be worth percent. The clinical process measures address best practices around high-cost, life-threatening conditions (heart attack, heart failure, pneumonia, hospital acquired infection, and surgical care) such as whether prophylactic antibiotics were started one hour before surgical incision or whether a blood culture was performed prior to administration of first antibiotic for a patient with pneumonia. The HCAHPS measures focus primarily around issues of communication such as staff responsiveness, caregiver communication, and pain management.

In FY 2014, 21 outcome measures will be added although the relative percentages of these measures are still to be determined. Additional measures for FY 2014 include several hospital acquired condition measures (for example, stage III and IV pressure ulcers and blood incompatibility); 30-day mortality for heart attack, heart failure, and pneumonia; spending per beneficiary; and two Agency for Healthcare Research and Quality measures around mortality and patient complications.

VPB is part of a growing movement to find ways to improve the quality of care while containing costs, and we need to ensure that we are able to do both simultaneously. To do so, we have a multipronged strategy. First and foremost, we want to strive to be perfect at our clinical measures. In order to do that, we are working to develop core measure actionable data and reporting at the clinician level so that clinicians understand where they stand and we can work to improve. We also need to improve our HCAHPS scores. Since in the first two years of VBP, the policy will apply to readmissions related to heart failure, heart attack, and pneumonia, we are working to develop actionable data and reporting on inpatient resource utilization. Finally, we need to educate staff and improve on our Hospital Acquired Conditions and Patient Safety Indicators. This work will take concerted effort across the system as we strive to provide the best possible care to all of our patients. ■

Welcome 2011 UPMC Summer Student Nurse Interns



More than 300 nursing students applied to the UPMC Summer Student Nurse Internship Program. We are honored to be hosting 107 outstanding students who represent 28 colleges and universities from across the country and our immediate region. The program will provide the student interns the opportunity to experience the impact that UPMC nurses make every day. Student nurse interns will be paired with a preceptor for a hands-on learning experience in a variety of settings and hospitals. In addition to the valuable precepted experience, the interns will attend two professional development workshops. At the May 23 Beginnings Orientation program, the interns heard from Holly Lorenz, UPMC chief nurse executive, and Lorraine Brock, UPMC director of Nursing Recruitment, speak about the impact a nursing internship can have on the intern and the hospital. Interns are encouraged to seek learning opportunities, ask questions and keep an open mind to the educational experiences the internship offers. The summer internship program ends August 6. ■

A Spotlight on Nursing Mentorship Celebrating 10 Years of Service

BACKGROUND

Diversity is an all-inclusive concept, which includes differences in race, ethnicity, religion, age, gender, sexual orientation, and ability/disability. Such differences not only exist among patients, but among the nursing workforce as well. As a result, nurses are often faced with situations that require cultural and linguistic competency.

In the spirit of inclusion the Minority Nurse Partnership Council has decided to make a name change from the Minority Nurse Mentorship and Professional Enhancement Program to the UPMC Nurse Mentorship Program: Inspiring Inclusion and the partnership council will be called the UPMC Nursing Inclusion Council similar to the Physician Inclusion Council.

The new e-mail address to contact the nurse mentorship program is nursesmentorship@upmc.edu. All e-mails to the minoritynursementorship@upmc.edu will be routed to the new address.

The mission of this program continues to be to identify, retain, and enhance the professional development of various diverse nurses at the bedside and in leadership roles within UPMC.

MENTORSHIP

Being a newly-hired nurse can be challenging and we recognize the impact that cultural differences may have on one's transition to a new workforce environment. As individuals, we all tend to relate to someone who looks like us and sounds like us. A new nurse's workforce environment can be overwhelming and may produce roadblocks towards one's success.

Mentoring is the process of sharing wisdom, guidance, confidence, and competency career building strategies between experienced UPMC nurses, nursing managers, executive nursing leaders (mentors), and nursing students or nurses at any stage of their career requesting guidance (mentees). Through mentorship, the program is designed to contribute to the professional and personal development of nurses through relationships that are nurturing and supportive. The program requires a one-year commitment from both the mentor and mentee, during which time meetings between the two are held on a consistent basis.

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PERSPECTIVES OF MENTEES

Two mentees were asked to describe their experience with the program.

