



Pathways to Excellence



Message from the Chief Nurse Executive

I hope you enjoyed your summer. It is hard to believe fall is upon us. Over the past few months, nursing has been leading the organization with the feedback received by patients on the Press Ganey patient satisfaction inpatient survey. Patient-nurse communication responses have been very favorable and moving in the right direction, yet we have many opportunities to further improve our communication with patients. For most hospitals, this patient feedback is publicly reported as part of the hospital's HCAHPS (*Hospital Consumer Assessment of Healthcare Providers and Systems*) via the Medicare.gov Hospital Compare website: www.medicare.gov/hospitalcompare/search.html. There is even a free iPhone app to track and compare your hospital's scores with other hospitals. A recent Press Ganey study found when a hospital aims improvement efforts on the patient satisfaction domain of "communication with nurses," it will likely see improvement with other areas such as responsiveness to staff, pain management, and communication about medications. Additional evidence has demonstrated a positive relationship with nurse communication and improved treatment compliance; reduced 30-day readmission rates for myocardial infarction, heart failure, and pneumonia; lower inpatient mortality rates among acute myocardial infarction patients, and lower rates of certain hospital-acquired conditions, which include falls, pressure ulcers, and hospital-acquired infections. Taking the time to communicate with your patient(s) has great benefits

across the continuum of care. I recognize that communication is not always easy due to your time constraints, language difference, and the patient's cognitive or psychological state, or language impairment. Some effective strategies to add to your practice include:

- Ensure that a face-to-face bedside change of shift occurs.
- Sit at eye level when talking to your patients and families.
- Include your patient and their family in shared decision making.
- Use "teach back" to make sure your message was understood
- Watch for nonverbal cues from patients to ensure your message was received.
- Consult with your speech therapy department.
- Consult with the UPMC Disabilities Resource Center.
- Provide interpreters, video remote interpreting (VRI), and TTY phones when necessary. Your manager can provide you information for obtaining these services and there are more details at Infonet.UPMC.com/InterpreterResources.

This issue of *Pathways to Excellence* will provide you with more insight for communication with patients. Together we can continue to lead the way in providing high quality care for the patients we serve at UPMC.

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

Additional Reading

Finke, E., Light, J., and Kitko, L. (2008). A systematic review of the effectiveness of nurse communication with patients with complex communication needs with a focus on the use of augmentative and alternative communication. *Journal of Clinical Nursing*, Vol. 17, p. 2102-2115.

Press Ganey (2013) *The rising tide measure: Communication with Nurses*, retrieved from <http://healthcare.pressganey.com/content/NurseCommunicationWP>

what's inside:

Nurses Communication With Patients and HCAHPS
Page 2

UPMC Is Introducing New Medical Plan Designs
Page 4

UPMC Schools of Nursing Promote Communication for Patient Satisfaction
Page 6

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.

Nurses Communication With Patients and HCAHPS

Kira Bowers, MBA

Donald D. Wolff, Center for Quality Safety and Innovation

Since 2008, HCAHPS has allowed valid comparisons across hospitals locally, regionally, and nationally. UPMC has been working diligently in various HCAHPS areas to meet national standards for the benefit of our patients. One of the areas UPMC shows success in is the category of Nursing Communication with Patients. By implementing best practices throughout the hospital such as face-to-face bedside handoff and collaborative rounding, many UPMC hospitals have increased their nursing communication scores to the national 50th percentile and above. By continuing to improve the patient experience in nursing communication, we can truly make a difference in the patient's overall experience. The patient response to bedside handoff and collaborative rounding reflects positively in patient comments across the UPMC system:



- “Participating in the morning round meeting is a really good way to know how our babies are doing, and what treatment plan or decision (is being made) for the babies” – Magee-Womens Hospital
- “Nurses went above and beyond patient quality care and also provided the right support and information to my daughter.” – UPMC Passavant
- “Seem to have a good communication process. From one shift to next, nurses always on top of everything!” – UPMC Horizon
- “Excellent communication between shift nurses and me.” – Magee-Womens Hospital
- “The nurses I had were very friendly and willing to communicate with you.” – UPMC Presbyterian

By continuing to focus on these best practices, nursing communication scores continue to improve over time. While survey data is still being received, over the past six months there has been an increase in nursing communication scores. From an odds-ratio perspective, by moving patient's responses from a “usually” to an “always” in the nurse communications domain, patients are eight times more likely to rate their overall experience high. ■

