CREATING NEW REALITIES FOR NURSING **August/September 2011**

UPMC *Nursing*

Pathways to Excellence

Message from the Chief Nurse Executive

UPMC Nursing continues to provide exemplary nursing care within the framework of the Relationship-Based Care (RBC) Model. In RBC there are three crucial relationships. The relationship with patients and families is at the center. As nurses, we typically develop this relationship very well. We learned long ago that the nursing profession was all about the care we give to others. The processes and initiatives put in place across our health system are designed to help us to foster and improve relationships with patients so that they have the best possible experience at UPMC. The stronger and more positive our relationship is with our patients, the better our patient outcomes are. One of our new initiatives, Reliable Rounder, is featured in this issue.

The second fundamental element is the relationship with self. This relationship is equally as important as the connection with patients and families. The link with self is about self-knowledge and self-care. Mary Koloroutis, co-author of *Relationship-Based Care*, states, "Effective self-care means that individuals possess the skills and knowledge to manage their own stress, articulate personal needs and values, and balance the demands of the job with their physical and emotional health and well-being."

We must be able to balance the demands of our jobs and take care of ourselves in all situations. Nursing has always been looked to as a profession that cares for others, and in order to do this well we must first take care of ourselves. There are tools to help you care for yourself on the Health and Wellness Infonet tab. Some of the items you will find are the MyHealth initiative, flu clinic updates, *Life*Solutions, and much more. I encourage you to take advantage of these resources.

The third essential relationship is with colleagues. In order to provide compassionate, quality care, there needs to be collaboration and commitment from all members of the health care team. Nothing is more reassuring than arriving at work, seeing who will be working with you, and knowing you will have a great day based on the colleagues who are part of your team that day. Koloroutis states, "Quality care occurs in environments where the standard among members of the health care team is to respect and affirm each other's unique scope of practice and contribution, to work interdependently to achieve a common purpose, and to accept responsibility for creating a culture of learning, mutual support, and creative problem-solving."

At UPMC, this expectation is embedded in our areas of focus within the clinical ladder termed "My Nursing Career."It also is evident through our various system and hospital-based shared governance councils and committees, as well as our partnerships with professional organizations.

Here is my challenge to you: With the same passion given to care for the patients and community that we serve, take the extra step necessary to care for yourself and your colleagues. Together we can enhance our culture of caring. ■

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.

A New Model for PCTs and NAs: Reliable and Variable Rounder Implementation

Submitted by Amy Kowinsky

Life on a nursing unit is complex, requiring nurses and nurse assistants to constantly shift their attention, reevaluate decisions, and modify priorities in a constantly changing environment. Some days go well, but others are so chaotic that at the end of the day we find ourselves wondering how we pulled it off. Patient safety experts indicate this complexity decreases the reliability of care by creating competing demands for caregivers, as well as causing interruptions and distractions. This can lead to errors or omissions in care that are more related to system design flaws than individual performance.

To patients, this may translate into long waits for call lights or bathroom assistance, delays for feeding, morning care, or getting out of bed, or not seeing staff on a regular basis. Patients may suffer complications as a result of essential care tasks that are omitted or forgotten on a busy unit. Patients may fall, develop pressure ulcers, infections, DVTs, and other unintended but serious consequences. As caregivers we may become disillusioned from the constant complexity, interruption management, and working at a pace faster than what feels comfortable or possible.

We have tried to solve these issues in the past by retraining staff, increasing quality of new hires, monitoring closely, increasing FTEs, and turning over the "weak links." While these strategies may bring about incremental improvement, eventually the same problems resurface. The root cause of the problem does not lie in the staff but in the design and distribution of the work itself. In the current state, predictable work and unpredictable work compete with each other, causing caregivers to juggle work and make decisions about what to do and what to delay or in some cases omit altogether.

A new PCT/NA care model, called the Reliable and Variable Rounder care model, has been successfully piloted at Magee-Womens Hospital of UPMC and is ready to rollout systemwide. This model is dramatically different from the traditional model. It separates work based on its predictability instead of on patient assignment. The model creates two roles for nurse assistants:

Reliable Rounder (RR): Completes the predictable work at predictable times. Examples of predictable work include feeding patients, ambulating patients, turning and repositioning patients, regular rounding on patients, providing fresh water to patients, morning care, vital signs, blood sugars, etc. This role is designed to work uninterrupted on focused and critical tasks for patients.