Lawana Dorsey, a recent graduate of UPMC Shadyside School of Nursing, is currently a staff nurse at UPMC Shadyside. She is planning to pursue her bachelor's degree in Nursing at Chatham University in the near future. As written by Lawana: *"Becoming a part of the UPMC Minority Nurse Mentorship and Professional Enhancement program has helped to enrich my nursing career by providing me with a knowledgeable mentor from whom I have received a lot of much needed support. My mentor provided me with strategies to help me to excel in nursing school. Once school was finished, she continued to be a resource of information to me concerning how to survive my first year as a registered nurse. When I needed to vent about the stresses of my day, she was always able to lend an ear and then she helped me to develop time management skills which enabled me to organize my workflow and to decrease a lot of stress. The various seminars that the mentoring program provided and the valuable networking opportunities were invaluable. I am very grateful that this program exists and I hope that it continues to support and enhance the professional growth of all minority nurses."*

Ebony Edwards graduated with an associates degree in Nursing from Community College of Allegheny County — Main Campus,

and subsequently went on to receive a master's degree in Nursing from Waynesburg University. She is currently a staff nurse at UPMC Mercy, on the Traumatic Brain Injury Rehabilitation Unit. As written by Ebony: *"How does one sum up the endless opportunities, rewarding challenges, and professional growth this program has afforded me? The UPMC Minority Nurse Mentorship Program has been there for me since I obtained my associates degree. I can recall attending one of the educational sessions and being acknowledged for that accomplishment. Being hugged, congratulated and presented with a gift from a group of individuals that I didn't know. This made me feel like I was in the company of family and friends. The program has also provided me with numerous opportunities to network with other UPMC nurses from various disciplines, attend educational sessions, and walk away after listening to motivational speakers such as Ms. Esther Bush and Mrs. Margaret Washington, believing that the sky is the limit. But most importantly when I was a graduate nurse, the UPMC Minority Nurse Mentorship program provided me with a mentor. Someone who was knowledgeable, experienced, insightful, caring, confident, patient, and encouraging. This experience of having a mentor has instilled in me the importance of being a mentor, and as a result I am proud to say that I am a mentor."*

GETTING INVOLVED

"Diversity: The art of thinking independently together." Malcolm Stevenson Forbes

Together we can build a nursing workforce that not only cares about our patients, but also cares to include you. If you have any questions or would like to get involved in the program, send an e-mail to nursementorship@upmc.edu. Your facility liaison or another member of the UPMC Nurse Inclusion Council will respond. ■

Save-the-date

What? — Orthopaedic Certification Review Class

When? — September 10, 2011 from 8 a.m. to 5 p.m.

Where? — Herberman Conference Center at UPMC Cancer Pavilion, UPMC Shadyside

View presentations by experienced orthopedic nurses while preparing for the Orthopaedic Certification Examination. For more information or a brochure contact Mary Ellen Pritchard at pritchardme@upmc.edu.

2011 Cultural Competency Series

Dignity and Respect Tip No.11: Treating others the way **they** want to be treated is respecting others' differences. As an organization, providing our patients with the dignity and respect they deserve includes making the experience meaningful to them as individuals.

This is the fifth article featuring real-life stories of how employees at UPMC put patients first by being culturally competent, recognizing each other's differences, and ensuring that those differences are taken into consideration for quality patient care.

Recently, employees at UPMC Northwest had an opportunity to be culturally competent when a homeless patient arrived at the Emergency Department with significant medical and social needs.

Homeless patients are rare in rural northwest Pennsylvania where community resources for such patients are scarce. In this patient's case, most of the resources had been previously exhausted and few facilities were willing to accept the patient. Barb Plummer, social service coordinator at UPMC Northwest, was consulted to plan a safe discharge for this patient. The complexities of this patient's past with social and medical problems had closed many doors but Ms. Plummer's tenacious heart remained open to this patient's needs.

It took more than four days for Ms. Plummer and her colleagues to secure a nursing home to take the patient after discharge. The

patient, known in the area to be noncompliant, was at times viewed as difficult to care for. As Ms. Plummer put it, "quite a few bridges had been burned." But Ms. Plummer just couldn't back away because of closed doors. Finally, they were able to place the patient in a facility, assuring continuity of treatment.

Ms. Plummer worked with the patient, community support services, and other connections to secure a "safe landing" for this patient.

