



Pathways to Excellence



Message from the Chief Nurse Executive

I hope you enjoyed Nurses Week 2013. Thank you for making this year's conference another great success. I would like to congratulate all the poster and award recipients. Also, I would like to thank all the volunteers, UPMC departments, and vendors that participated this year. As Nurses Week concluded on Florence Nightingale's birthday, May 12, I was reminded of the legacy she left on the nursing profession. She was known for establishing measured outcomes for nursing practice and health promotion, emphasizing nursing as a profession, and stressing the need for nurses to be educated, not just trained. She left a "forever footprint" in the academic as well as the clinical environments.

Sometimes I wonder what my legacy will be for nursing practice at UPMC. Truth be told, I would like to be known for having a positive impact on patient care outcomes and for leading UPMC nurses through these dynamic times with a focused vision and a strategic approach that leverages our role as expert professionals. Specifically, I would hope that I am remembered for coaching and mentoring others. This goal has forced me to do some soul searching and reflection. It has required me to re-evaluate my actions

and behaviors to ensure I reach it. I was reminded of the short book *The Dash*, by Linda Ellis and Mac Anderson, that I received from one of my mentors when I returned to UPMC. The authors observe, "We do not choose to be born. We do not choose our parents, or the country of our birth. We do not, most of us, choose to die; nor do we choose the time and conditions of our death. But within this realm of choicelessness, we do choose how we live."

I remind you that as nurses, we have a choice about how we practice. As Ellis and Anderson say, "It is only when we take responsibility for our choices that we begin to realize we truly are the masters of our fate." So I encourage each of you to take responsibility for your nursing practice, and to make a difference each and every day. There is no better way to build a foundation for leaving your footprint — your legacy for the future.

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

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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 Message from our 2012 Champion of Nursing

Margaret Reidy, MD

Eleanor Roosevelt once said, "No one can make you feel inferior without your consent." This is very relevant to the field of medicine. In the practice of medicine there tends to be a pecking order, as we all know. I once had a supervisor remind me that I was "on the part of the totem pole that is still in the ground." Many nurses have had similar hurtful things said to them by those "higher" on the totem pole. You have to wonder why we all just can't get along.

In fact, nursing holds a special place in this pecking order. The critical importance of nursing to patient care and safety, however, hasn't been adequately acknowledged. I say this from my own perspective as a physician. From experience we know that some doctors can be insensitive, or worse, to those in "subordinate" positions on the health care team. In the new era of medicine this is changing, and nurses can help lead the change.

As the Eleanor Roosevelt quote suggests, individual nurses can help change the status quo by not consenting to feeling inferior. Let me share what I have learned in a long career in medicine.

1. Never take yourself more seriously than you take your work. As Abe Lincoln wisely said, "Whatever you are, be a good one." Be great. Don't stop reading. View mistakes as opportunities to learn. Stand tall in what you do, for example, by seeking advanced certifications.

2. Understand your adversary. Listen between the yelling for what I call "the nugget." There is always a kernel of truth. We are never all right or all wrong. Acknowledging the things we could have done better can take the wind out of someone's anger and move the discussion into a productive area.

3. Ask for feedback when things are calm. If there is a doctor you have regular struggles with, use learning opportunities as an avenue to build a relationship. Ask questions about your mutual patients. This reinforces that you are an ally and want to mutually work toward good patient outcomes.

4. Confer with your colleagues who seem to enjoy better relationships. We can all learn from one another.

5. Most importantly, don't pay it forward, or downward. Don't be the person who gets yelled at and views that as a mandate to ream out someone else. Stop the cycle in its tracks.

Nursing is on the cusp of unprecedented change as we face the era of accountable care. Accountability starts with all of us. Be accountable, and never inferior.

Quick Quiz!

Do you adhere to your professional scope of nursing practice?

True or False:

- 1.** I am permitted to give a bolus of IV fluid without a physician order.
- 2.** I am permitted to order blood tests that I anticipate the physician will want.