Variable Rounder (VR): Completes the unpredictable work, or the “work that comes up.” Examples of unpredictable work include answering call lights, fulfilling patient or staff requests for help, getting patients ready for discharge, testing, or transfer, settling the new admissions, blood draws, etc. This role is designed to handle time sensitive requests quickly and to allow the RR to work focused and uninterrupted.

These roles were designed and tested at Magee and show great promise for improving the reliability of care, the processing of time sensitive requests, and teamwork on the unit. Starting this month, a pilot unit at each UPMC hospital will be customizing and implementing this model. Stay tuned for more information. ■

Taking a "Shot" at Reducing Influenza

Submitted by Sharon Krystofiak MS, MS, MT (ASCP), CIC and Carlene Muto, MD, MS

Although many people use the term "flu," referring to a viral illness with malaise and vague symptoms, influenza is a serious disease that is associated with a high rate of morbidity and mortality. In the United States, influenza infections result in approximately 150,000 hospital admissions and 24,000 deaths each year. In a 2007 study, it was estimated that annual influenza epidemics account for over 600,000 life-years lost, 3.1 million days of hospitalization, and 31.4 million outpatient visits. These statistics are even more incredible when one considers that we are talking about a vaccine preventable illness.

You may not realize that annual influenza epidemics and their associated morbidity and mortality could be seriously reduced by the simple act of more people getting a flu vaccine every fall. While the last flu season was not particularly bad, one of the hardest hit areas of the country was Allegheny County. Of the 18,680 flu cases reported in Pennsylvania, 2018 (10.8 percent) were from Allegheny County, many of which were diagnosed at a UPMC hospital.

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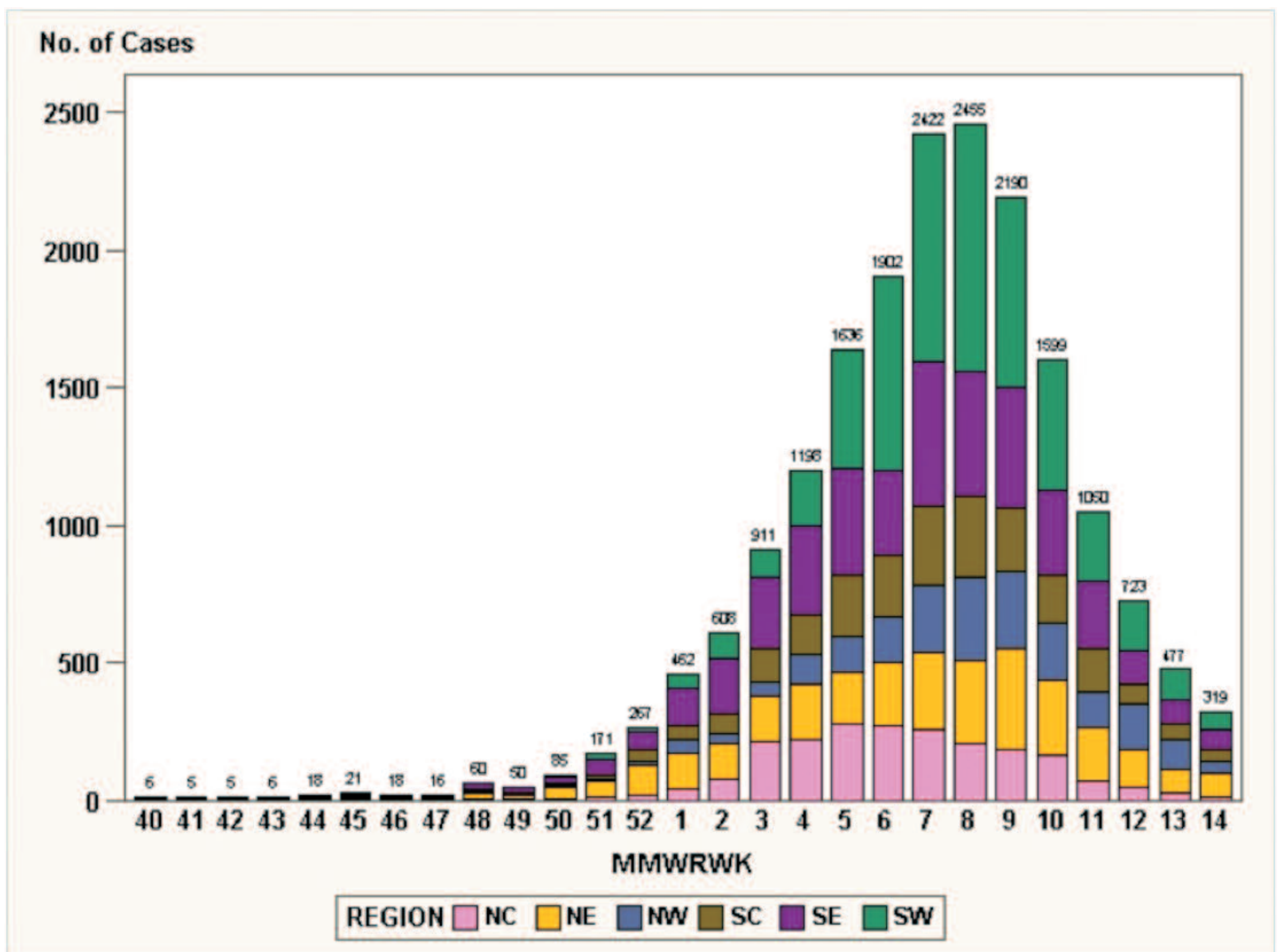
Trends in influenza cases (positive by rapid, culture or PCR test) reported in Pennsylvania this season, by week and region as of April 9 (N=18,680).



