

UPMC
NURSING

Pathways to Excellence



Dear Nursing Colleague,

I hope you are enjoying your summer. I want to thank you for making this year's Nurses Week Conference one of the best-attended ever. During my presentation at the conference, I provided an opportunity to let your voices be heard by giving you a series of questions then supplying an audience participation tool to respond. The responses were tallied and the results are in this issue. Your feedback was shared with the system nursing leadership team and incorporated in the new fiscal year goals and strategic plan for nursing. The overall theme of your responses seemed to fall into three areas of focus: professional development, modes of communication, and advocacy.

Professional development is part of each of our own accountabilities. I encourage you to seek out developmental opportunities that are available to you at UPMC. Infonet and uLearn list the programs available to you. You can select classes from a wide range of topics from computer skills, communication, clinically focused and leadership development. In the leadership development section there are courses on coaching for improvement and success, delegating for results, leading change, quality, and resolving conflict, just to name a few. My hope is that these many educational opportunities do not go unnoticed or untapped as it is so important that you are aware of these professional development tools and have the opportunity to take advantage of them.

One of the challenges with having more than 12,000 nurses at UPMC is identifying effective modes of communication. We are in the process of updating the UPMC Nursing website on UPMC.com and Infonet with current hot topics. Your responses to the questions at the Nurses Week Conference tell me that

email continues to be the best way to reach you and share key messages. Therefore we will continue to use email to inform you of upcoming events, education offerings, and special announcements. Since you are not at your computer all the time, we are investigating how to offer information via mobile application. If you have a great idea on how I can best keep you informed, please do not hesitate to contact me by email, lorenzhl@upmc.edu.

It is each one's individual responsibility to be informed and stay current. As nurses, we cannot stop here, we must build upon staying well-versed and educate our colleagues and the public, collaborate with those who can offer solutions, and implement change in nursing practice that delivers the best outcomes. This is the foundation of advocacy. During the Nurses Week Conference, we only just touched upon some high-profile nursing advocacy efforts that support the IOM Future of Nursing Report and Recommendations, Health Care Reform, and Value-Based Purchasing. One of our new fiscal year goals is to keep you abreast of these nursing imperatives and movements and provide opportunities for you to participate. Advocacy initiatives will be featured in the upcoming issues of *Pathways to Excellence*, showcasing UPMC nurses at the table driving changes in health care.

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

what's *inside*:

Change through Quality Improvement
Page 2

Priorities for Fiscal Year 2012
Page 5

The Other Side of Hand Hygiene
Page 7

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.

Realizing Change through Quality Improvement: How Can Nurses Make it Happen?

Change is good, change is hard, change is necessary. Without it, quality improvement would not exist. Change is the core of health care improvement science, defining its very nature. In quality, we identify problems and try to find better ways of doing things. We examine processes and strive to transform them to achieve greater efficiency and reliability. We look at our patients and ask what needs to be modified so that they receive the best and safest care at all times. Nurses *own* many of the experiences that fuel these considerations and are pivotal in addressing them.

Beyond our internal commitment to improvement through change, lie today's external regulatory forces that are demanding it. 2010 brought the Institute of Medicine's report, *The Future of Nursing: Leading Change, Advancing Health*, calling for nurses to collaborate in health care redesign and the Affordable Care Act, which seeks to increase access to high-quality health care through a number of reforms. One of these is value-based purchasing, a program in which Medicare will pay providers and hospitals for services in a different way, namely by quality, not just quantity, of care. Further, this act required the development of a National Quality Strategy, with one of its broad aims targeting the provision of better quality health care through a focus on patient-centeredness and enhanced reliability, accessibility, and safety. All of these outcomes are inextricably linked to the role of the nurse. But as critical as we know change is, and as strong as our desire may be, we often struggle with how to effectively implement and evaluate change. Here are a few principles that have worked for us:

Identify and Scope the Problem

Keenly and carefully identify the problem. This may be one of the most important and time-intensive steps. Do not assume. Go to the setting and observe, because what we believe the problem to be may be something very different from the reality. Ask the workers what they think. If the problem is big, divide it into smaller, more manageable components. Look for the root causes or defects in the process.

Use the Plan-Do-Study-Act (PDSA) Model

Plan a trajectory for the improvement work; it is essential to start small. Utilize cycles of the PDSA model, inspired by Deming's industry work, to help build the knowledge and facilitate improvement. Decide what the change will be; develop a testing plan with measurable goals, including how much and by when; carry out the test; learn from the results; and determine additional changes.