The physicians at UPMC Northwest tackled the tough physical issues facing the patient and the social service coordinator used her expertise and compassion to find solutions to meet the patient's needs. "This patient is a human being who needed our assistance regardless of past challenges, the patient still deserved care and compassion," Ms. Plummer said.

The best way to foster cultural competency is by example. If you or a team member recognized that a patient had special needs, created a plan to meet those needs, and implemented the plan successfully, please tell us about it. E-mail your stories to inclusion@upmc.edu. If chosen, your story may be shared and highlighted in the cultural competency series in *Extra*. By treating people the way **they** want to be treated, we can all do our part to ensure that inclusion is at the core of what we do every day. ■

Nurses Involved in the Community

Submitted by Lorraine Sieminski

Working at UPMC Cancer Centers for the past 10 years has provided me with many wonderful opportunities including volunteering and becoming a board member for the American Cancer Society. This also helps with UPMC's community initiatives.

The most recent community initiative that I volunteered for was the Four Corners Unit of the American Cancer Society Fashion Show. This 21st annual fundraiser was a luncheon and a fashion show and was held on April 16 at the Clarion Hotel in New Kensington, Pa.

The event was an overwhelming success with food, music, raffles, auctions, and door prizes. It was a fun day with a lot of positive energy. Proceeds from this event will help to ease the financial

burdens of oncology patients and their families, help with community education, and research.

Some volunteers were patients and have worked on this event while receiving chemotherapy and radiation. That is how dedicated they are because they want to help other patients going through the same struggles that they went through. They are amazing examples of hard work and dedication, and this event helps to honor lives that have been touched by cancer.

Personally, I have been inspired by patients and their strength. They are the reason I volunteer. I want to be able to help others and give hope. Hope is a good thing and I will continue to volunteer as long as I am able. ■

One Year and Counting to Opening of UPMC East

The countdown toward the anticipated July 2012 opening of UPMC East has begun.

“Although much work remains, we are on track to open UPMC East in one year as a full-service community hospital built from the ground up,” says Mark Sevco, president of the facility under construction in Monroeville.

As the final year of construction begins, UPMC nurses, physicians, and staff can stay up to date on the building’s progress by visiting the recently launched UPMC East site on Infonet. Some features that will be available by accessing this front-row seat to UPMC East include:

- a clock counting down the days to the first patient admission
- a slideshow documenting how a vacant hotel complex was demolished to make way for UPMC’s first built-from-scratch hospital, photos from various stages of construction, and architectural renderings of the completed seven-floor hospital
- information about how materials from the former hotel complex were recycled and other “greening” initiatives
- a timeline of project milestones
- an overview of clinical services to be offered
- information about staffing and career opportunities
- plans and information about granting credentials to physicians who will work at UPMC East and development of the medical staff

Beyond the bricks and mortar

UPMC East will reflect a culture that embraces patient-centered care. Information about patient-centered care will be available on the Infonet site to assist staff in determining if they should consider applying for a position at UPMC East.

“Patients will gain a sense of this commitment to patient-centered care and service from the moment they arrive at our door,” says Mr. Sevco.

Concierge-style service and greeters trained to anticipate questions and needs will welcome patients and families as they enter the new facility.

DID YOU KNOW?

The 2009-2010 Nursing Annual Report is posted on Infonet and on UPMC.com. View at http://infonet2.upmc.com/OurOrganization/Enterprise/Nursing/Documents/FINAL_NursingAnnual.pdf.

The report showcases UPMC nurses’ accomplishments completed in 2009 and 2010.

Features that improve clinical outcomes and promote quality and patient safety have been incorporated into the design. UPMC East will be a full-service community hospital with 156 private patient rooms equipped with larger bathrooms, an Emergency Department (ED) with 16 treatment bays, two interventional cath labs, two endoscopy suites, and full-service imaging capabilities.

Other steps to be taken to keep patients comfortable and help ensure patient and staff safety include:

- All rooms will feature a number of hotel-like amenities, including room service.
- Window locations have been selected to maximize natural light.
- A meditation and healing garden will be available for quiet reflection.
- Ceiling-mounted patient lifts will be installed in rooms for patients with special needs to prevent injuries to nurses and other staff.
- Point-of-care testing will be used widely. Many lab tests will be interpreted on the unit or within the ED, resulting in quicker turnaround time for test results and enhanced patient and physician satisfaction. ■

Take steps now to complete your 2012 MyHealth Requirements

Before the summer slips away, take some time now to check this off your "to do" list.