Check your answers on page 3

Nursing's Professional Scope of Practice

Peggy Hayden, MSN, RN

At times, nurses are confronted with a situation in which they need more clarity on their professional scope of practice, yet getting the answers is not always easy. To assist you with knowing your resources, locating the supporting documents, and setting up a system to access those items is helpful.

The Model for Professional Nursing Practice Regulation (Fig. 1) developed by the American Nurses Association (ANA) illustrates the levels of support in place to define, support, and clarify professional nursing practice. The model incorporates the expertise of professional

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and specialty nursing organizations, educational, credentialing and accrediting organizations, and regulatory agencies.

Nurses should be comfortable using this model when raising questions regarding their practice. The model is relevant for all levels of nursing being practiced (ANA). Begin with a review of the *Nursing Professional Scope of Practice, Standards of Practice*, and/or *Code of Ethics*, published by the ANA. Nursing specialty certification is also a great resource. A link to the ANA website and/or a copy of the publications should be available wherever nursing is practiced. The ANA also may be consulted on any of these standards.

Next, reference the *Nurse Practice Act, The Nurse Law*, and *Rules and Regulations for Nursing*, from the Commonwealth of Pennsylvania State Board of Nursing. They are available online or the PA State Board may be contacted to ensure proper interpretation of the practice act.

Consult *Institutional Policies and Practices*, which are in accordance with the above references. UPMC policies can be found on Infonet. Content experts, references, and policy authorities are available to answer questions.

“Self-determination” or professional nursing judgment is when a nurse will “consider her/his own skills and expertise, in conjunction with the clinical setting and the skills and expertise of other members of the health care team, including the consultant physician(s)” (ANA) to best understand scope of practice in a particular situation not addressed by the previous components of the model.

At UPMC, our primary focus is to provide high-quality, safe, and effective care for our patients, ensuring that staff is guided by the structures and processes that support that goal. Knowing your professional scope of practice resources and using them to confirm your practice is a fundamental responsibility and accountability for all nurses. ■

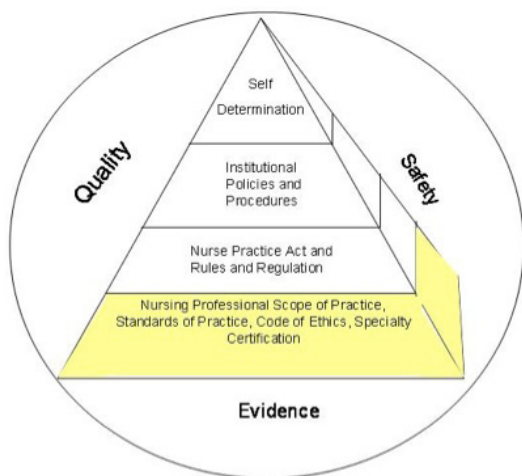


Figure 1: The Model for Professional Practice Regulation, American Nurses Association 2006.

Answers to questions on page 2:

- 1.False 2.False

Bedside Nursing Report — Transitions at Shift Change

Frank Ricci, MSN, RN, CCRN

The literature demonstrates that patient involvement throughout the hospital stay leads to improved clinical outcomes and increased nursing satisfaction. This is especially important during times of caregiver handoff, when communication and coordination of care between staff and patients become even more critical. When patients are given the opportunity to be more active in their own treatment, both safety and patient and family engagement have been shown to increase.

Many hospitals nationwide have begun incorporating bedside nursing report into the workflow of their facilities, and have reported positive outcomes from this initiative:

- Decreased fall rates
- Reductions in the amount of time patients are left unattended
- Increase in the quality of patient care

This type of collaborative handoff also helps to dispel the myth that nothing gets done at shift change. Bedside report affords both the off-going and incoming nurses the opportunity to observe the patient together, clarify issues, address questions, ensure continuity of care, and introduce the new staff to the patient. Finally, while both nurses are at the patient bedside, they have the opportunity to perform safety checks, such as proper bed position, correct continuous infusions, and accessibility of the call bell. Overall, bedside nursing report is an important mechanism for encouraging shared decision making and improving transparency between care providers and patients.