Children's Hospital of Pittsburgh of UPMC Test of Change: Bedside Handoff

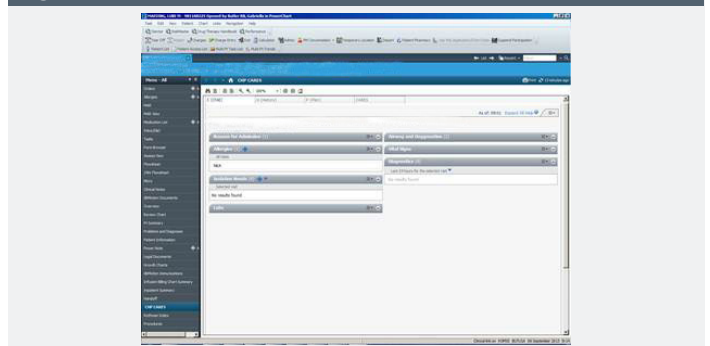
By Heather Stockman, BSN, RN, CPN

Children's Hospital of Pittsburgh of UPMC

In today's health care system, patients experience an increasingly complex environment of health care delivery. Consistent and accurate communication of information is imperative to promote a culture of safety and trust among patients and caregivers. When first identified as a test of change, bedside shift handoff was initiated with several goals in mind. The goals included creating a safe and effective handoff method, enhancing patient safety, utilizing the patient's white board to increase family communication and participation, and empowering nurses to prioritize their patient's needs.

Bedside handoff is a collaboration with the patient and family during which nurses verify the patient, infusion rates, pain management, pertinent lab values, and review the daily plan of care and discharge criteria. CHP Cares, an electronic tool, standardizes the handoff process by guiding staff through pertinent information (figure 1). In the acronym CHP, C represents the child (or patient), H denotes history, and P signifies plan. “Cares” stands for “what do I as the caregiver care that the receiver knows, what do I as the care receiver care need to know, and what does the family/guardian care that the receiver knows.” The “cares” portion of the handoff provides the opportunity to ask questions. This model is adapted to fit the needs of the unit or department where the handoff is occurring.

Figure 1



continued >>

continued from page 2 >>

Direct care nurses, with nursing leadership support, have engaged one another in this process. Physicians and interdepartmental staff have also embraced the change by decreasing the number of unnecessary nurse interruptions during this time.

As a result of standardizing bedside handoff, Press Ganey patient satisfaction has improved. Improvements measured following the implementation of CHP Cares and bedside handoff demonstrated increased inpatient satisfaction. Survey results in the categories of overall nursing care, nurses' inform using clear language, skill of the nurse, nurses' attention to special and personal needs, and explanation using clear language increased from fiscal year 2012 to fiscal year 2013 demonstrating success (figure 2). Bedside handoff has empowered nurses, improved patient and family involvement, and supported, safe transition of care between providers. Trusting relationships between nurses and patients and families serves as a foundation for teamwork. Patients and families expect more transparency and increased safety. Bedside handoff is not only the right thing to do, it is the only acceptable option at Children's Hospital. ■

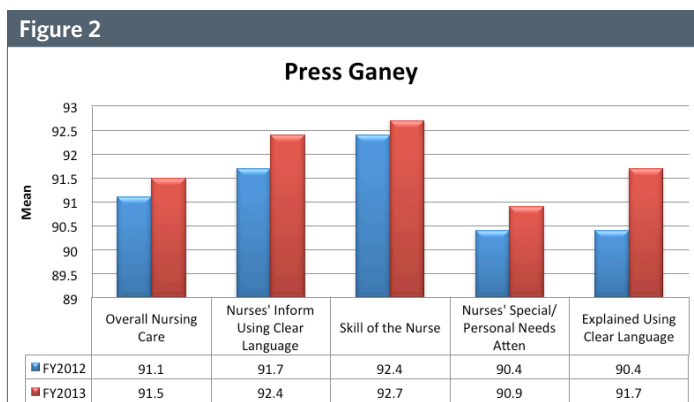


their room. Specific instructions for mobility are documented on the independent mobility form and are signed by all team members and the patient. This allows the patient or family members who will be caregivers the opportunity to practice in a controlled rehab environment before returning home. The rehab physiatrist then writes a corresponding order indicating when the patient or family member is to practice independence with mobility in their room. It is our responsibility as the inpatient rehab team to engage caregivers for preparation in their new caregiving role. This truly interdisciplinary effort has enrolled many patients since July 2012 and is a popular patient satisfier for both patients and families.

On July 1, we implemented an early start time for the nursing staff. This shift change pilot was to determine if an improvement in the workflow could be achieved, as well as, an increase in staff satisfaction. Shifts were moved up by one hour to 6 a.m., 2 p.m., and 10 p.m. A pre- and post-survey was conducted regarding nursing stress levels in the first two hours of their shift, getting patients to therapy on time while completing morning tasks, allowing time for education and unit team functions, and providing the best rehab practice nursing care. A dramatic change from negative responses to these questions to positive responses occurred after only two weeks. The dramatic difference in spending more time with their patients discontinued the pilot and the new shift change became our standard. The therapy team also noted that the patients were arriving to therapy on time. Statistics revealed that the month of July 2013 was the best on record for on-time arrivals.

