

UPMC
Nursing

Pathways to Excellence



Message from the Chief Nurse Executive

As we are on the heels of the season of giving, I am proud to share how much our UPMC nurses have given to each other, to our professional practice, and to our patients and families throughout this past year. Our highlights of nursing accomplishments are amazing:

- UPMC Hamot joined the UPMC system.
- UPMC ranked 12 on the *U.S. News & World Report* Honor Roll of America's Best Hospitals.
- UPMC Northwest was designated as a Primary Stroke Center by The Joint Commission.
- UPMC Horizon was the recipient of The Joint Commission Award based on quality and core measure excellence and the HAP award for patient safety focused on developing "A Best Practice for the Prevention of Hospital-Acquired Clostridium Difficile."
- The UPMC Shadyside Surgical ICU achieved the silver level of the Beacon Award for Excellence™ by the American Association for Critical Care Nurses.
- [My Nursing Career](#), UPMC Nursing's inclusive career ladder integrated nurses within the Physician Services Division and Hospital-Based Clinics, wound care, and research nurses.
- More than 750 nurses celebrated National Nurses Week at the [UPMC 2011 Nurses Week Conference: Caring and Compassion in a High Tech Environment](#).
- Approximately 1500 contact hours were awarded for nurses' participation in continuing education at [UPMC Nursing System Grand Rounds](#).
- The Nursing Dashboard focused on quality metrics was launched.
- More than 7,500 nursing students completed clinical rotations at UPMC hospitals in a year.
- UPMC nurses precepted 107 summer student nurse interns.
- More than 1,300 nurses were hired, attaining the lowest job vacancy rate and nurse turnover rate in years.
- At the 2011 Southwestern Pennsylvania Organization of Nurse Leaders Conference, more than 50 percent of the posters were from UPMC nurses covering a broad range of topics including SmartRoom, Innovative Strategies for High Alert Medication Error, Mentoring Nurse Leaders, and Improving Patient Satisfaction. Five won awards.
- The UPMC Center for Nursing Excellence and Innovation and the Center for Inclusion were showcased as a best practice in the [American Organization for Nurse Executives \(AONE\) Toolkit for Diversity in Health Care Organizations](#).
- UPMC nurses were selected to showcase our outcomes with four podium presentations and six poster presentations at the [AONE 44th Annual Meeting and Exposition](#), more than any other hospital or health system at this national conference.
- UPMC Nursing was showcased in two podium presentations focused on nursing grand rounds and academic service partnership at the [2011 Sigma Theta Tau International Biennial Convention](#).
- The eRecord PACU/Frequent Assessment Documentation Optimization project achieved a 31 percent reduction in required documentation fields.
- UPMC nurses self-reported 335 podium and professional presentations at various international, national, regional, and local conferences.

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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.

- UPMC nurses published 39 articles, two books, and seven book chapters.
- UPMC nurses volunteered at various community events and programs throughout the region.

These are just some of the featured accomplishments across UPMC. As we embark on a new year, I am refocusing nursing at all levels as we re-pledge ourselves to shared priorities that impact the patient experience. These priorities include the following initiatives:

- **Your Care, Our Commitment:** An initiative to bring life and transparency to our organization's core values and guiding principles
- **Rest Assured:** An initiative to improve the patient experience by reducing noise and providing a restful environment enabling our patients to sleep through the night. Action items include dimmed hallways, closed doors, earplugs, the use of pen lights, and bundling care
- **New Electronic Medication Reconciliation process:** To decrease medication errors and improve patient safety in the following manner:
 - o By obtaining, verifying, and documenting the patient's current prescriptions and over-the-counter medications when admitted to the hospital.
 - o By considering the patient's pre-admission/home medication list when ordering medications during the hospital encounter and continuing home medications as appropriate, and comparing the patient's pre-admission/home medication list to ordered medicines.
 - o By verifying the medication list and resolving discrepancies with the provider.
 - o By providing an updated medication list and communicating the importance of managing medication information to the patient when he or she is discharged from the hospital or at the end of the encounter.