In addition to improvements in patient and staff satisfaction, bedside reporting also enables health care institutions to remain compliant with The Joint Commission’s National Patient Safety Goals. Based on these regulations, hospitals must “improve the effectiveness of communication among caregivers,” and “implement a standardized approach for ‘handoff’ communications, including an opportunity to ask and respond to questions.” Bedside report affords hospitals the opportunity to fulfill these requirements, and gives nursing leaders the opportunity to make improvements related to patient and staff outcomes simultaneously.

As a means to develop and implement a solid bedside nursing report process throughout UPMC, the systemwide Professional Practice Council (PPC) has been selected to drive the initiative.

Chief nursing officers from each hospital also have selected nursing leadership representatives to assist the PPC group members with the

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implementation of this new workflow. A SharePoint site dedicated to bedside nursing report has been created for all PPC members and nursing leadership representatives. Unit directors and other leaders from throughout the system have submitted data, posters, PowerPoint slides, and journal articles for the site, and Joseph Dominick, unit director from UPMC Presbyterian, created a bedside nursing report toolkit that can be [accessed on Infonet](#).

The UPMC goal is for every inpatient nursing unit to have some form of bedside nursing report in place as of July 1, 2013. Please contact your hospital PPC member, nursing leadership representative, or Frank Ricci, clinical operations fellow, with any questions or concerns.

Wakefield, D. et al. Making the transition to nursing bedside shift reports. *The Joint Commission Journal on Quality and Patient Safety*. June 2012 38(6). 243-253.

Chaboyer, W., McMurray, A., Johnson, J., Hardy, L., Wallis, M., Chu, F. Y. (2009). Bedside handover: quality improvement strategy to “Transform Care at the Bedside”. *Journal of Nursing Care Quality*, 24 (2). ■

APPs Deliver Quality Care in Changing Times

Ben Reynolds, MSPAS, PA-C

High medical costs, increasing numbers of patients in need, demanding quality metrics coupled with decreasing rates of reimbursement present unique challenges for the health care industry in the age of accountable care. As an adaptive response, advanced practice providers (APPs), which include advanced practice registered nurses (APRNs), such as nurse practitioners (CRNPs), nurse midwives, and certified registered nurse anesthetists (CRNAs) are more commonly becoming the new face of the evolving patient-provider relationship.

Some 78 million baby boomers will be the largest users of health care until 2035. Also, more than 16 percent of the population currently has no health insurance. As a result, there will be 30 million uninsured Americans by 2019. Most experts expect there will be a 25 percent physician shortage by 2015, made worse by the restrictions on physician resident work hours. This creates a “provider/patient mismatch” in which the demand for health care services will greatly outpace the number of people capable of providing that care.

But the mismatch doesn’t end there. The Affordable Care Act (ACA) seeks to provide coverage to Americans who cannot afford insurance through the creation of Medicaid exchanges, potentially injecting millions more patients into an already bulging-at-the-seams system. ACA also seeks to rein in the cost of health care.

Presently, the United States spends more money per capita on health care than any other industrialized nation, but ironically rests in the bottom

quarter of that same group. In response, stipulations within the ACA and other programming put forward by the Center for Medicare and Medicaid Services (CMS) seek to improve the quality of care a patient receives incentivizing higher quality over higher quantity. The convergence of these two stated goals creates another mismatch between the outcomes expected by payers and the number of patients who will be demanding access to services.

So what is the solution? If the mission before us is higher quality for more patients at lower cost, then reengineering the way care is delivered must be what is done. This is where APRNs can make all the difference. Within UPMC we have 430 CRNPs and 400 CRNAs working in diverse areas across the system in outpatient and inpatient settings. Because of the incredible need to continue to provide our patients the sort of access they need at the quality they deserve, UPMC projects a need to hire an additional 400 APPs.