Our rehab unit continues to look at the patient care experience and how we can improve. We piloted a dining club program the first week of July 2013 that was well received by patients and staff. The dining area is currently being renovated based on staff input to improve patient and visitor accommodations. We hope to reinstitute the dining experience this fall, and include an interdisciplinary interaction with patients and families.

It is our responsibility as rehab care providers to engage the patient and family, and work together as a team to create the difference in the patient-family experience. Staff working together and nurses keeping the patient informed have resulted in 50th percentile scores on the Press Ganey reports. We continue to monitor Press Ganey scores and patient feedback to look for areas of further improvement. ■



Rehab Unit Focuses on Patient Experience

Judith Tinelli, RN, MSN, ONC, CNL, CRRN
UPMC St. Margaret

The goal of a Rehab Unit is to guide the patient to reach his or her highest level of function by the time of discharge. The Rehab team communicates with each other on an ongoing basis and collaborates with the patient and family to provide optimal care. With this in mind, the UPMC St. Margaret interdisciplinary team has tackled multiple projects in team communication this past year. Our team huddles revealed there was a need to establish an "Independent In Room" pilot. Through collaboration of the rehab physician, physical therapists, occupational therapists, and nurses, a process was developed to identify, instruct, and allow patients and families to practice independence with mobility by allowing caregivers to assist with mobility in

RAPper Assures Rest for Patients

Diane Volitich Knapp, RN, BSN, CCTN
UPMC Presbyterian

Rest Assured is the UPMC initiative to keep the noise level low to assure rest for patients. This initiative can be harder to implement than you think. At times, it may be difficult to tell someone to keep their voice low, especially if it is a physician, someone that is more senior, or an associate from a different department.

On Unit 11N, our leadership and unit-based Professional Practice Council added a different twist to this initiative. We call it the “RAPper” — also known as the Rest Assured Police or the official “Shusher” There are several times during the day when the noise level can increase especially during change of shift, multidisciplinary rounds, and general conversations. This is a very common occurrence. It can be uncomfortable for some associates to ask others to lower their voice, especially if the person speaking loudly is of a different level than the associate. So the “RAPper” was created. Here’s how it works. The charge nurse assigns a different associate each shift to be the “RAPper.” This associate can be any staff member: a nurse, patient care technician, or health unit coordinators (HUC). Their name is placed on the SmartBoard (assignment board) so that everyone knows who the RAPper is for that shift. By sharing the responsibility among the team, it increases the associates’ awareness to the noise level even when they are not the RAPper. If the noise level increases, the RAPper is instructed to respectfully ask people to lower their voices. In turn, we ask that the reply be “thank you.” Most people just need a gentle reminder. The RAPper allows us to monitor all levels of associates. Sometimes we meet resistance, but we persist. The message is respectful and people do comply and lower their voices.



In addition to the RAPper, our HUCs distribute ear plugs and head phones for the televisions while they pass water pitchers. They also hand out a paper explaining the Rest Assured initiative. The HUC reviews this information with each patient emphasizing its importance.

Rest Assured has been successful on Unit 11North. Our HCAHPS scores went up 20 points after the initial implementation of the RAPper.

The most important thing to remember is that Rest Assured can improve the patient experience and help our patients recover. ■



UPMC Is Introducing New Medical Plan Designs for 2014

Requirements set forth by the Affordable Care Act, increased taxes, new fees, and rising medical costs are all contributing to fundamental changes in the health care industry. These changes require UPMC, like many employers, to change the medical options offered to employees going forward. UPMC has developed affordable medical plan design options that incorporate the requirements of health care reform to ensure compliance with the new mandates. These new plans also promote and encourage consumerism of medical benefits, and have been designed so that UPMC can continue to offer affordable and comprehensive benefits. With the new medical options being offered, you will have some choices to make during Open Enrollment.

Two traditional options, the Advantage Silver and Gold plans, will provide medical benefits that have an annual deductible, coinsurance, out-of-pocket maximums, and copayments similar to the current Advantage HMO and PPO Plans. Your annual deductible and out-of-maximum in the Advantage Silver and Gold options are determined based on your hourly rate and are referred to as Benefit Bands. Your UPMC base hourly pay rate will be determined two weeks before Open Enrollment and will not change during the year, even if your salary changes. These options were designed to assist employees at all salary levels to have affordable health care coverage. There are three benefit bands:

Benefit Band A = hourly pay rate below \$14.43

Benefit Band B = hourly pay rate \$14.43 to \$28.84

Benefit Band C = hourly pay rate above \$28.84

continued >>

continued from page 4 >>

A new medical option is being introduced, the Advantage HSA, which is a consumer-driven health plan and is the only medical option that is accompanied by a Health Savings Account (HSA). With the Advantage HSA plan all services (including physician office visits and prescription drugs) are subject to the deductible. The Health Savings Account is an individual bank account established to pay for qualified medical expenses for you and your tax-qualified dependents with pretax money. For employees enrolling in the Advantage HSA option, UPMC will contribute \$1,000 to the account for individual coverage and \$2,000 for employee plus dependent coverage.