This new electronic process ensures that the information is accessible to the entire health care team during the current encounter as well as future encounters. Discharge Instructions are re-designed to engage and empower patients in their self-management after discharge by providing expanded information related to their hospital treatment. Diagnostic studies and procedures, lab results, and vital signs are now included with the Discharge Instructions. When the nurse prints this information for the patient, it is concurrently sent to their primary care provider or next care provider for more precise management of post-discharge follow-up care

- **Bedside Medical Device Integration:** As requested at the 2011 UPMC Nurses Week Conference, focus on the integration of medical devices (i.e. cardiac monitors, pulse ox, NIBP) with the electronic health record.
- **Reliable and Variable Rounder:** Redesigned care model that separates the work of patient care technicians based on task predictability resulting in improved care outcomes.
- **ECG Alarm Reduction:** The process for minimizing alarm fatigue by eliminating non-lethal nuisance alarms, making any ECG alarm an important alarm.

You will be hearing more about these initiatives throughout the year at your facility from your chief nursing officer, in this newsletter, and at Nursing Grand Rounds. I am excited to see where this year leads us on our journey toward excellence.

Best wishes for a healthy, happy, and prosperous new year. ■



Holly Lorenz, RN, MSN
UPMC Chief Nurse Executive

My Nursing Career



Spring of 2012 will mark the second year for My Nursing Career (MNC), UPMC Nursing's inclusive clinical ladder. MNC was designed to be a vehicle for you to have a vast and lifelong nursing career at UPMC. The uniqueness of this ladder is its applicability in all areas of nursing including the bedside, home care, care management, and specialty areas as well as clinics. There have been three phases of implementation over the past year.

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Phase I, Spring 2010

- Procedural (PAP) positions integrated into Inpatient (CAP) positions, renamed My Nursing Career

Phase II, Fall 2010

- Care managers and administrator on duty/bed-flow coordinators integrated into My Nursing Career

Phase III, 2011 and beyond

- Infection Control, Physician Services Division, hospital-based clinics, wound care, research nurses, cardiopulmonary rehabilitation nurses, call center type nurses, educators as well as advanced practice nurses are currently in process.

The following guiding principles are used when integrating a specialty into MNC:

- collaborate with nursing and Human Resources colleagues within each area
- align similar nursing positions across the system
- assess levels of job responsibilities
- determine the appropriate education/certification for the scope of responsibilities
- standardize system job descriptions based on duties
- create job descriptions based upon the ANCC's new model for Magnet recognition® and relationship-based care
- equip leaders with the necessary information to operationalize MNC within their area

As of today, nine out of 10 UPMC nurses have been integrated into MNC. This has created a consolidation of the many different nursing job titles used across the system. Similar positions now have standardized job titles and requirements. This allows for fluid transition among the multiple settings and roles throughout UPMC. MNC encourages and rewards professional development and contributions at every level of nursing. Please continue to check the Nursing Infonet site for information about the different levels and promotional process. ■

Click here for more information about My Nursing Career: <http://infonet2.upmc.com/OurOrganization/Enterprise/Nursing/Pages/MyNursingCareer.aspx>

Tuition Benefits

UPMC offers a tuition benefit for eligible full-time and flex full-time staff up to \$3,500 per academic year (\$1,750 part-time and job-share staff). The assistance percentage is 100 percent for courses taken at the University of Pittsburgh, a community college, and UPMC's proprietary schools. The benefit provided at other accredited institutions is equal to 50 percent of tuition.

Certification exams are also covered and are reimbursed at 100 percent. Preparatory courses for taking a certification exam are eligible, provided they are offered at an accredited institution and are preparing for an exam that is eligible under the UPMC tuition guidelines. These courses are reimbursed at either 100 percent or 50 percent depending on the institution where the course is taken. Multiple certification exams may be taken and a combination of exams with other coursework is also permissible, up to the academic year maximum. Note: CEs required for your current job are ineligible for tuition assistance, since they are expected as part of your current job duties.

If you are unsure if you qualify, you may submit a [Tuition Eligibility Verification Form](#). Upon receipt of this completed form, the UPMC Employee Service Center will verify eligibility by reviewing your job status and the course/exam information provided by you.

To submit a tuition assistance claim, complete the [Staff Member Tuition Assistance Request Form](#) along with an itemized bill or proof of exam cost, proof of payment, and proof of successful completion. Requests must be submitted within six months of your course end date or the exam date.

See the [tuition section](#) of Infonet and the [tuition guidelines](#) for full details of this benefit. ■

PROMOTIONAL OPPORTUNITY

Get a promotion. Become a Senior Professional Staff Nurse

The main requirements include an UPMC-approved national certification and doing an annual professional contribution. Certifications qualify for tuition assistance. Ask your manager for more details.

More information can be found on the [Nursing Infonet site](#).