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Of note, overall 1496 patients required hospitalization and 85 died. This represents a 10 percent increase in number of Pennsylvania influenza deaths last year.

Health care personnel (HCP) are at an increased risk for acquiring influenza due to their exposure to ill patients. Our immunocompromised patients are then placed at increased risk of becoming infected from infectious staff members. Unfortunately, influenza can be transmitted to others before developing any symptoms of disease, which is often referred to as viral prodrome. This cycle of disease transmission has become a national patient safety issue and many organizations have already implemented mandatory vaccination programs for their health care providers. Annual immunization vaccination for HCP has been recommended by the Centers for Disease Control (CDC) since 1981 but the number of vaccinated staff members at UPMC hospitals has not exceeded the 60 percent mark.

We have an ethical responsibility to protect those individuals entrusted to our care. In the past year, there were 13 UPMC Presbyterian patients who were diagnosed with hospital acquired influenza infection. While it's difficult to assign blame to any particular caregiver or family member, we are required to report these cases to the State Department of Health and the Patient Safety Authority through the CDC's NHSN program and send a disclosure letter to the patient. UPMC Presbyterian received multiple critically ill patients from other facilities, not only from western Pennsylvania but from as far away as State College, Pennsylvania, and Cleveland, Ohio. These individuals required specialty, intensive care treatment including extracorporeal membrane oxygenation (ECMO). For those unfamiliar with cardiac ECMO, it is the same heart/lung bypass machinery used for open heart surgery and is used only after medication and ventilation has failed. Even using this highly intensive treatment, patients have died from complications of influenza.

Vaccine is most effective in younger, healthier individuals. Even though many potential patients have received flu vaccine during fall campaigns at their physician's office or the local pharmacy or grocery store, the elderly and the immunocompromised are often not able to develop an adequate response to the vaccine to completely protect them if exposed to the virus. Therefore it is even more important for HCP to not expose these susceptible patients.

Influenza vaccine is safe. Any reactions are temporary and only occur in 15 to 20 percent of recipients. The injection site may become red, sore, or swell a little but compared to the actual infection, where you may experience three to seven days of fever and drenching sweats, severe body aches, and a cough that seems to last forever, a shot in the arm isn't a big deal.

Many other nationally recognized hospitals, such as the University of Pennsylvania and Johns Hopkins, have implemented a mandatory influenza vaccination program for HCP. For a complete list see The Honor Roll for Patient Safety website http://www.immunize.org/honor-roll/. The Joint Commission is working on a standard to increase HCP influenza vaccination rates. This is really no different than the mandate for HCP to be immunized against Hepatitis B, which has been universally accepted. As UPMC develops a similar program, it's important for those that have expressed concerns over personal rights to think more about the potential consequences of their actions. What if you or another HCP, infected with influenza, were caring for an immunocompromised person? What if that patient contracted influenza and died from it? What if that patient was your mother, your child, your grandparent, or your sister? Each year influenza kills 24,000 people. Wouldn't it be great to prevent some of those deaths? Every year the vaccine is matched to the circulating strains so you have to be immunized annually. The vaccine is typically available in October. UPMC provides influenza vaccine to all HCP free of charge. Smallpox was eliminated via vaccine. Incidence of influenza can be significantly reduced if we all "take a shot" at it. **Just roll up your sleeve and get it done.** ■

SOURCES:

Fiore, A., Shay, D., Haber. P, et al. (2008)
Prevention and Control of Influenza. Recommendations of the Advisory Committee on Immunization Practices (ACIP), MMWR; 57(RR-7), 1-59.