Several important changes are highlighted below:

- The Advantage HMO and PPO options will not be available next year. Employees living outside the Advantage Network service area will be eligible for an Out-of-Area 90/10 PPO that includes the UPMC Health Plan, PHCS, and Multiplan Networks.
- The Advantage Silver, the Advantage Gold, and Out-of-Area plans have annual deductible amounts and out-of-pocket maximums based on salary bands, which will be called Benefit Bands A, B, and C.
- You will receive the highest level benefit when using the UPMC Advantage network in the Advantage Silver, Advantage Gold and Advantage HSA plans, but will pay more to use the broader UPMC Health Plan network. No coverage is available if you go outside the UPMC Health Plan network, except for emergencies.

How can I learn more?

Attend a **Benefit Fair** to access the schedule. You may also review the **Medical Coverage Changes 2014** Infonet pages that include the following resources:

- [Medical Plan Comparison Grid](#)
- [Medical Plan Videos on Benefits U](#)
- Current and previous issues of *Your Benefits, Your Choice* newsletters
- [FAQs](#)
- [Medical plan per-pay rates](#)
- Detailed explanation about the [Benefit Bands](#)

Take action during Open Enrollment to make your new elections

If you currently have your medical coverage through UPMC, you are encouraged to review the options and make an election during Open Enrollment (Oct. 31 to Nov. 14). If you currently have medical coverage through UPMC, you will be assigned the Advantage Silver plan if you do not make an election. If you are enrolled in the Out-of-Area plan, you will automatically be enrolled in the new Out-of-Area plan. ■

Valuing Communication Skills: UPMC Schools of Nursing Rise to the Challenge

Linda Kmetz, PhD, RN, Gina DeFalco, MSN, RN
Brigid Slack, DNP, RN, and Alexis K. Weber, MSN, RN
UPMC Schools of Nursing

Quality and Safety Education for Nurses (QSEN) (qsen.org) in collaboration with the Institute of Medicine (IOM, 2003) provides the foundation for several concepts and competencies taught at all of the UPMC Schools of Nursing. Two QSEN competencies introduced immediately in all educational programs are safety and communication. This article will address the specific strategies utilized in teaching and practicing communication at all of the UPMC Schools of Nursing.



At UPMC Shadyside, UPMC McKeesport, and UPMC St. Margaret Schools of Nursing, one of the first required courses in the new concept-based curriculum is Professional Communication. At Mercy Hospital School of Nursing, similar content is taught in the Foundations of Nursing Practice course. In this class, student nurses engage in learning activities that foster the integration of communication skills into practice.

continued >>

continued from page 5>>

Techniques of self discovery and planned learning activities specifically assist in identifying the student's personal style of communication. Through this process the student explores his or her personal beliefs and values, and creates a foundation upon which the concepts of interpersonal, therapeutic, and professional communication are examined. The nursing curriculum focuses on the benefits, barriers, and use of strategic communication techniques. It also helps students develop the skills required to communicate with diverse populations, including those with special communication needs, individuals with language barriers, the aging adult, and children of all ages. Low- and high-fidelity simulation exercises are used to assist students in gaining confidence when communicating in a simulated health care environment. The students, under the guidance of their instructors, practice communicating with patients, families, and other health care professionals in the actual clinical setting during the 20-month programs.

By graduation, with coaching from instructors, students become proficient in applying the principles of effective communication with patients, colleagues, and families. Implementing strategies to improve communication is a fundamental expectation for student nurses. Full implementation of communication concepts and processes is placed strategically throughout the nursing curriculum and evaluated by teaching faculty. The UPMC Schools of Nursing stand fully prepared to assist UPMC in meeting and exceeding the communication expectation of 50th percentile achievement in HCAHPS by preparing and graduating nurses who excel in communicating with patients, families, and colleagues. ■

UPMC Schools of Nursing Promote Communication for Patient Satisfaction

“Treat others as they want to be treated” (Alessandra, 2013). This is the platinum rule taught to nursing students at UPMC Schools of Nursing during the first semester and carried throughout the program. By considering the patient's perspective students are encouraged to develop empathy for each patient in their care. The students' initial clinical experiences emphasize communicating with patients using Sharon Dingman's Caring Model (Koloroutis, 2007) to establish rapport and a therapeutic relationship. They are taught behaviors to engage the patient and demonstrate active listening, such as maintaining eye contact, sitting next to the patient, and assuming a relaxed body position. The students are also encouraged to assess their feelings about caring for patients prior to the interaction. For example, what is the patient's social history? What is the patient's ethnic or religious background? What is the patient's gender or sexual orientation? How do the patient's values and beliefs differ from the student's values and beliefs? During this period the student is encouraged to acknowledge and appreciate differences, which allows the student to keep biases in check. This crucial activity allows the