Systemwide Nurse-Driven Urinary Catheter Removal Protocol has Begun

MESSAGE FROM HOLLY LORENZ

The CAUTI campaign: “Think about it; they can do without it” finished Sept. 30. I would like to thank each and every one of you for your efforts. The campaign has shown a decrease in urinary catheter device utilization by 5 percent and the CAUTI rate by 1 percent over the past year. The UPMC hospitals who have decreased urinary catheter device utilization are Children’s Hospital of Pittsburgh of UPMC, Magee-Womens Hospital of UPMC, UPMC McKeesport, and UPMC St. Margaret. Children’s Hospital, UPMC McKeesport, UPMC Mercy, UPMC Passavant, UPMC Shadyside, and UPMC St. Margaret showed a decrease of urinary tract infection rate. As we continually strive to reduce urinary catheter device utilization and CAUTIs this upcoming year, we are introducing a nurse-driven urinary catheter removal protocol. Through this initiative, we hope to impact UTI rates and continue to emphasize appropriate Foley care into our evidence-based practice.

As of Nov. 16, nurses will assist in the removal of unnecessary urinary catheters from patients when the ordering physician has opted to follow the nurse removal protocol associated with the catheter order, and the patient no longer meets UPMC’s necessity criteria. Once the urinary catheter has been removed, the nursing staff will follow the protocol which includes scanning the bladder, using intermittent straight catheterization, and calling the physician when indicated.

The Nurse Urinary Catheter Removal Protocol will be automatically defaulted in eRecord to “yes” allowing nurses to remove the catheter when an order is placed for catheter insertion, change, or maintain. Physicians who wish to control the timing of urinary catheter removal may do so by selecting “no” under the order matrix section. Visit the [Quality Infonet site](#) to view training tips for clinical staff and nurse removal protocol algorithm. Please contact Todd Pollock at pollocktp@upmc.edu or Daniel Shearn at sherndp@upmc.edu with any questions. ■

New Classes Aim to Teach Nurses how to Communicate with Patients with Disabilities

A four-year-old is admitted to the Emergency Department with a broken arm and bruises. The child is deaf, but his mother signs. What do you do in this situation?

These are situations that UPMC nurses encounter on a regular basis, but often nurses don’t know how to effectively communicate with patients with disabilities. This includes knowing what resources are available as well as how to treat the patient with dignity and respect.

In order to help first year nursing students communicate with patients with disabilities more effectively, the Disabilities Resource Center (DRC) has partnered with the Shadyside School of Nursing to teach a section of the Communications in Nursing course. Students will learn the best ways to communicate with individuals who have speech, mobility, or cognitive impairments, as well as patients who are blind, low vision, deaf, or hard of hearing.

“The Communications in Nursing course is the first class that first year nursing students take, so this is an opportunity to make an impression on students who have had little to no experience at the patient bedside. After hearing the presentation by the Disabilities

Resource Center and taking the communication course, students will be better prepared to interact with patients,” said Linda Kmetz, director, Shadyside School of Nursing.

In past years, instructors of the Communications in Nursing course have had to rely on textbooks in order to teach students about communicating with patients with disabilities, but with the new section taught by the DRC, students are able to be more engaged.

The course section was designed to be engaging as well as informative, blending demonstrations and critical thinking scenarios to help students retain the information. The critical thinking section uses scenarios that could potentially happen at UPMC hospitals and facilities and is meant to make the students think about what tools, services, or devices may help to communicate effectively with the patient. In addition, students will view demonstrations and receive hands-on training with a variety of resources available for communicating with individuals with disabilities. Some of these resources include the Assistive Listening Toolkit, interpreters, magnifying tools, signature guides, and documentation in Braille. ■

Save the Date for these 2012 Events

What? 2012 UPMC Nurses Week Celebration

When? May 2 through May 4, 2012

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

What? Nursing Now Conference: Leading Care in an Age of Complexity sponsored by the UPMC Center for Nursing Excellence and Innovation and the University of Pittsburgh School of Nursing

When? June 4 through June 5, 2012

Where? The University Club, Pittsburgh, Pa.
Find out more at www.NursingNowConference.com.