Molinari, N., Ortega-Sanchez, I., Messionnier, M., et al. (2007)
The Annual Impact of Seasonal Influenza in the US: Measuring Disease Burden and Cost. Vaccine 2007; 25(27), 5086-5096.

PA Influenza Weekly Report, Week ending April 9, 2011 (Week 14). *http://www.portal.state.pa.us/portal/server.pt?open=514&objID=557490&mode=2*

New eRecord Medication Reconciliation & Discharge Process

Submitted by Lisa Welker

In August, UPMC eRecord implemented a new, standardized enterprise process around inpatient Medication Reconciliation and the Discharge Process.

New tools will transition the manual, paper medication reconciliation process to an electronic process that is completed online in eRecord by the provider (Physician, Physician's Assistant, and Certified Registered Nurse Practioners). Medication Reconciliation allows home medications to be converted to inpatient medication orders when necessary, and allows home medications as well as inpatient orders to be converted to prescriptions at the point of discharge. At discharge, patients will receive a complete list of their active medications that will include the dose and frequency for their reference at home to help ensure patient compliance with their treatments. Online reconciliation not only ensures a more complete medication list for discharge, but also that the discharge medication list is available electronically should a patient return to any UPMC hospital or Emergency Department. Medication Reconciliation is now a core requirement (no longer optional) for Meaningful Use Stage 2 and also supports Joint Commission 2011 Hospital National Patient Safety Goals.

In conjunction with the Medication Reconciliation, the new enterprise Discharge Process automates and standardizes what was formerly a cumbersome process that could vary from facility to facility across the enterprise. Providers can now begin planning and documenting the discharge process at any time during the patient stay (as early as the day of admission) and multiple providers (for example consulting physicians or surgeons) can contribute to the document. The actual discharge order can be entered at a later time and is the final step in the process. All details are saved online and can be edited or continued as needed. Providers can complete discharge medication reconciliation, place medication orders, document the final diagnosis and discharge details online. Nurses are also able to complete discharge instructions, and multiple discharge instructions can be incorporated in the patient instructions. However, patient instructions will need to be reviewed by the nurse prior to finalization to eliminate potentially conflicting information (for example diet and activity). All of this information will pull into the discharge instructions to ensure that patients receive the precise and correct follow-up information for all consulting physicians in one easily referenced document. In addition, the process ensures that appropriate patient education materials, prescriptions, medication leaflets are also provided for the patient to take home or to the next level of care. If the patient is to be discharged to another facility, the "Orders for Next Facility" in the Discharge Details section must be completed. With this documentation, post-acute caregivers have online access to the full set of orders, medications, and treatment instructions.

Online training resources will be made available on uLearn in My HUB and the eRecord page on Infonet in the near future. ■

Correction

The UPMC Nurse Mentorship Program e-mail address included in the last issue of *Pathways to Excellence* was incorrect. The correct e-mail address is **nursementorship@upmc.edu.**

Levels of Evidence

Submitted by Betsy George and Melanie Shatzer

The May issue of *Pathways to Excellence* highlighted the Evidence Based Nursing Council and defined evidence based practice (EBP). EBP is the integration of best research evidence with clinical expertise and patient values to facilitate clinical decision making (Melnyk and Fineout-Overholt, 2005). This month's EBP topic is related to the levels of evidence.

The explosion of evidence based guidelines has led to many methods of describing the quality of the evidence behind the recommendations. Levels of evidence (sometimes called hierarchy of evidence) usually rate scientific evidence on quality, quantity, and consistency. These decisions help to give a grade or strength to the guideline to assist the practitioner about applicability for patient care.

A variety of rating systems exist so the specific rating systems described in the guidelines or articles being reviewed may not be consistent.