What are the three 2012 MyHealth requirements to qualify for a deductible credit?

Nov. 14, 2011 is the deadline to:

- Complete or update your MyHealth Questionnaire
- Complete a biometric screening between Dec. 1, 2006 and Nov. 14, 2011
- Earn at least 200 Healthy Step points

The MyHealth Questionnaire is the first step you should take to meet your 2012 MyHealth requirements to qualify for the deductible credit. Visit [My HUB](#) and select MyHealth OnLine and choose the MyHealth Central icon.

Why should I complete the questionnaire?

Once you have completed or updated the questionnaire, you will receive a score of your overall health and wellness and a number of recommended activities that relate to your health risks and concerns. Available activities that offer Take a Healthy Step (TAHS) points may include:

- cancer screenings, influenza shots, weight management, and annual physical exam
- online assessments for anxiety, cardiovascular health, sleep health, and various medical conditions
- nutrition, stress management, and weight management programs

These are just a few of the available options for earning your TAHS points and becoming a healthier you.

Have questions?

Visit My HUB or call a Member Advocate at 1-888-876-2756.

Life Changing Care: Margie's ICU Crew

UPMC employees are constantly providing excellent patient care and saving lives. But every once in a while, something happens that truly exemplifies Life Changing Care.

A team of employees from UPMC Passavant was recently recognized in the *Pittsburgh Post-Gazette* for their excellent patient care and display of kindness. After caring for a patient the employees continued their support by attending a 5K walk/run organized in her honor. They made "Margie's ICU Crew" t-shirts for the event and raised \$300 towards the patient's medical bills

Thank you to these members of Margie's ICU Crew:

Dr. Virginia Balderston; Lindsay Foster, RN; Deanna Hanna, RN; Ted Kopczyk, Occupational Therapist, Elizabeth Murphy, RN, Holly Pavlick, Critical Care Technician, Dr. David Rice, Laura Seitz, RN, Anne Vetica, RN, Dr. Ted Vuchnich, Barbara Zillweger, RN.

[Click here](#) to read the *Pittsburgh Post-Gazette* article.



Pictured left to right

Back row: Holly Pavlick, Ted Kopczyk, Lindsay Foster, Anne Vetica, Barbara Zillweger, and Laura Seitz

Front row: Deanna Hanna and Elizabeth Murphy

Continuous Learning

- Theory and Reality of Value-Based Purchasing: Lessons from the Pioneers — <http://www.ahrq.gov/qual/meverrpt.htm>
- Administration Implements New Health Reform Provision to Improve Care Quality, Lower Costs — <http://www.healthcare.gov/news/factsheets/valuebasedpurchasing04292011a.html>
- Kohlbrenner, J., Whitelaw, G., Cannaday, D. (March, 2011) Nurses Critical to Quality, Safety, and Now Financial Performance. *Journal of Nursing Administration*. 41(3):122-128, March 2011.
- The Henry J. Kaiser Family Foundation, Kaiser Health Reform Gateway: Health Care Reform Source — <http://healthreform.kff.org/>

I SPY- recognizing nursing colleagues across UPMC

Children's Hospital of Pittsburgh of UPMC

Congratulations to **Michele Carlson**, BSN, RN, CPN; **Janet Frontera**, BSN, RN, CCM; and **John Taylor**, BSN, RN, CPN, on being a top ten finalist in the 2011 CHCA Race for Results Program. Their entry was titled “Bedside Nursing Shift Report: A Patient and Family Centered Care Experience and Safety Initiative.”

Congratulations to **Dana Etzel-Hardman**, MSN, MBA, RN, CPN, on her first place winning poster at the Society of Pediatric Nurses 21st Annual Conference in Las Vegas, NV. Her poster was titled “A New Age of Pediatric Distraction in Radiology — Use of Multiple Sensory Input and A Cohesive Story Line Approach.”

The Neonatal Intensive Care Unit (**Alana Coleman**, **Kristen Straka**, **Sherri Rosato**, and **Anne Locke**) was the recipient of the CHP EBP OASIS Award for March.