student to demonstrate a patient-centered focus during patient communications. Professional, therapeutic communication is a theme that is stressed throughout the nursing curriculum. Students are able to articulate how effective communication impacts patient satisfaction by the time they complete the first semester. Timely and caring encounters are key elements to achieve positive outcomes resulting in a relationship the patient can describe as satisfying. While the professional communications course is introduced during the nursing student's first semester, the impact is evident as the student progresses through the nursing program. As graduation approaches students are able to share specific, personal examples that describe application of effective communication in practice. The students express readiness to manage challenging situations as a result of learning critical interpersonal competencies. We are pleased to instill the value of patient-centered communication skills in our nurse graduates. ■

Quilt Represents Commitment to Care

Kim Fallon, RN, MSN, CNML, UPMC Shadyside

I attended the 2010 Magnet® Conference and had the opportunity to visit the Art Gallery. I was very impressed with the beautiful quilts and thought how nice it would be to display one on my nursing unit. I continued to think about the quilts from time to time and finally decided to put my thoughts into action this year. I created a quilted wall hanging that represents the staff of the Short Stay Unit (SSU). I asked the entire staff to answer the question “What is nursing on SSU?” Each staff member made a quilt square to depict their answer. The staff even asked a patient, who comes weekly, to make a quilt square. The entire staff of SSU including, nurses, patient care technicians, secretaries, and the housekeeper, are dedicated to quality patient care at all times. The quilt squares represent their commitment to nursing and also their commitment to each other. By utilizing science, technology, innovation, and caring, they are consistently able to provide a quality patient experience. I am very proud to be a part of this group and privileged to work with such a caring and cohesive staff.



I SPY: Recognizing Nursing Colleagues Across UPMC

Center for Nursing Excellence and Innovation

Dawndra Jones, MSN, RN, NEA-BC, and **Maribeth McLaughlin**, BSN, RN, MPM, presented a poster, “The Business Case for Measuring Nurse Manager Scope and Span of Control,” at the 2013 Southwestern Pennsylvania Organization of Nurse Leaders conference in August.

Children’s Hospital of Pittsburgh of UPMC

Degrees

Kristen Waltonbaugh, RN, earned her bachelor of science in nursing.

Alyssa Bostwick, RN, CPN, Pediatric Intensive Care Unit, earned her master of business administration and master of science in nursing.

Diane Cancilla, RN, earned her master of business administration.

Margaret Lamouree, MSN, RN, earned her master of science in nursing and CCRN certification.

Certifications

Christin Cooper, RN, CPN, earned her CPN Certification. Congratulations to **Lisa Mulkerin**, RN, BSN, CPN, Nursing Supplemental Pool, who won the Kids First Award.

Publication

K. Straka, **J. Brytus**, and **P Brandt** co-authored “Brief Report: Creating a Culture of Evidence-Based Practice and Nursing Research in a Pediatric Hospital,” *Journal of Pediatric Nursing*, Volume 28, 374-378.

UPMC East

Degrees

Roberta Jones, CNOR, earned her master’s in nursing administration, Chatham University.

UPMC Hamot

Degrees

Rachael Boyer, RN, earned her bachelor of science in nursing.

Heather Diluzio, RN, earned her bachelor of science in nursing from Mercyhurst North East.

Amy Lindstrom, RN, earned her bachelor of science in nursing from Chamberlain College.

Angie Pound, CGRN, earned her bachelor of science in nursing from Grand Canyon University.

Jamie Pierce, RN, earned her bachelor of science in nursing from University of Phoenix.

Stephanie Flinchbaugh, RN, earned her bachelor of science in nursing from Penn State Behrend.

Kayla Troup, RN, earned her bachelor of science in nursing from Penn State Behrend.

Jeremy Perrine, CCRN, RN, earned her bachelor of science in nursing from Penn State Behrend.

Certifications

The following individuals received their ANCC Med-Surg certification:

Maggi Stoica, RN-BC

Erin Stevens, BSN, RN-BC

Allison Jones, BSN, RN-BC

Colleen Prazer, RN-BC

Laura Guntrum, BSN, RN-BC

Elizabeth Brewer, RN-BC

Jessica Cooper, BSN, RN-BC

Elaine Arrigo, BSN, RN-BC

Rebecca Moyer, RN-BC

Heather Newcomer, RN-BC

Michael Modzelewski, BSN, CVRN-BC, CVRN, earned Level 1 board certification from the American Board of CV Medicine.

Kim Crossman, BSN, CVRN-BC, CVRN, earned Level 1 board certification from the American Board of CV Medicine.