Some examples of Levels of Evidence systems include:

- AACN Evidence Leveling System
- Agency for Healthcare Research and Quality (AHRQ)
- U.S. Preventive Services Task Force
- American Heart Association–Classifications and Levels of Evidence

AACN EVIDENCE LEVELING SYSTEM

- **Level A:** Meta-analysis of multiple controlled studies or meta-synthesis of qualitative studies with results that consistently support a specific action, intervention or treatment
- **Level B:** Well-designed controlled studies, both randomized and non-randomized, with results that consistently support a specific action, intervention, or treatment
- **Level C:** Qualitative studies, descriptive or correlational studies, integrative reviews, systematic reviews, or randomized controlled trials with inconsistent results
- **Level D:** Peer reviewed professional organizational standards, with clinical studies to support recommendations
- **Level E:** Theory based evidence from expert opinion or multiple case reports
- **Level M:** Manufacturer's recommendation only

Here's a suggested read if you are interested in learning more about the AACN leveling system:

Armola, Bourgault, Halm, Board, Bucher, et al. Upgrading the American Association of Critical-Care Nurses' Evidence-Leveling Hierarchy. *American Journal of Critical Care*. 2009; 18: 405-9.

RSVP Today

The UPMC Nurse Mentorship Program presents The Pivotal Role of Nursing with keynote speaker Holly Lorenz, UPMC chief nurse executive. Held on Wednesday, Sept. 28, 2011 from 4:30 to 7 p.m at the Herberman Conference Center, at UPMC Cancer Pavilion, UPMC Shadyside, this event will feature education, networking, food, and fun.

UPMC nurses can register by logging onto uLearn, clicking on "Search Catalog", typing the title Nurse Mentorship, and clicking enroll. Students and non-UPMC nurses can register by e-mailing jonesd1@upmc.edu.

Dignity and Respect Tip Number 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.*

The Center for Inclusion at UPMC is excited to launch several initiatives that will provide employees with tools to ensure that we are being culturally competent in our interactions, and in the way we provide patient care. These include:

- Key messaging as part of the upcoming mandatory training that will provide a brief first step to understanding cultural competency and why it is important to patient care.
- CultureVision™ is the first comprehensive, user-friendly database that gives health care professionals quick access to culturally competent patient care. This online tool will be available to provide information to employees so they can be proactive in understanding the unique needs of their patients, and continue to provide quality care.
- The Cultural Competency Module is set to launch in August as the first in the series, entitled, "The Seven Competencies of Dignity and Respect." This online module will be available in uLearn and will provide you with tips and strategies for working effectively across different cultures or being culturally competent.
- Articles will continue to appear in Extra highlighting patient care stories that show how cultural competency is taking place every day at UPMC. In addition, we will begin to share multicultural information highlighting community events, ways you can get involved, and key health-related topics.

Visit the Inclusion site on Infonet to find more resources in the Cultural Competency Toolkit.

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.

DID YOU KNOW?

October is Dignity and Respect Month. Watch your e-mail for upcoming events during the month of October.

Know the Workplace Rules of the Road: Personal Electronic Devices

Cell phones, smart phones, portable music players, tablet computers: personal digital devices have established a presence in all of our lives. But for those who work in clinical care environments, such electronic devices can interfere with carrying out job duties or maintaining an appropriate relationship with our patients and guests. UPMC's new Personal Electronic Device policy, HS-HR0753, establishes guidelines to prevent such disruptions. You should familiarize yourself with this policy and with any supplemental guidelines issued by your department, which may be more restrictive.

Q. I was caring for a patient in a nonemergency situation when I received a text message on my smart phone from my daughter. I answered it because it was important, and we communicated for just a few minutes. The patient didn't seem to mind, and I soon picked up with him right where I had left off. Did I do anything wrong?

A. The personal use of electronic devices, including smart phones, is prohibited while you are providing direct patient care. Whether the patient appears to mind or not is not the point, because the policy is designed to prevent potential distractions and interruptions, as well as to maintain professionalism when interacting with patients. If there is an urgent need for a family member to contact you while you are on duty, you should discuss that in advance with your supervisor and determine how to make appropriate arrangements.

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Q. When I need to talk on my cell phone, I always go into the hall or to one of the nearby lounges to avoid disturbing others. I never use the phone in a patient's room. No one ever has complained to me, so is it acceptable to keep using my phone in this way?

A. The use of cell phones for personal reasons in patient care and visitor areas is prohibited if there is any possibility that you may be overheard. It is important to prevent patients from overhearing personal calls, both to promote a quiet environment and to maintain a professional atmosphere. Just because you cannot see anyone from where you are standing does not mean that a patient or visitor may not be able to hear you. In addition, except in an emergency, you should restrict cell phone personal use to scheduled breaks.