Tonya Evangelista, BSN, RN, CPN; **Beth Mastrangelo**, RN, BSN, and **Susan Harvey**, RN, BSN, co-authored a clinical practice article entitled, “Electronic Charting Process Improvement through Use of a Nurse Satisfaction Survey” which was published in the Breathline Newsletter from the American Society of PeriAnesthesia Nurses.

Janet Frontera, BSN, RN, CCM; **Dana Etzel-Hardman**, MSN, MBA, RN, CPN, and **Jeanne Brytus**, BSN, RN, CPN, gave a platform presentation “Use of Wallet Medication Reconciliation upon Admission to the Hospital” at the Society of Pediatric Nurses 21st Annual Convention in Las Vegas, NV.

Amy Lukanski, MSN, RN, CPN, gave a platform presentation “Simulation: Increasing Compliance among Staff Nurses for a Patient Safety Initiative” at the Society of Pediatric Nurses 21st Annual Convention in Las Vegas, NV.

Marnie Burkett, MSN, RN, CPN; **Heather Ambrose**, MSN, RN, CPON; **Michelle Capan**, MSN, RN, CPN; **Tonya Evangelista**, BSN, RN, CPN; **Donna Flook**, MSN, RN, CPN; and **Kristen Straka**, MSN, RN, CPN, presented their poster “The Use of Professional Practice Portfolios and Professional Development: A Pilot Project” at the 18th National Evidence Based Practice Conference in Iowa City, Iowa.

Local poster presentations:

Sarah Alston, RN, and **Ashley Fisk**, RN, BSN — “iSTAT Point of Care Testing and Pediatric DKA Patients in the Acute Care Setting.”

Teresa Mingrone, MSN, RN, CCRN — “A Clinical Day in the Neonatal Intensive Care Unit, a Worthwhile Nursing Student Experience.”

Tracy Pasek, MSN, RN, CCRN, CIMI — “Show-n-Tell: Computerized Assessment of Pain in Children.”

Sherry Rosato, BSN, RN, CCRN, and **Nicole Harris**, BS, RRT (Respiratory) — “Decreasing Unplanned Extubations in the NICU.”

Kristen Straka, MSN, RN, CPN; **Pat Brandt**, RN, and **Jeanne Brytus**, BSN, RN, CPN — “Empowering Nurses to find their OASIS.”

Kristen Straka, MSN, RN, CPN — “Enhancing the Nursing Student Experience at a Pediatric Hospital through Web Based Learning Problem.”

Magee-Womens Hospital of UPMC

Susan Pedaline, DNP, RNC, MS, received her DNP from the University of Pittsburgh.

Ed Smith, **Susan Pedaline**, **Lisa Vertacnik**, **Risa Kosko**, **Karen Dailey**, **Kerri Brooks**, **Judy Lewis**, and **Linda Derrico**, presented their poster “Specimen Labeling Errors” at ASQ's 2011 Healthcare Conference in Pittsburgh in March.

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M. Forrester and L. Woodhall presented their poster “Quality Initiatives in the Emergency Department” at ASQ’s 2011 Healthcare Conference in Pittsburgh in March.

UPMC Bedford Memorial

Congratulations to **Ellen Freeman** and **Karen Glah** on receiving their BSN from Penn State University.

UPMC Horizon

Congratulations to **LuAnn King, Donna Carl, Ron Kollar, Jessica McDonald, Judy Johnson, and Pat Skiff** on receiving their MSN from Waynesburg University.

Excellence in Nursing Practice Awards

Bernadette Allen, RN
Becky Blaze, RN
Dawn Cutshaw, RN
Michelle Depree, LPN
Debra Drapola, CRNP
Lorie Farmartino, RN
Maria Schuwerk, RN
Casey Steckler, RN
Kristi Stoyer, RN
Bev Struna, RN
Sara Webster-Mull, RN
Clarissa White, CRNP

Rookie of the Year

Katelyn Bair, RN

Friend of Nursing

Brenda Campbell — Information Services

UPMC McKeesport

Carol Ackerman, MSN, RN, CMSRN, authored “Not on My Watch — Treating and Preventing Pressure Ulcers” which was published in the March/April 2011 *Med/Surg Nursing: The Journal of Adult Health Care*.

Nora Evans, RN, MSN, had a poster presentation entitled “Are your Patients Hands Clean?” accepted at UPMC St. Margaret in May.

Brooke Greenawald, RN, BSN, and **Greg Morrell**, RN, BSN, received their BSN from California University of Pennsylvania.