Congratulations to our 2011 Cameos of Caring Award Recipients

UPMC nurses selected as Cameos of Caring awardees are:

Amanda Petrill
Children's Hospital of Pittsburgh of UPMC

Giuseppe Aiello
ISMETT

Tracy Brnusak
Magee-Womens Hospital of UPMC

Gary Stanich
University of Pittsburgh Physicians Department of Anesthesiology

Keith Carroll
UPMC Beacon Hospital

Tina Henderson
UPMC Bedford Memorial

Linda Barr
UPMC Cancer Centers

Karen Brzuz
UPMC Hamot

Casey Steckler
UPMC Horizon

Alana Iwanowski
UPMC McKeesport

Autumn Jones
UPMC Mercy

Kaleigh Gustafson
UPMC Northwest

Beth Ann Condit
UPMC Passavant

Angela Panos
UPMC Presbyterian

Edward Hetherington
UPMC Rehabilitation Institute

Melodie Luttrell
UPMC Senior Communities

Nicole Mitchell
UPMC Shadyside

Rosharon Price
UPMC St. Margaret

Michelle Cain
Western Psychiatric Institute and Clinic of UPMC

UPMC nurses selected as Advanced Practice awardees:

Vivian Petticord
Magee-Womens Hospital of UPMC

Gloria Gotaskie
UPMC Cancer Centers

Nora Evans
UPMC McKeesport

Jeannine DiNella
Lisa Fox-Hawranko
UPMC Presbyterian

Faith Colen
UPMC Shadyside

UPMC nurse selected as Donate Life awardee:

Eileen Roach
UPMC Presbyterian

UPMC nurses selected as Nurse Educator awardees:

Renée Patton
Mercy Hospital School of Nursing

Sharen Ziska
UPMC Shadyside School of Nursing

Gina DeFalco
UPMC St. Margaret School of Nursing

UPMC recipients of the Endowed Nursing Scholarship:

Jennifer Burkey
Children's Hospital of Pittsburgh of UPMC

Marsena Pelton
UPMC Cancer Centers

Robert Bauer
UPMC McKeesport

Angela Bayless
Genevieve O'Shea
Adrienne Ruzicka
Danielle Saunier
UPMC Presbyterian

Margaret Hari
Lauren Saul
William Sweet
UPMC Shadyside



This fall, UPMC Nursing was honored to welcome the founders of the national Diseases Attacking the Immune System (DAISY) Foundation, Mark and Bonnie Barnes. On their two-day visit to UPMC, they participated in recognizing the DAISY Award recipients at following hospitals: UPMC Presbyterian, Children’s Hospital of Pittsburgh of UPMC, UPMC St. Margaret, UPMC Shadyside School of Nursing, UPMC Horizon, and UPMC Northwest.

“Every hospital we visited, every nurse we met — leaders, DAISY honorees, and DAISY coordinators alike — made our delight and pride at partnering with you, grow exponentially,” says Bonnie Barnes.

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 recent DAISY recipients:

Children’s Hospital of Pittsburgh of UPMC
Cheryl Majewski, NICU

UPMC Northwest
Holly Domer, IV Team

UPMC Passavant
Cindy Dayen, C2 Main
Christie Galcik, Emergency Department
Jennifer Puffinburger, 5 PAV

UPMC Presbyterian
Doug Sweger, 7ST
Mary Wilcher, 7D
Rebecca Gruendl, 5D
Tali Wander, CICU
Ann Rath, TICU
Jennifer Smith, Cath Lab

UPMC Shadyside
The nurses of 4 East
Krystle Mientkiewicz, 3 Main

The 5th Annual WISER Symposium on Nursing Simulation will be held Friday, May 24 through Saturday, May 25, 2012 at the Pittsburgh Airport Marriott.

Celebrate five outstanding years of simulation innovations and learn from world simulation specialists. The speakers are some of the most world renowned educators and practitioners in the field.

Watch for further symposium information on the [WISER website](#).

UPMC East Update

We are very excited that UPMC East, a 156-bed community hospital to serve the needs of our neighbors in the communities east of Pittsburgh, will open summer of 2012. Read on to learn more about opportunities at UPMC East.

Associate-level Positions

UPMC East staff members are referred to as associates. Postings for associate positions are on My HUB and will continue to be posted through the spring of 2012. To simplify the application process there will be one continuous posting for nursing positions on each unit and for each specialty area. There is no need to search for a particular My Nursing Career level/title since that will be assigned upon offer based upon the applicant's qualifications. For example: with an open position/posting for the Acuity Adaptable Unit, one nurse may be hired as a professional staff nurse while another, who meets the qualifications, will be hired as a professional staff nurse, BSN. This will depend on how many positions are available in each title for each unit. This makes it easy to apply to the unit and specialty of your choice.