The following individuals received their ACNN Cardiovascular certification:

Beth Mitchell, BSN, RN-BC -

ANCC Certified Cardiovascular RN

Elaine Beatty, BSN, RN-BC -

ANCC Certified Cardiovascular RN

Michelle Morey, RN-BC - ANCC

Certified Cardiovascular RN

continued >>

continued from page 7 >>

Angela Lines, RN-BC - ANCC

Certified Cardiovascular RN

Kristie Chapman, BSN, RNC-OB and **Danielle May**, each earned certification in OB Nursing.

Molly Mello, RNC- MNN earned certification in Maternal Newborn Nursing.

The following individuals received their ANCC Pediatric Nurse certification:

Mary Ensign, CPN

Terri Pomorski, BSN, CPN

Leah Haddix, CPN

The following individuals received their ANCC Critical Care certification:

Kim Harris, BSN, CCRN

Brad Hogg, CCRN

Katie Wernicki, BSN, and **Marlene Babb**, BSN, CPAN, earned Post-Anesthesia Nurse certification.

Presentations

Angie Pound, BSN, CGRN, presented “What Type of Tube Should We Use?”, at the Society for Gastroenterology Nurses and Associates Conference in Austin, on May 22, 2013.

Magee-Womens Hospital of UPMC

Degrees

Kim Boulanger earned her master of science in nursing from California University of Pennsylvania.

Kelly Flaherty earned her bachelor of science in nursing from Ohio University.

Kristen Maguire earned her master of science in nursing from California University of Pennsylvania.

Emily Wickline earned her bachelor of science from California University of Pennsylvania.

Cara Morrill earned her master of science in nursing from Chatham University.

Tiffany Berry earned her bachelor of science in nursing from the University of Pittsburgh.

Paige Bongiorno, RN, earned her bachelor of science in nursing from Indiana University of Pennsylvania.

Dana Hipple, RN, earned her bachelor of science in nursing from Carlow University.

Courtney Keene, RN, earned her bachelor of science in nursing from Indiana University of Pennsylvania.

Tracy Pham, RN, earned her bachelor of science in nursing from Carlow University.

Collette Streno, RN, earned her bachelor of science in nursing from the Chatham University.

Elizabeth Tran, RN, earned her bachelor of science in nursing from Indiana University of Pennsylvania.

Publications

Mary Kish, MSN, NNP-BC, DNP, NICU, authored “Oral Feeding Readiness in Preterm Infants,” which was published in *Advances in Neonatal Care*, August 2013.

Certifications

Janet McFarland earned her SANE-A certification.

Karen Pearce, RN, became a Certified Oncology Nurse.

Samantha Wolf earned her CEN.

Breastfeeding Certifications

Amanda Andredas,

Margi Aumiller

Ashley Bohler

Samantha Bostick

Jessica Brooks

Jenna Buller

Marla Clouse

Janine Dillon

Whitney Ferita

Catherine Fisher

Susan Fisher

Ashley Bohler

Sarah Gleason

Beth Gottshall

Danielle Hughes

Kristy Lescinsky

Lee Ann Loew

Michelle Kuczykowski

Kelly Martin

Joy McCraley

Robin Nicodemus

Dymphna Novak

Jennifer Olverd

continued >>

Brittany O'Rourke
Molly Paganie
Alicia Rigatti
Cindy Smith
Nicole Stefanic
Renee Thomson
Melissa Title
Joanna Wallander
Christina Weiss
Rita Winker
Brandi Yoder

UPMC Mercy

Degrees Earned

Kathy Morouse, RN, masters of science in nursing education and faculty role from Drexel University

The following individuals earned master of science in nursing degrees:

Sue Cobaugh - Waynesburg University
Jackie Belton -Walden University
Theresa Cherep - Waynesburg University
Sherry Dolegowski - Waynesburg University
Sandie Ellis - University of Phoenix
Michelle Fontana - Waynesburg University
Colleen Glozzer - Waynesburg University
Gina Hajduk - Waynesburg University
Leda Heidenreich - Waynesburg University
Rashida Henderson - Waynesburg University
Connie Henry - Waynesburg University
Lynn Kurhan, director - Waynesburg University
Mary Kolski - Waynesburg University
Ruth Lovitz -Youngstown State University
Tera Maloy - Walden University
Lisa Pinigis - Waynesburg University
Andrea Pitschman - University of Phoenix
Jamie Price - Waynesburg University
Linda Robertson - Waynesburg University
Susan Salera - University of Phoenix
Deb Shane - Duquesne University
Courtney Stasko - Waynesburg University
Megan Stiger - Waynesburg University
Tammy Vogel - Waynesburg University

The following individuals earned bachelor of science in nursing degrees:

Mallory Dugas, RN, and **Colleen Skvarka**, RN - California University of PA
Katelyn Barley, RN - Duquesne University
Rebekah Hugland, RN, and **Paul Wheeler**, RN - Ohio University.

Certifications

Nicolette Chickis, RN, **Graham Harbison**, RN, **Katie Hauser**, RN, and **Judy Miller**, RN, earned their certification for Adult, Pediatric and Neonatal Critical Care Nurses.