Q. I like to listen to music on my MP3 player while I work on the unit. It makes the time pass more easily. My job doesn't require me to interact with patients, and of course I use earphones, so I don't bother other people. Is this OK?

A. No, you should not be using your portable music player while working in patient care areas, even if you are not providing direct patient care. Regardless of your primary job duties, you must be accessible if a patient, visitor, or another staff member should need to address you. Moreover, the appearance of "wired" and possibly distracted staff in patient care areas does not support the image of professionalism that you would want your patients to experience and that UPMC wishes to promote.

Continuous Learning

- **Koloroutis, M. (2004)**. *Relationship-Based Care.* Minneapolis, MN: Creative Health Care Management.
- **Armola, R., Bourgault, A., Halm, M., Board, R., Bucher, L., et al. (2009)** Upgrading the American Association of Critical-Care Nurses' Evidence-Leveling Hierarchy. *American Journal of Critical Care*, 18, 405-409.
- "What's Your Flu IQ?" http://www.flu.gov/individualfamily/about/index.html#fluquiz
- Flu.gov. http://www.flu.gov/
- Centers for Disease Control and Prevention. http://www.cdc.gov/flu/
- Honor Roll for Patient Safety. http://www.immunize.org/honor-roll/

Leaders Named for UPMC East

A talented leadership team has been named to manage and direct UPMC East, the full-service community hospital that is being built from the ground up in Monroeville and on schedule to open in July 2012.

The following individuals are joining Mark Sevco, president, on the Executive Management Group (EMG):

- **Brian Fritz** has been named chief financial officer for UPMC East. Mr. Fritz has served as director of Finance at UPMC Presbyterian.
- **Michael Anderson** is the vice president for Human Resources, UPMC East. He previously held director roles in Human Resources for UPMC Cancer Centers and the International and Commercial Services Division.
- **Tamra Minton** will serve as chief nursing officer (CNO) and vice president, Patient Care Services. Ms. Minton has served as CNO and vice president of Patient Care Services at Monongalia General Hospital in Morgantown, W. Va.
- **Laura Gailey Moul** has been appointed to the position of vice president, Operations. She will transition to her new role over the next few months as a search is initiated to fill her current post of vice president and chief operating officer for UPMC Cancer Centers.
- **Chuck Rudek** has been appointed chief information officer (CIO) for UPMC East. He is CIO at UPMC St. Margaret and will oversee both hospitals.
- **Annmarie Lyons** serves as senior project manager for UPMC East. She previously served as a director in Corporate Finance.

Recruitment for the EMG at UPMC East has been completed. Some directors have been appointed. These include Kari Fessides, director, Medical Staff Office, Becky Mitchell-Perry, director, Clinical and Operational Informatics, and Matt Schonder, director, Pharmacy. All management positions are expected to be filled by the end of calendar year 2011. **Recruitment of associates for staff-level roles will begin in January 2012.**

DID YOU KNOW?

The Benedum Geriatric Center attained a Level 3 recognition, which is the highest level of Medical Home recognition from the National Committee for Quality Assurance (NCQA).

The Patient-Centered Medical Home is an innovative program for improving primary care that facilitates partnerships between individual patients, their personal physicians, and when appropriate, the patient's family. Care is facilitated by registries, information technology, health information exchange, and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner. Medical Home accreditation provides a framework for organizing care around patients, working in teams, and coordinating and tracking care over time.

Benedum worked for over six months on tracking outcomes, refining workflows, and documenting processes in order to complete the application. The application process provides an excellent framework for examining your current practices, identifying opportunities for improvement, and ensuring that outcomes are tracked. Our electronic medical record (Epicare) and the reports available from the Epicare team were essential resources for the documentation of our efforts. Medical Home requirements and "Meaningful Use" metrics are very closely aligned. The principles of the Patient-Centered Medical Home support "Your Care. Our Commitment." values.

Every staff person in practice helped with the tracking and documentation required to achieve Medical Home recognition. This was truly a group effort and we are all very proud of our accomplishment. Benedum will be celebrating 30 years of patient care in August. We plan on celebrating our Medical Home accreditation along with 30 years of providing excellent services to our patients. ■

Protect Your Family's Financial Security

Each year new changes can happen in our lives. Some of these changes may include having a baby, getting married, or getting divorced. As changes like these occur, it is important to update your beneficiary designations. Take a few minutes to review your Life and Accidental Death and Dismemberment (AD&D) Insurance beneficiaries, as well as, your UPMC Savings Plan and Cash Balance Plan beneficiary designations to be sure that your UPMC benefits will be paid out in the way you want in the event of your death.