Postings at UPMC East will include roles for the following areas:

- Emergency Department
- Surgical Services
 - Perianesthesia — PACU
 - Operating Rooms
- Intensive Care Unit
 - Dialysis
- IV Team
- Admissions Team
- Acuity Adaptable Unit
- Telemetry/Clinical Decision Unit
- Case Managers
- Administrators on Duty
- Nurse Educators
- Quality Improvement Team
- Weekend Program
- Medicine/Surgical

Several “waves” of hires and transfers will occur as UPMC East prepares for the opening on July 2, 2012. **Early Start** employees will need to be in place for planning and staffing of the units (primarily the leadership positions) between now and early April. The **Day in the Life** wave of employees will need to be on board roughly two months before the opening to assist with patient flow and simulation in preparation for go-live. The remainder of the opening staff will begin in early June for training, simulation,

and orientation to the hospital. Further recruitment efforts will continue after the hospital opens, as the UPMC East census grows and additional units open to accommodate the community, so continue to apply as you find positions in which you are interested.

Helpful Hints:

- Internal applicants should apply through My HUB.
- Clicking Save does not submit an application. The Submit button must be clicked for the application to reach the recruiter.
- Once submitted, an e-mail message acknowledges receipt of the application.
- Applications and their status can be reviewed in the My Careers Tools section.
- All transfer requests submitted in the first seven days of posting are assured an application review.
- Once candidates are hired, all other applicants to the position will be notified by e-mail. This may take several weeks as we review all qualified candidates.

Dispelling Myths

Positions at UPMC East are not already spoken for. All applicants who meet the qualifications for the position and apply in a timely manner will be given equal consideration.

Assessment

As a new facility, UPMC East has taken the opportunity to establish a culture of “Your Care. Our Commitment.” This philosophy emphasizes the four core values of Quality & Patient Safety, Dignity & Respect, Care & Compassion, and Community. Applicants to UPMC East may need to complete an online cultural assessment as part of the hiring process. This assessment will be sent to the e-mail address included in the employment application. The assessment must be completed within five days of receipt.

Urban to Community Transitions

UPMC East is considered a community hospital within the UPMC system, which means its positions are compensated in the community pay band. The compensation for transfers from urban/regional to community positions will follow the UPMC Compensation Manual guidelines (found on Infonet).

If you have questions on whether a position would be considered a demotion, lateral move or promotion from your current role, it is ideal to discuss with your Human Resources representative prior to applying. ■

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 article features 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.

In the recent months when refugees from south East Asia became part of the Pittsburgh community through the United Nations High Commissioner for Refugees (UNHCR), some of the women among the group were pregnant and unsure of what to expect for their unborn babies in a new country. In their homeland, the refugees were prohibited from attending school, subjected to constant persecution from the military, and had limited work opportunities. Many had lived their entire lives in a refugee camp. Upon arrival in the United States, they had only a few possessions and little understanding of the culture, customs, and language.

Staff at UPMC Health Plan's New Beginning Maternity department stepped in to ease this transition making sure the families wouldn't have to worry about prenatal care. With the use of UPMC's language interpretation services and the local cultural center, the maternity staff made sure that these moms-to-be received telephonic and on-site maternity support and understood all of the services available to them during the pregnancy. They even had representatives accompany them to doctor's appointments, or had interpreter service available for them at appointments.

It will soon be time to submit your accomplishments for the 2011 Nursing Annual Report. Keep an eye out for submission requests.

Staff facilitated the translation of key sections of the Maternity Welcome Kit and worked diligently with providers, ensuring that information provided during the office visits was the same information member understood when they were at home.

Toni Flot, RN, maternity case manager, was assigned a mother who had been prescribed prenatal vitamins but never filled them because she did not understand the process of going to a pharmacy to pick up the medication. Mindful of the often patriarchal nature of this culture, Ms. Flot made sure the husband was included in the outreach process as often as possible. The nurses scheduled telephonic outreach calls to the mother when the husband was home from work.

This spring, **Margaret Chaouk**, RN, and **Stacy Freeman**, social worker, worked with a woman who was more than 25 weeks pregnant with twins and had received a diagnosis of gestational diabetes. Ms. Chaouk met with her to review the medication regime, follow-up doctor visits, Emergency Department visits for abnormal glucose levels, nutrition guidelines, and prenatal classes available in the community. The woman was referred to and accepted the Doula Program for additional support during her pregnancy. Ms. Freeman met with the woman at the prenatal clinic to complete the high risk assessments and provided much needed resources for baby items and for the family. She was able to obtain two play yards through the Cribs for Kids Program, and UPMC provided two car seats for safe travel after delivery. Following preterm delivery at 34 weeks, Ms. Freeman met the family for a postpartum assessment and reviewed the importance of newborn monitoring in Neonatal Intensive Care Unit. Ms. Chaouk continued the postpartum outreach activity to assist with appointments for newborns and postpartum appointments for the mom. Mom, newborns, and family are doing well at home.