Jarret Lewis, RN, **Doug Eckley**, RN, and **Matt Rieger**, RN, earned their certification for Adult, Pediatric and Neonatal Critical Care Nurses.

Priscilla Mosesso, RN, and **Brian O'Connell**, RN, earned their Emergency Nurse certification.

Awards

The Department of Nursing Education is pleased to announce the first Neuroscience Nurse Fellowship, which was awarded to three ICU nurses, **Doug Eckley**, RN, **Megan Andrews**, RN, and **Megan Bauer**, RN.

Posters and Presentations

Abby Di Gaetano, RN, and **Aimee Skrtich**, RN, presented posters at the Western Institute of Nursing Conference in Anaheim, California in April.

Krista Kardos, RN, and **Kevin Vandermer**, RN, presented their poster, "BlackBerry in Healthcare" at the BlackBerry World Conference in Orlando in May.

UPMC Passavant

Congratulations to **Dar Hills**, BSN, RN (MICU/SICU), who was selected to be the recipient of the 2013 Summer Student Nurse Internship Preceptor Award. The nomination that was submitted spoke to the impact that a preceptor can have on a summer student nurse intern. Ms. Hill was recognized at the 2013 Summer Student Nurse Internship Awards Ceremony on July 18.

continued from page 9 >>

Eight nurses from UPMC Passavant were selected to present at the Southwestern Pennsylvania Organization of Nursing Leaders Conference on Aug 29 and 30:

- **Susan Hoolahan**, CNO and vice president, Patient Care Services; **Melanie Heuston**, Director of Nursing; and
- **Cindy Stauber**, presented “All Aboard! A CNO’s Guide to Transforming a Culture Using Integrated Communication, Accessibility and Visibility Strategies to Get Nurses on Track.”
- **Peggy Hayden** and **Betsy Tedesco**, presented “Confidence and Skill Building for Professional Career Advancement.”
- **Kelley Szelc**, presented, “Instituting Nursing Policy/ Procedure, Medication Reconciliation Form, Physician Order Set and Patient Education Form for Humulin R (Regular) U-500 Insulin.”
- **Shelley Miller**, and **Cindy Stauber**, presented “Coachin for Success: A Transition Program for New Nurses.”
- **Lori Hartman**, presented, “SOARing to Advance Interprofessional Expertise in Informatics.”
- **Peggy Hayden**, MSN, RN, was also selected to give a podium presentation titled “RN-BSN Forecasting and Strategic Considerations.”

**UPMC Passavant ED Employees—
Delegates to National Convention**

Three of UPMC Passavant employees from the ED were selected to be delegates at the Emergency Nurses Association’s National Convention in Nashville. **Joy Bohan**, **Steve Brunish**, and **Betsy Tedesco** were selected through the western Pennsylvania chapter. These nurses will attend the conference and will review policies, procedures, processes, and research to see if changes need to be made to practice.

Congratulations to **Kerry A. Maier**, and **Nicole Santucci**, who were recently accepted in to the 2013 – 2014 Star Leadership Institute. Held on October 16 and 17, 2013 and April 9, 2014, the Star Leadership Institute is a three-day leadership development program designed to assist nurses in contributing to the delivery of high-quality health care while working collaboratively with other leaders in the ongoing reform necessary to redesign health care in the U.S.

Degrees Earned

Joyce Zurn, RN, Va-BC, — BSN, Waynesburg
Nicole Deschenes, RN, — BSN, Waynesburg

UPMC Presbyterian

Publications

J. Nine, J.T. Dominick, and **R. Wall**, co-authored “Creating a Decedent Affairs Service with Few Economic and Personnel Resources,” *CAP TODAY*, In Review.

Denise M. Petras, DNP, RN-BC; **Linda A. Dudjak**, PhD, RN, FACHE; and **Catherine M Bender**, PhD, RN, FAAN, co-authored, “Piloting patient rounding as a quality improvement initiative,” *Nursing Management, The Journal of Excellence in Nursing Management*, July 2013-44(7): 19-23.

Appointments

Theresa A. Metelsky, RN, CCTC, certified clinical transplant coordinator II, and postoperative renal transplant coordinator, UPMC Starzl Transplantation Institute, was appointed a member of the American Board for Transplant Certification (ABTC).

Kathy Markus, RN, MSN, CCM, senior professional care manager, Unit 8D, was elected president of the Pittsburgh Chapter of Case Management Society of America.