- APRNs are key deliverers of quality care in all areas of medical delivery and provide the linchpin to correcting those mismatches.
- CRNPs work in areas ranging from outpatient family medicine to cardiology to critical care medicine to assisting at surgery. They are charged with delivering care for the most vulnerable of our patients at the extremes of the lifespan from neonatal critical care to geriatrics and palliative care.
- CRNAs provide care in delivering safe anesthesia services in all settings, including major operations, such as liver transplants and



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pediatric open heart surgery, as well as in outpatient surgical centers where patients are able to go home the same day.

- Nurse midwives are skilled in managing all phases of obstetric care from pregnancy through delivery, including postnatal well-woman care. They provide not just the clinical expertise to manage gestation, but provide new mothers the skills and tools through teaching and mentoring to take care of their newborns after pregnancy.

UPMC has taken a forward thinking and progressive strategy in how and where it places APRNs within the system and is keenly committed to making APRNs and APPs partners in delivering world-class care. ■

Missed Care: Impacting Patient Outcomes

Melanie Shatzer, DNP, RN

The Gallup Organization conducts an annual survey that ranks professions on honesty and ethical standards. Nursing has been identified as the most trusted profession in the United States for 11 of the past 12 years. As nurses, we have the privilege of caring for patients in a variety of settings. According to the Gallup survey results, our patients trust us to deliver high-quality care in an ethical manner. The quality of our care delivery has been identified as a key component in patient

outcomes. In fact, specific nursing-sensitive indicators are correlated with overall hospital performance. Nursing is an integral part of the overall patient experience and associated outcomes.

Delivering nursing care in an acute, complex health care environment is sometimes variable. Care can vary from nurse to nurse when the staff is not using the best evidence, procedures, or policies. Care also can vary in terms of the completeness of delivery. Missed care is necessary care that is omitted. A recent study was conducted to examine the type of care and the reasons for care being missed across 10 acute care hospitals. Kalisch, Tschannen, Lee, and Friese (2011) surveyed staff registered nurses and nursing assistants who provided direct care in acute care facilities in the Midwest. The results revealed that ambulation of patients three times per day, or as ordered, was the most frequently missed care type. Other areas of missed care included mouth care, participation in care conferences, and medication administration on time.

In previous editions of *Pathways to Excellence*, Holly Lorenz, chief nurse executive, has emphasized a Back to Basics program. Some of our missed care opportunities are related to these basic nursing techniques. In multiple studies, early ambulation has been linked to improved patient outcomes. A recent study found that hospitalized elderly patients who increased their walking from the first day in the hospital to the second had a decreased length of stay. While the study had some limitations, such as a modest sample size, it does support

Did you miss this year's Nurses Week Conference? No worries!

You can view all of the presentations on the [Nursing Infonet](#) page. We hope all of you had a great Nurses Week. You deserve it!



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the argument that such a “basic” action as promoting ambulation can improve patient outcomes, decrease length of stay, and promote the trust patients have for nurses to deliver evidence-based care.

Brown, C.J., Redden, D. T., Flood, K.L., Allman, R.M. (2009). The underrecognized epidemic of low mobility during hospitalization of older adults. *Journal of American Geriatric Society*. 57(9), 1660-5.

Fisher, S.R., Kuo, Y.F., Graham, J.E., Ottenbacher, K.J. Ostir, G.V. (2010). Early ambulation and length of stay in older adults hospitalized for acute illness. *Archives of Internal Medicine*. 170(21), 1942-3.

Kalish, B.J., Tschannen, D., Lee, H., Friese, C.R. (2011) Hospital variation in missed nursing care. *American Journal of Medical Quality*. 26(4): 291-9. ■

New CAUTI Reduction Focus

Dan Shearn, MSN, RN; Fred Tasota, MSN, RN; Anne Ward, MS, BSN, RN; and Nina Tatar, MT

UPMC has shown a decrease in urinary catheter device utilization, but there continues to be room for improvement in removing inappropriate catheters. The number of catheter-associated urinary tract infections (CAUTIs) has not shown a significant decrease. This spring, the focus is back-to-basics care to prevent CAUTIs.