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. ■

The Beckwith Innovation Award for 2011-2012

The Beckwith Innovation Award Fund was established by the Beckwith Institute and the Audrey Hillman Fisher Foundation to advocate and encourage leaders to discover through innovation best practices that advance the quality of health care and to recognize those who make a positive contribution to patient care. The 2011 areas of focus included transformational leadership, structural empowerment, exemplary professional practice and new knowledge, and innovations and improvements. These categories reflect the Magnet Recognition Program™ dynamic model of excellence components.

This year's award recipients are:

UPMC Cancer Center Passavant, "**Cancer Survivorship Program**" grant proposal project. The Cancer Survivorship Program of the UPMC Cancer Center Passavant would offer survivors of any type of cancer the opportunity to participate in a variety of activities that will aid them in the transition from cancer and treatment to long-term health and wellness. The initial goal of this project is to establish a sustainable, evidence-based survivorship program that will be available to all cancer survivors who come to the UPMC Cancer Center Passavant. This includes starting an annual Cancer Survivors Celebration and developing a video about survivorship that features patients and staff from UPMC Cancer Center Passavant. Grant funds will be mainly utilized to produce the video and initiate an annual Survivorship Celebration. For more information e-mail **Kathleen Bryte**, MSN, RN, OCN, nurse educator, bryteka@ph.upmc.edu.

UPMC Presbyterian, "**MICU Mobility**" grant proposal project. The goals of this initiative include mobilizing severe respiratory failure patients using a bedside cycle ergometer; creating a multidisciplinary team of MDs, OTs, Pharm Ds, PTs, RNs, RT to standardize mobility of MICU patients; creating a model that will be implemented across the MICU; and decreasing rates of delirium. Recent studies have shown that patients with respiratory failure who receive early mobilization have shorter length of ICU and hospital stays, less delirium and more ventilator free days. Grant funds will be utilized to purchase a bedside cycle ergometer. For more information e-mail **Susan Svec**, RN, BSN, clinician, svecs@upmc.edu.

UPMC Presbyterian, "**Supporting Human Capital through Healthy Work Environments: Implementing a Restoration Program**" grant proposal project. Nurses are under extreme pressures from responsibilities and the complexity of the patient care they are providing in today's health care setting. The goal of this project is to decrease mental/emotional exhaustion through the utilization of a Restoration Room to practice stress reducing techniques. The Restoration Rooms would be physically located in UPMC Montefiore and UPMC Presbyterian buildings, with one room each and are intended to serve as a quiet place where nurses can take a mental break from the busy patient care area, and re-group with a more relaxed and clear mental status when returning to the patient care area. Grant funds will be used for the physical environment of transforming space into the Restoration Rooms, as well as the supplies necessary to support the program and environment. For more information e-mail **Kristine Wolff**, MSN, RN, NEA-BC, clinical director, keeferkw@upmc.edu.

UPMC Passavant, "**Evidence-Based Practice Internship**" (EBP) grant proposal project. The EBP Internship will allow two staff nurses the opportunity to take part in additional education related to nursing research and evidence-based practice, as well as a chance to develop an EBP project based on an identified clinical question from their own particular unit. Grant funds will be used to support the interns' participation in the three educational classroom days, tools to support their EBP project endeavors, funding to support the intern's participation in a local EBP workshop, and development of a professional poster presentation. For more information e-mail **Sarah Ziccardi**, MSN, RN, BC, Advanced Practice Nurse, ziccardisl@ph.upmc.edu. ■

UPMC Nursing Preceptor Academy

Evidence supports that preceptors contribute to the engagement, satisfaction, and retention of graduate nurses. Based upon staff input and evidence, UPMC Nursing identified that preceptor development is a strategic initiative.

Last fall, the Preceptor Academy Task Force (PATF) was formed to develop and implement a preceptor academy. UPMC nurses including direct care providers, unit directors, advanced practice nurses, clinical directors, and nurse educators, along with regional academic partners, met regularly to address key components of a preceptor academy. The task force's initial activities included developing a mission statement for the academy, conducting a staff survey, and providing an implementation plan.