UPMC Mercy

Congratulations to **Kathy Morouse** for receiving the Heart of Hospice Award from Family Hospice and Palliative Care.

UPMC Northwest

Congratulations to **Beverly Lawton, Janice Allison, and Christina Weidle** on receiving their MSN.

Congratulations to **Cheryl Siverling, Cynthia Collins, Lu Walter, and Tori Wooldridge** on receiving their BSN from Clarion University.

UPMC Passavant

Janet Mullen completed the Wound/Ostomy/Continence course at Emory University and also successfully completed all the requirements for certification in Wound, Ostomy and Continence (CWOCN) and for a Certified Foot Care Nurse (CFCN).

UPMC Presbyterian

Congratulations to **Cheryl Buzzard** and **Nikki Clearly** on earning their MSN.

Barbara Usher, RN, PhD, gave an oral presentation “Reduction in Length of Stay through Improved Communication and Use of Palliative Care in the Patient/Family Centered MICU” at the Best Practices Conference sponsored by the Pennsylvania Center for Health Careers

Betsy George, RN, PhD; **Amy Clontz**, RN, MSN; **Jeannine DiNella**, RN, MSN; **Diane Krueger**, RN, MSN; **Darlene Lovasik**, RN, MSN; **Wendy Lucas**, RN, MSN; **Eileen Roach**, RN, MSN; and **Fred Tasota**, RN, MSN, had a poster presentation “Developing an Evidence-Based Fellowship” at UPMC St. Margaret’s Clinical Research Forum 2011.

Kathy Markus, RN, MSN; **Joanne Boyd**, RN, MSN, and **Sandy Weinheimer**, RN, had a poster presentation “Avoidable Day Text Pager Collaborative Process: Improving Patient Throughput Utilizing an Avoidable Day Text Pager” at the American Case Management Association Conference. The poster was awarded the most innovative initiative at the conference and was also presented at the UPMC Corporate Nurses Week Conference.

Kathy Perdziola, RN, and Betsy George, RN, PhD, presented a poster “Utilization of Evidenced Based Practice Recommendations to Improve the Nursing Management of Fever and Revise Hospital Policy on Cooling Blankets” at the UPMC Corporate Nurses Week Conference.

Kristine Keefer Wolff, RN, MSN, and Holly Lorenz, RN, MSN, presented a poster at the UPMC Corporate Nurses Week Conference entitled “Structural Empowerment: Implementing a Phased Retirement Program as a Retention Strategy for Experienced and High Performing Staff Nurses at UPMC Presbyterian.”

UPMC Presbyterian Nurses Week Awards Honorees:

- Rookie of the Year — Brigid Remington
- Maureen Rusnock Excellence in Nursing — Beth Ciardi
- Outstanding Mentor — Barbara Paliotta
- Transformational Leader — Pat Seddon
- Cameo of Caring, RN — Angela Panos
- Cameo of Caring, APN, Clinical Focus — Jeannine DiNella
- Cameo of Caring, APN, Manager Focus — Lisa Fox-Hawranko
- Cameo of Caring, Donate Life — Eileen Roach

Honorees for the UPMC Rehabilitation Institute:

- Rookie of the Year — Greg Fitzgerald
- Cameo of Caring, RN — Ed Hetherington

UPMC Shadyside

Congratulations to **Amy Cummings** who was selected to receive the EMS Champion Award through the Allegheny County EMS Council. She was honored at Heinz Field on Thursday, June 9.

Jody Feigel, Trish Macara, Kim Russell, Kelly Sikora, and Kristen Bishop earned their MSN from Chatham University.

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

- Kelly McGill, RN
- David Rausch, RN
- Jayne Rumick, RN

UPMC Horizon
AnnMarie Carin, RN

UPMC McKeesport
Michele Domer, RN
Alana Iwanowski, RN

UPMC Mercy
Nancy Czolba, RN

UPMC Northwest
April Dlugonski, RN

UPMC Passavant
Diane Eckert, RN, BSN
Linda Twardy, RN
Lucette Henry, RN

UPMC Presbyterian
Gina Doyle, RN
Kacie McHenry, RN
Cliff Rogel, RN

UPMC Shadyside
Kimberly Pringle, MSN, RN, CCRN
Meghan Mancinelli, BSN, RN ■

Editorial Advisory Board

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