For patients with urinary catheters, remember to:

- Make sure there is a urinary catheter order present with the nurse-driven removal protocol before you remove it.
- Perform perineal care prior to urinary catheter insertion.
- Cleanse perineal area and catheter with Gentle Rain shampoo daily and as needed with bowel movements.
- Assess for catheter necessity every shift, remove ASAP using nurse-driven removal protocol, and consider alternatives:
 - > Condom catheters for males
 - > Incontinence pads and adult diapers for females

If the urinary catheter is necessary:

- Use STAT locks to secure catheter.
- Keep catheter tubing free of kinking and dependent loops (keep tubing straight) for flow and drainage.
- Keep collection bag below the level of the bladder at ALL times and maintain a closed system. ■

UPMC Toolkit Addresses Central Line-Associated Bloodstream Infections

In Fiscal Year 2012, UPMC reported 235 central line-associated bloodstream infections. These infections directly affect safety, patient satisfaction, and the cost of care. UPMC is dedicated to eliminating central line-associated bloodstream infections in patients.

To support this effort, the infusion best practice team has developed a **Central Line Toolkit** that houses standard policies, procedures, practice guidelines, competencies, and educational materials to provide UPMC nurses with standard, evidence-based resources for central line care and maintenance. Bloodstream infections from central lines are largely preventable when evidence-based practices are incorporated into patient care and are followed consistently by health care providers.

A task force is being established at your facility to support this campaign. Please contact your local infusion best practice representative if you have any questions.

For more information about the central line initiative, and to view the toolkit, visit Infonet.UPMC.com/CentralLine. ■

Take a Healthy Step — Do It For You!

As nurses, we care for others every day. Providing the same excellent care for ourselves isn't always easy. Envision the benefits of good health — more energy, better mood, clearer mind — and the impact on your life and family. It's your turn to use the MyHealth program to help discover a better you.

Reduce Your 2014 Deductible

Feeling good from healthy actions has its own rewards and your efforts can have an additional payoff. Completing the annual Take a Healthy Step requirements earns deductible credit dollars to reduce your medical plan coverage deductible by the maximum of \$1,000 for an individual and \$2,000 for a family.

Follow this path to see the steps you need to complete by Nov. 13 to earn your maximum deductible credit:

[My HUB](#) > [Human Resources](#) > [MyHealth OnLine](#) > [MyHealth Central](#)

You will find an updated scorecard that displays your completion status on the MyHealth Central homepage. You can expand the questionnaire or screening sections for more details. The See All Activities link opens the list of Healthy Step activities, including those recommended for you.

Special Bonus Opportunity

Complete the MyHealth Questionnaire by June 30 and receive an extra \$100 in deductible credit dollars for completing it early!

I SPY: Recognizing Nursing Colleagues Across UPMC

UPMC presentations at the 2013 AONE 45th Annual Meeting and Exposition in Denver, Colorado, March 20 to 22:

Podium Presentations

“Nurse Manager Scope and Span of Control: An Objective Business and Measurement Model,” **Dawndra Jones**, MSN, RN, NEA-BC, senior director of Strategic Initiatives; **Christopher Gebbens**, BS, BA, financial analyst; **Maribeth McLaughlin**, BSN, RN, MPM, CNO, VP Magee-Womens Hospital of UPMC; **Lorraine Brock**, MSN, RN, director of Nurse Recruitment.

Poster Presentations

“Using an Evidence-Based Language to Integrate Nursing Care across a Health Care System,” **Melanie Shatzer**, DNP, RN, director, Academic Service Partnerships; **Betsy George**, PhD, RN, advanced practice nurse, UPMC Presbyterian.

“From Staff Nurse to Clinical Instructor: An Innovative Academic Service Partnership,” **Connie Feiler**, RN, MSN, director, Organizational Development, Nursing Education and Research, UPMC East; **Kimberly Brooks**, RN, MSN, director, Organizational Development, Nursing Education and Consumer Education and Nursing Research, Magee-Womens Hospital of UPMC; **Deborah Struth**, RN, MSN, associate director, Quality Improvement and Curriculum, UPMC Shadyside School of Nursing; **Maribeth McLaughlin**, RN, BSN, MPM, chief nurse officer and vice president of Patient Care Services, Magee-Womens Hospital of UPMC.