The mission of the PATF is to develop, empower, and recognize successful preceptors through respectful communication, education, and support.

The PATF used feedback from staff nurse preceptors, newly precepted staff nurses, and unit directors to guide their work. A survey was distributed in the summer to collect input from these stakeholders. Some key survey findings or themes emerged: Training opportunities varied, preceptors need and preferred formal education, the preferred method of reward is continuing education, and a limited number of preceptors is preferred.

Since continuing education is the preferred method of reward as well as recognition, the PATF began planning an academy with an educational focus. In the coming months, a continuing education series will serve as the foundation for the academy along with recognition and networking events. ■

New Educational Series Coming in the New Year

In 2012, the UPMC Center for Nursing Excellence and Innovation will be launching two new educational series.

A nursing peer review program will be presented by Linda Reid, manager, Risk Management, UPMC Department of Corporate Safety and Risk Management. Linda has previously shared her expertise on patient events, near misses, and the nurse's role in promoting positive patient outcomes at the annual UPMC Nurses' Week Conference.

The UPMC Nursing Simplifying Statistics for Evidence Based Nursing Practice Series will also be launched in 2012. Dr. Lauren



Terhorst from the University of Pittsburgh School of Nursing will guide nurses in the examination of basic statistical principles to better understand EBP and journal articles.

Please watch your e-mail for further announcements and details regarding these two exciting inaugural programs. ■

I SPY — Recognizing Nursing Colleagues Across UPMC

Children's Hospital of Pittsburgh of UPMC

Congratulations to **Jessica Huber**, RN, MSN; **Marcie Tharp**, RN, MSN; **Stephanie Helman**, RN, MSN; and **Allison Lancas**, RN, MSN, for earning their masters degree in Nursing (MSN).

Congratulations to **Kathy Zwier**, RN, who received the American Red Cross Medical Hero Award.

Tracey Pasek, RN, MSN, CCRN, CIMI; **Michael Scott**, RN, BSN; **Ashley Duke**, RN, BSN; **Allison Lancas**, NP-C, MSN, CCRN; and **Carol Vetterly**, PharmD, co-authored "Skin Care Oktoberfest: A Creative Approach to Pressure Ulcer Prevention Education in a Pediatric Intensive Care Unit," October 2011, *Critical Care Nurse*, Volume 31, Number 5.

These nurses presented their work at the 23rd Annual Greater Pittsburgh Nursing Research Conference:

PODIUM PRESENTATION

Kristen Straka, DNP, RN, CPN; **Jeanne Brytus**, BSN, RN, CPN; and **Pat Brandt**, RN, CPN: "Creating a Culture of EBP and Nursing Research in a Pediatric Hospital"

POSTER PRESENTATIONS

Penelope Casella, BSN, RN, CPN; **Gloria Slavonic**, BSN, RN, CPN; **Jeanne Brytus**, BSN, RN, CPN; **Janet Frontera**, SBN, RN, CCM; and **Dana Etzel-Hardman**, MSN, MBA, RN, CPN: "Wallet Medication Card: A Patient Safety Initiative"

Amy Lukanski, MSN, RN, CPN: "Simulation: Increasing Compliance among Staff Nurses for a Patient Safety Initiative"

Christina Shearer, BSN, RN, CPN, and **Stacey Cote**, BSN, RN, CPN: "The Red Light Project: Eliminating Errors and Reducing Interruptions during Medication Administration"

Janet Frontera, BSN, RN, CCM; **Michele Carlson**, MSN, RN, CPN; and **John Taylor**, MSN, RN, CPN: "Bedside Nursing Shift Report: A Patient and Family Centered Care Experience and Safety Initiative"

The following nurses earned certifications:

Certified Pediatric Nurse (CPN)

Darla Eggert, RN

Marilyn Havel, RN

Lisa Kolodziejski, RN

Pediatric Nursing Certification Board

Michelle Dragotta, MSN, CPNP, AC/PC

Ellen Reynolds, MSN, CRNP, CPNP, AC/PC

Danielle Sebbens, DNP, CPNP, AC/PC

Certified Nurse Operating Room (CNOR)

Patty Munk, RN

UPMC Northwest

Joanne Sorensen, DNP, RN, FACHE, published an article in the September 27, 2011 edition of *The Derrick* entitled "COPD: Third Highest Cause of Death is Largely Preventable."