UPMC Shadyside

Degrees Earned

Leon Bullough, BSN
Nichole Harris, MSN with concentration in Education
Alanna McWilliams, BSN

Certifications Earned

Denise Abernethy, MSN, RN, CEN
Cindy Bakow, earned her Family Nurse Practitioner certification.
Jessica Difiore, CMSRN
Lawana Dorsey, CMSRN
Barb Douglas, BSN, RN, CIC
Kimberlee Fallon, MSN, RN, CNML
Ruth Fisher, BSN, RN, CEN, EMT-P, earned her CEN.
Cari Gage, BSN, RN, CEN
Phyllis E. Glass MSN, RN-BC obtained her certification in gerontology.
Amelia Hensler, BS, CIC
Kristen Hoskinson, RN, PCCN
Annie Kristakis, CMSRN

continued >>

continued from page 10 >>

Ursula Mellinger, CAPA
Jamie Neal, CMSRN, 3 East
Paulette Joyce, RN, WOCN
Susan Richey, CMSRN
Courtney Ross, BSN, RN, CEN
Regis Sedlack, CMSRN
Labonne Wagner, CMSRN
Eric Zarzeczny, BSN, RN, CEN

Awards and Recognition

Jordan Snead, BSN, RN, and **Amanda Henderson**, BSN, RN, CEN, SANE-A, won third place for “InSANEly Good Evidence Collection,” at the Pennsylvania Emergency Nurses Association Horizon Conference in June.

Timothy D. Herzer, MSN, RN, CCRN, won the Carlow University Adjunct Excellence in Teaching Award.

Denise Abernethy, MSN, RN, CEN, was named the Emergency Nurses Association’s Emergency Department Nurse Leader of the Year

Publications

Scott Guidash, BSN, RN -MS-ICU, is in final stages of authoring the CRRT chapter for the *Lippincott Procedural Manual*.

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*.

Jill Sweeney, MSN, RN, CNML, unit director, 3 Main, received notification that her manuscript “Crucial Conversations: A Framework for Dealing with Lateral Violence,” is accepted for publication in a future issue of the *American Journal of Nursing*.

UPMC St. Margaret

Degrees Earned

Kimberly Lopes, RN, obtained her master of science in nursing from Waynesburg University.

Chrissy Truchok, RN, obtained her bachelor of science in nursing from Waynesburg University.

Nicholas Davis, RN, obtained her bachelor of science in nursing from Waynesburg University.

***Sharon Fritzley** earned her MSN (not BSN as previously provided).

Certifications

Sara Rosenberg, RN, CMSRN

Sarah Austin, RN, CMSRN

Ashley Marshall, RN, CMSRN

Publications

Cheryl Lenhart, BSN, HRM, RN-BC, - Cheryl’s Comments on the ANA’s Lobby Day were Featured on the American Nurses Association website.

Organizations

Jay Wright, MSN, RN, was appointed community nurse liaison of the American Society of PeriAnesthesia Nurses.

continued >>

continued from page 11 >>

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

Marianne Miller, RN, MSN – Trauma

UPMC Hamot

Jennifer Wolfram, BSN, CCRN, TNICU, clinician

UPMC Mercy

Linda Jolly, RN

Erica Diethorn, RN

Mercy Hospital School of Nursing

Mercy Hospital School of Nursing is proud to announce that the 2013 Daisy Faculty Award was presented to **Mary Pat Sullivan**, RN, MSN, at the annual School of Nursing Honors Recognition and Awards Banquet.

UPMC Presbyterian

Missy Haslet, RN, 4D

Jingxuan Li, RN, TICU

Patricia Hlasnick, RN, 7 West Outpatient Transplant

UPMC Shadyside

Gretchen Sobotka - CTICU

Rebecca Kolb - 6 Main

UPMC Shadyside School of Nursing

The Shadyside School of Nursing was selected as one of two schools in the country to pilot the Daisy In Training Award.

William Kegg and **Deborah Zyra** were named Daisy Award student recipients.

UPMC Shadyside SON was also extended the opportunity for alumni members to select a current or former faculty member for a Daisy Faculty award. **Shirley Joyner** was honored at the Spring Honor Society Induction Ceremony. She was a faculty member at the UPMC Shadyside School of Nursing for many years and retired at least 15 years ago.

Janice Williams and **Lori Bednarz**, received Daisy Faculty Awards.

Editorial Advisory Board

Chief Nurse Executive
Holly Lorenz, MSN, RN

Editor
Dawndra Jones, MSN, RN, NEA-BC

Contributors
Lorraine Brock, MSN, RN
Stephanie Ondo
Christina Paganelli-Haas
Aggie Scarton
Melanie Shatzer, DNP, RN

Have a story idea?
Contact Dawndra Jones at
412-647-1584.
© UPMC 2013

UPMC is an equal opportunity employer. Policy prohibits discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, family status, sexual orientation, disability, or veteran status. Further, UPMC will continue to support and promote equal employment opportunity, human dignity, and racial, ethnic, and cultural diversity. This policy applies to admissions, employment, and access to and treatment in UPMC programs and activities. This commitment is made by UPMC in accordance with federal, state, and/or local laws and regulations.

UPMC LIFE CHANGING MEDICINE