LIFE AND AD&D INSURANCE

Checking and updating your beneficiary information can be done easily and conveniently on My HUB. To review your Life Insurance beneficiaries, simply:

- log in to My HUB
- click on the Human Resources tab
- select View Benefits Information
- choose Life and Disability Plans

Click on each of your Life Insurance coverage options to review your current beneficiaries under Type of Benefit. To make changes, click the Edit button. Be sure to click Save when you are finished. For specific instructions on how to designate Life Insurance beneficiaries, visit the Benefits site on Infonet: Instructions for Designating Life Insurance Benefeciaries

Note: Beneficiary designations do not automatically carry over to each of your insurance coverages. For example, a beneficiary designation for Basic Life, which is paid for by UPMC, will not carry over to any Supplemental Life or AD&D that you purchase. You must designate a beneficiary (or beneficiaries) for each of the Basic, Supplemental, and AD&D coverages. You are always the beneficiary for any coverage that you have purchased for your eligible dependents.

UPMC SAVINGS PLAN/CASH BALANCE PLAN

To review or update your UPMC Savings Plan and Cash Balance Plan beneficiary designations, log in to My HUB, click on the Human Resources tab, then select My Retirement under My Benefits, where you will automatically be directed to the Your Benefits Resources™ website. Click on the Savings and Retirement tab, then select the Beneficiaries link to review or update your retirement beneficiaries. Be sure to save any changes.

Note: Your spouse is automatically your beneficiary for your retirement accounts if you are married. If you want to select someone other than your spouse as a beneficiary, your spouse will need to consent to this election in writing. If you are not married, or if your spouse consents, you can select anyone as your beneficiary. ■

I Spy: Recognizing Nursing Colleagues Across UPMC

Children's Hospital of Pittsburgh of UPMC

Chris McKenna, trauma program manager, received the Founders Award from the American Pediatric Surgical Nurses Association at its annual conference in May.

Congratulations to **Amanda Petrill, RN, CPN**, for receiving the 2011 Frank LeMoyne Award for Nursing Excellence.

Margaret Reck, RN, BSN, CPN, and **Charles Guthrie, RN, BSN, CPN**, were content reviewers for the American Pediatric Surgical Nurses Association textbook *Nursing Care of the Pediatric Surgical Patient* (3rd Ed).

Dana Etzel-Hardman, MSN, MBA, RN, authored *Allergy Abstract*, which was published in the *Journal of Pediatric Nursing*, (26)3, 270. (2011).

The following employees were presenters at the UPMC St. Margaret Research Conference in May 2011:

PLATFORM PRESENTERS

Sherri Rosato, BSN, RN, CCRN, and **Nikki Harris, BS, RRT**: "Decreasing Unplanned Extubations in the NICU"

Amanda Liegel-Held, RN, BSN: "Improving Outcomes with Follow-Up Phone Calls"

POSTER PRESENTERS

Penny Jones: "Little Rounds for Big Reasons"

Tracy Pasek: "Show-n-Tell: Computerized Assessment of Pain in Children"

Heather Ambrose, Marnie Burkett, Michelle Capan, Tonya Evangelista, Donna Flook, and Kristen Straka: "The Use of Professional Portfolios and Professional Development: A Pilot Project" and "Enhancing the Nursing Student Experience at a Pediatric Hospital through Web-Based Learning"

The following nurses earned their Certified Pediatric Nurse (CPN) certification:

Amy Bower, RN
Kathy Calabro, RN
Susan Debacco, RN, BSN
Rose Halackna, RN, BSN, CPHON
Jamie McGough, RN
Patricia Neubauer, RN
Jennifer Reinard, RN, BSN
Sharon Smarto, RN, BSN
Dawn Wise, RN, BS

UPMC McKeesport

Kathleen Jasek, RN, BSN, ACM, and **Sheila Farina, RN, BSN**, spoke and presented the poster "Care Management/Observation Unit Model to Improve CHF Outcomes & Decrease Cost" at the Southwestern Pennsylvania Organization of Nurse Leaders 32nd Annual Education Conference.