UPMC Passavant

Patricia Hoak, RN, and **Andrea Pollice**, RN, received their Certified Registered Nurse Infusion (CRNI) certification.

Shelley Miller received her Progressive Care Certified Nursing (PCCN) certification.

UPMC Presbyterian

Lora K. Ott, RN, defended her PhD dissertation at the University of Pittsburgh, focusing on Medical Emergency Team Call to the Radiology Department: Patient Characteristics and Outcomes. Her work was recently published in the *American Journal of Critical Care* and the *Journal of Radiology Nursing*.

Nancy Stitt gave a keynote presentation and had an abstract presentation accepted for the International Transplant Nurses Society in Sweden.

Congratulations to **Sue Svec**, BSN, RN, CCRN, who was nominated for the Johnson and Johnson Amazing Nurses Contest.

UPMC Shadyside

Congratulations to the **SICU at UPMC Shadyside** for receiving the Silver Beacon Award for 2011 – 2014.

Joanne Turka will give a podium presentation, "Social Media: Know What You're Dealing With" at the National Teaching Institute™ (NTI) and Critical Care Exposition to be held in Orlando, Fla., May, 2012.

Jill Sweeney, RN, BSN, CNML, was accepted into the AONE's 2012 Nurse Manager Fellowship class.

Congratulations to **Lauren Saul**, the 2012 AACN Circle of Excellence Award winner.

Linda Lakdawala, DNP, RN, CPAN, gave a podium presentation "Don't Ignore the Score" at the first International Perianesthesia Conference (ICPAN) in Toronto, Canada.

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CNOR recertification by portfolio: **Martha Crummy, MSN RN, CNOR**

Christine Deschamps, RN, BSN, MSLBE, had her poster presentation “Preventing Hospital Associated Aspiration: Bringing Key Electronic Patient Safety Strategies to the Bedside” accepted for entry at the 8th Annual National Patient Safety Conference at The Hospital of the University Of Pennsylvania.

Congratulations to the multidisciplinary team of **Dennis Schilling, PharmD; Susan Skeldar, RPh, MPH, FASHP; Cynthia Niccolai, BS, PharmD; Ervin Kelly, Data Analysis/ Pharmacy Tech; Susan Costello, RN, MSN; Nicolette Mininni, RN, MEd, CCRN; and Alana Urban, RN, MSN, CCRN**, for winning a 2011 ASHP Best Practices Award in Health System Pharmacy for their smart pump CQI data analysis/drug library improvement process for ensuring IV medication safety.

Congratulations to the **UPMC Shadyside Family Health Center and 3 East**, silver winner, Fine Award for Teamwork Excellence.

Lois Pizzi, BSN, RN-BC, presented the poster “Nursing Time for the Administration of a PRN Oral Analgesic on a Post-Operative Orthopedic Unit” at the 2011 American Society for Pain Management Nursing National Meeting in Tucson, AZ. The poster was named the award winner for the research category among 23 total posters that were submitted.

UPMC St. Margaret

Congratulations to **Jennifer Bordick, RN, and Abena Yolanda Baskin, RN**, for receiving ACES awards.

Congratulations to **Tamara Welter, RN**, on receiving the Dignity & Respect Award.

Erica Greenwald, RN, received her BSN from Ohio University.

Marjorie Jacobs, RN, MSN, ACM, gave a poster presentation, “Beyond the Bedside: Redesigning Chronic Care, Reducing 30 Day Re-admission for COPD Patients” at the National Association for Health Care Quality conference in Sacramento, Calif.

Gina Zeiler, RN, MSN, presented “Stroke Mimics” at the UPMC St. Margaret Stroke Conference.

Congratulations to **Nicole Asashon-Albert** on obtaining her BSN from Ohio University.

The following nurses earned certifications:

Accredited Case Manager (ACM)

Cristina Gregg, RN, ACM, Primary Care Coordinator, Care Management

Aimee Wilson, RN, ACM, Primary Care Coordinator, Care Management

Certified Nurse Operating Room (CNOR)

Brittney Bundy, RN, CNOR, Operating Room
Heather Santillo, RN, CNOR, Operating Room

Certified Medical Surgical Nurse (CMSRN)

Jacqueline Morgan, BSN, RN, CMSRN

Certified Critical Care Nurse (CCRN)

Kara Parks, ICU

Progressive Care Certified Nurse (PCCN)

Caroline Laurito, IMCU ■

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Have a story idea?

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