Nurses Week 2013 Award Winners

Champion of Nursing: **Janet D. Lindner**, R.Ph, director of Pharmacy Services, UPMC Passavant
 Rising Star in Clinical Practice: **Sarah Zets**, RN, professional staff nurse, UPMC Horizon
 Leading with Wisdom: **Dawndra Jones**, MSN, RN, NEA-BC, senior director, Strategic Initiatives, UPMC Center for Nursing Excellence and Innovation
 Champion of Dignity & Respect: **Jennifer Campbell**, RN, professional staff nurse, UPMC Hamot Women’s Hospital
 Legacy of Nursing: **Nell Nipper**, RN, NNP-BC, Women’s Hospital educator, UPMC Hamot Women’s Hospital

Outstanding Clinical Faculty: **Gaye Cari-Williams**, MSN, RN, nursing instructor, Mercy School of Nursing Outstanding Preceptor: **Karen Good**, RN, BSN, CCRN, senior professional staff nurse, UPMC Presbyterian Magnet Designation Award: **Diane Hupp**, MSN, RN, chief nursing officer and vice president, Patient Care Services, on behalf of Children’s Hospital of Pittsburgh of UPMC

Nurses Week 2013 Poster Winners

Patient Impact Award – Tie:
 “Improving Smart Pump Compliance in the Outpatient Oncology Setting”
Alana Urban, RN, MSN, CCRN, CRNI
Gloria Gotaskie, RN, MSN
Cynthia Niccolai, PharmD
Angela Bayless, RN, MSN, CRNI

“Telemedicine: Innovative Patient Care and Effectiveness and Safety of Early Mobilization in the ICU” **Sue Svec**, RN, BSN, CCRN

Nursing Profession Award

“A New Approach to Competency Assessment: Nurses Coming to the Table to Standardize Practice and Incorporate new Technology”
Mary Ellen Pritchard MSN, CNL
Sherri Jones, MS, MBA, RD, LDN
Shelley Watters, DNP, RN, NE-BC

Children’s Hospital of Pittsburgh of UPMC

Certifications

CPN Certification

Lynne Cipriani, RN, BSN, CPN — Nursing Supplemental Pool
Kelly McGill, RN, BSN, CPN — Nursing Supplemental Pool

DNP

Shareen Milligan, DNP, RN, CCRN — CICU nurse educator

Degrees

MSN

Sheila Hahner, MSN, RN — 7B nurse educator
Renee Bischoff, MSN, RN — Nursing Unit 7A

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Awards

UPMC PFCC Inaugural Revolutionary Award

H. Waltenbaugh, RN, BSN — Same Day Surgery/Post Anesthesia Care Unit

MyHealth Award

Karen Larkin, RN — Same Day Surgery

Publications

D. Benkovitz, T. Pasek, and S. Miedel, “A Supportive Harmony: Music Therapy for Complex Painful Dressing Changes,” *Pediatric Pain Letter*, December 2012, Vol 14 (3), pp. 34-38.

K. Straka, M. Burkett, M. Capan, and J. Eswein, “The Impact of Education and Simulation on Pediatric Novice Nurses’ Response and Recognition to Deteriorating,” *Journal for Nurses in Staff Development*, November/December 2012, Volume 28(6), pp. E5-E8.

Presentations

Pam DeGeorge, MSN, RN, ONC and **Hope Waltenbaugh, RN, BSN** – IBAT in Same Day Surgery, presented at UPMC PFCC Summit II

UPMC Horizon

Congratulations to **Melissa Kolin** who was made a Pathway to Excellence Surveyor.

Magee-Womens Hospital of UPMC

Nicolas Mansour received his MSN from Carlow University.