UPMC Northwest

The following nurses won The Northwest Excellence in Practice Award:

Patti Arnold, RN
Helen Baker, RN
Lisa Books, RN
Corrin Cochran, RN
Mary Jane Daugherty, RN
Deb Fazekas, RN
Kaleigh Gustafson, RN
Ann Kline, RN
Dianne Marsh, RN
Nicole Nestor, RN
Shelley Rennard, RN
Nicole Snyder, RN
Kelly White, RN
Tori Wooldridge, RN

Congratulations to **Kaleigh Gustafson, RN**, the Cameo of Caring honoree.

UPMC Physician Services

Carmella Nachreiner, RN, director of PSD Medical Management, obtained her MSN from Chatham University.

UPMC Presbyterian

The Benedum Geriatric Center attained a Level 3 recognition from the National Committee for Quality Assurance.

The following nurses earned degrees:
Bachelor of Science in Nursing
Tracy Daum, RN: Waynesburg University
Jen Demko, RN: Carlow University
Jennifer Noga, RN: Slippery Rock University
Lisa Noone, RN: Waynesburg University

Master of Science in Nursing
Sue Bucklen, RN: Indiana University of Pennsylvania
Annette Manges, RN: Carlow University
Paula Moore, RN: Carlow University
Donna Ward, RN: Carlow University

The following nurses earned a certification:
Certified Ambulatory Perianesthesia Nurse (CAPA)
Beverly Ekaitis, RN, BSN
Pamela Yoezle, RN

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Certified Emergency Nurse (CEN)
Erin Strouse Lin, MSN
Samantha Lucas Pavelka, RN, BSN
Kevin White, RN

Certified Medical-Surgical Registered Nurse (CMSRN)
Jen Demko, RN, BSN
Tricia Keltz, RN, BSN
Glenda Sue Stack, RN-BC

Certified Registered Nurse Practitioner (CRNP)
Erin Strouse Lin, RN

Critical Care Registered Nurse (CCRN)
Connie Carson, RN

Kimberly Anderson, RN, BSN, CCRN, completed a graduate certificate in Public Health Preparedness and Disaster Response at the University of Pittsburgh Graduate School of Public Health.

Lisa Painter, RN, DNP, was the primary author of the article "The Nurse's Role in the Causation of Compensable Injury" featured in the *Journal of Nursing Care Quality* in March 2011.

UPMC Shadyside

Linda Lakdawala, RN, DNP, CPAN, has been invited to give a podium presentation at the ICPAN conference in Canada on sleep apnea titled "Don't Ignore the Score: An Obstructive Sleep Apnea Screening Protocol."

The following nurses earned a certification:
Med-Surg
Jenifer Pribanic, RN
Janis Shaughnessy, RN

UPMC St. Margaret

Bonnie Anton, RN, MN, and **Toni Morrison, RN, MSN**, gave a podium presentation "Using SmartRoom® Technology in the Clinical Setting" at the Rutgers 29th Annual International Technology Conference in Boston in June 2011.

Kimberly Soilis, RN, BSN, VA-BC, and **Michele Winters, RN, BSN, VA-BC**, received their Vascular Access Certification.

The following employees had posters accepted at the 2011 Southwestern Pennsylvania Organization of Nurse Leaders Annual Conference.

Roberta Jones, RN, BSN: "Leading the Way to Reduce Flash Sterilization in the Operating Room at UPMC St. Margaret"

Jessica Graff, RN, BSN, CMSRN, Diane Corr, RN, MEd, and **Michele Winter, RN, BSN, VA-BC**: "Restructuring Shared Governance: A Magnet Hospital's Journey to Nurse Driven Care"

Doris Cavlovich, RN, MSN, CCRN, and **Wendy Kastelic, RN, MSN**: "The Experience of Workplace Violence by Student Nurses"

Peggy Lisac, RN, MSN, and **Bonnie Anton, RN, MN**: "Initiating a Geriatric Fracture Program"

Jennifer Bordick, RN, BS, and **Abena Yolanda Baskin, RN, MBA, CNOR**, won ACES awards.

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 nurses that patients and families, as well as the entire health care team, recognize as outstanding role models. Congratulations to these DAISY recipients:

Children's Hospital of Pittsburgh of UPMC
Brady Bennardo
Sarah Zangle

UPMC McKeesport
Donna Lambert

UPMC Mercy
Nancy Czolba
Cathy McGovern
Jolene Johnson

UPMC Northwest
Dianne Marsh

UPMC Shadyside
Rachel Nechyba
Shannon Mesing

UPMC St. Margaret
Jessica Bartley
Denise Fontana
Adel Mansour
Rosharon Price

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Have a story idea?
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