UPMC Mercy

The Mercy School of Nursing is pleased to announce that **Angela Balistreri, RN, DNP** was recently selected by the National League for Nursing Accrediting Commission to serve as a program site visitor.

Degrees

Jennifer Goldby, RN, Trauma Burn Center, received her degree in nursing from Waynesburg University.

Laura McNally, RN, 8E, received her Bachelor of Science in nursing from Ohio University.

Terri Stevens, clinician, 11E received her Bachelor of Science in nursing from Ohio State University.

Amy Withers, RN, Trauma Burn Center, received her Bachelor of Science in nursing from Waynesburg University.

Certifications

Michael Reardon, RN, ICU, passed his Certification for Adult, Pediatric, and Neonatal Critical Care exam.

Breann Teny, RN, ICU, passed her Certification for Adult, Pediatric, and Neonatal Critical Care exam.

UPMC Northwest

Certifications

Heidi Gaddess, BSN, CCRN, AICU

Dani King, BSN, ACM

Wendy Kozek, BSN, ACM

Darla Plowman, BSN, CCRN

UPMC Passavant

Congratulations to **Janet Surrena, RN**, and **Andrea Pollice, RN**, who recently participated in the successful creation of a local chapter of the Infusion Nurses Society (INS). UPMC Passavant is represented on the local chapter Board of Directors by Ms. Pollice, who will serve as the chapter secretary, and Ms. Surrena, who will serve on the Education Committee.

Publications

Lori Krall, RN, was recently published in the February 26, 2013 edition of the *Clinical Advisor*. Her article was titled, “The Trouble with Finding a Preceptor.”

Certifications

Melanie Heuston, RN, DNP, earned the Nurse Executive, Advanced (NEA-BC) certification.

Maria Swanson, BSN, RN-BC, obtained her Medical/Surgical certification.

Lisa Manni, RN, MSN, earned the Nurse Executive, Advanced (NEA-BC) certification.

Carissa Huston, RN, BSN, earned her Critical Care Registered Nurse (CCRN) certification.

Erica Ferraro, RN, earned her Progressive Care Certified Nurse (PCCN) certification.

Presentations

Caroline Kissell, MPH, BSN, RN, CCRN,

Tonya Nicholson-Quillin, BSN, RN and **Maria Swanson, BSN, RN-BC**, presented “The Dedicated Education Unit” at the UPMC Nursing Grand Rounds.

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Shelley Miller, MSN, RN, PCCN, presented a virtual poster at the 2013 ANA Nursing Quality Conference. Her poster discussed the nurses station under the category, “Evaluate Effectiveness in Integrating New Technologies to Support Quality Improvement”.

Awards

Suzanne Swift, RN, was awarded the 2013 Nightingale Awards of Pennsylvania scholarship for her academic achievements and leadership at Chatham University. She will be honored at the Nightingale Awards 24th Annual Gala on October 25, 2013

UPMC Presbyterian

Awards

Congratulations to **Lori Massaro**, MSN, the 2013 Mary Ann Scully Excellence in Nursing Award winner. UPMC nurses have won this award four out of the past five years. Other awardees include:

- 2010: **Lauren Saul**, MSN, RN, UPMC Shadyside
- 2011: **Linda Gordon**, MSN, CRNP, Donohue Cardiology Associates, LLC, UPMC Shadyside
- 2012: **Tamara Fleeger Maihle**, MSN, CRNP, Children’s Hospital of Pittsburgh of UPMC

Congratulations to **Ann Kostial**, **Bev Bowell**, and **Bonnie Schuster** for winning “Most Innovative Topic” for their presentation “Decreasing Readmissions from SNFs at the ACMA.”

Publications

Leslie Cairns, DNP, RN and **Holly Lorenz**, MSN, RN had their article, “Utilizing Bedside Shift Report to Improve the Effectiveness of Shift Handoff” published in JONA, Volume 43, Number 3, pp 160-165, March 2013.

Susan Skledar, **Cynthia Niccolai**, **Dennis Schilling**, **Susan Costello**, **Nicolette Mininni**, **Kelly Ervin**, and **Alana Urban**: “Quality-Improvement Analytics for Intravenous Infusion Pumps,” American Journal of Health-System Pharmacy, April 2013, Volume 70, pp. 680-686.

Degrees

Stephanie Henry, MSN, RN, and **Maria Hamidi**, MSN, RN, obtained their Master of Science in nursing from Carlow University.

UPMC Shadyside

Publications

“Prevention and Management of Tumor Lysis Syndrome in Adults with Malignancy,” **Jessica Sarno**, BSN, RN, OCN, Journal of the Advanced Practitioner in Oncology 2013;4:101-106.

Jill Sweeney, MSN, RN, CNML, had her manuscript “Crucial Conversations: A Framework for Dealing with Lateral Violence” accepted for publication in a future issue of the American Journal of Nursing.

Lois Pizzi, MSN, RN-BC, programmatic nurse specialist, Pain Management, has been notified that the manuscript “Nursing Time Study for the Administration of a PRN Oral Analgesic on an Orthopedic Postoperative Unit” has been accepted for future publication by the Pain Management Nursing Journal.

Awards

Congratulations to **Stephanie Deible** who was awarded the Cameos of Caring Endowed Nursing Scholarship.

Certifications

Denise Abernethy, MSN, RN, CEN, received her Certified Emergency Nurse certification.

UPMC St. Margaret

Degrees

Jenny Bender, Infection Control, received her MPH
Isabel MacKinney-Smith, Care Management, received her Master of Science in nursing.

Sharon Fritzley, Quality, received her Bachelor of Science in Nursing.

Tina Kozma, 4B, received her Bachelor of Science in Nursing.

Certifications

Tina Kozma, CRRN, received her Certified Rehabilitation Registered Nurse certification.

Awards

Lilliann Palumbo, IV Team, Above and Beyond Award

Publications:

“Acute Liver Failure in an Obstetric Patient: Challenge of Critical Care for 1 Patient with 2 Subspecialty Needs,”

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Holly Castello, Lisa Schoch, and Tracy Grogan, *Critical Care Nurse* 2013; 33:48-56 doi: 10.4037/ccn2013631, 2013 American Association of Critical Care Nurses

Presentations

Kathy Fowler, Quality Podium Presentations: “Finding our Way to a Culture of Safety Through Transparency,” and “Work Redesign,” HEN Falls Reduction & Prevention Regional Meeting, Forbes Regional Hospital, December 14, 2012.

The Advisory Board’s Achieving Top-of-License Nursing Practice Best Practices for Elevating the Impact of the Frontline Nurse profiles a TCAB initiative completed at UPMC St. Margaret in 2008 on 3B Stepdown. **Nancy J. Mayer**, MBA, BSN, RN, was the unit director on 3B and wrote an article for an AJN supplement on TCAB which was published in November 2009. The Advisory Board contacted Ms. Mayer to gather additional information about the initiative and decided to profile the Off Monitor Algorithm as a top practice.

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 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

Carrie Moelber, RN, Same Day Surgery
Jazz Miklancie, RN, Nursing Unit 8B
Tammi Landis, RN, PICU

Correction to March 2013 I SPY:

Betty Thimons, RN, CRRN, and **Leigh Resnick**, RN, CRRN, received their certified rehabilitation nurse credentials.

Western Psychiatric Institute and Clinic of UPMC

Degrees

Charles Kumrow, clinical nurse manager for WPIC Aging and Integrated Health, received his Bachelor of Science in nursing.

Matthew Witt, clinical nurse manager for WPIC Transitional Recovery Unit, received his Master of Science in nursing.

Camellia Herisko, Interim VP of Inpatient and Emergency Services, chief nursing officer, director of Nursing and Primary Care Services, received her doctorate in nursing.

Alicia Berger, assistant nurse clinical manager for WPIC General Adult, received her Bachelor of Science in nursing.

UPMC Passavant

Donna Volkman, RN, Surgical Services
Cory Ott, RN, 5 PAV
Elena Nosal, RN, 6 South

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