Drive the Project with Data

Accurate data are essential to answering the question, "How good are we?" If we can't measure it, we can't study it, and we won't know if an improvement is needed or if it has worked.

Understand Variation

Variation can be likened to the "noise" in a process and is often distracting. Variations are differences that we see everywhere in everything; some are random and others non-random. If there wasn't variation, we wouldn't need data because we would know exactly what was going on right now and what would happen in the future. In quality improvement, variation can be visualized as a band of data around a central measure (median or mean) of a process. And, as others have recognized, if we fail to understand variation before attempting improvement strategies, we may erroneously see trends where they don't exist, inadvertently exercise blame or give recognition when it is undue, and possibly make poor decisions.

References

- Benneyan, J., Lloyd, R., Plsek, P. (2003). Statistical Process Control as a Tool for Research and Healthcare Improvement. *Qual Saf Health Care*, 12, 458-464.
- Carey, R., Lloyd, R. (2001). *Measuring Quality Improvement in Healthcare: A Guide to Statistical Control Applications*. Milwaukee, WI: American Society for Quality.
- Langley, G., Moen, R., Nolan, K., Nolan, T., Norman, C., Provost, L. (2009). *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. San Francisco: Jossey-Bass.
- Perla, R., Provost, L., Murray, S. (2011). The Run Chart: A Simple Analytical Tool for Learning from Variation in Healthcare Processes. *BMJ Qual Saf*, 20, 46-51.
- Report to Congress: National Strategy for Quality Improvement in Health Care (2011). Retrieved February 14, 2012, from <http://www.healthcare.gov/law/resources/reports/quality03212011a.html#na>.
- The Affordable Care Act, Section by Section (2010). Retrieved February 14, 2012, from <http://www.healthcare.gov/law/full/index.html>.
- The Future of Nursing: Leading Change, Advancing Health (2010). Retrieved February 14, 2012, from <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>.

continued >>

continued from page 2 >>

Analyze the Data over Time

Quality improvement tools for examining data over time include run charts and statistical process control charts. Through visual representation of the data and rules for interpretation, these charts offer a systematic approach to evaluate where we have been, where we are now, how far we are from our goal, and whether the improvement is sustainable. Avoid the pitfalls of before and after analysis, which may provide a grossly distorted or incomplete picture of what has occurred.

Yes, change is hard and necessary, but above all, it is good. As we move further into the 21st century, change is the only recognizable constant in our health care culture. We as nurses have the responsibility to evolve with these ongoing transformations, allowing quality improvement science to lead the way. ■

Med-Surg Certification Review Course

This two day course* will assist you in preparing for the Med-Surg Certification Exam and review trends in adult medical surgical nursing care. Different content is presented each day. Attend one or both days.

When?

Tuesday, Aug. 21, and Wednesday, Aug. 22
Thursday, Nov. 29, and Friday, Nov. 30
7:30 a.m. to 4:30 p.m.

Where?

UPMC Shadyside, Family Health Center Building,
Danoff Classroom

How much?

\$20 for UPMC employees

How do I register?

Registration is required on uLearn. Log in and search "Medical Surgical." Space is limited to 24 participants.

*Approved for seven contact hours.

IOM Future of Nursing Update

In 2010, the Institute of Medicine (IOM) released a landmark report that provided a roadmap for transforming the nursing profession. A previous *Pathway to Excellence* article by **Susan Hoolahan, MSN, RN**, chief nursing officer and vice president of Patient Care Services at UPMC Passavant outlined the findings and key recommendations.

Since the report was released, a number of accomplishments have been achieved. One primary outcome has been the launching of the Future of Nursing: Campaign for Action collaboration between the Robert Wood Johnson Foundation, AARP, and the AARP Foundation. The campaign's vision is for all Americans to have access to high-quality, patient-centered care in a health care system where nurses contribute as essential partners. The Campaign for Action focuses on five areas:

1. Strengthening nurse education and training.
2. Enabling nurses to practice to the full extent of their education and training.
3. Advancing interprofessional collaboration.
4. Expanding nurses' roles with policy.
5. Improving health care workforce data collection.

State action coalitions have been formed across the country to mobilize a broad-based effort to move these nursing-related issues forward nationally, regionally, and locally. Pennsylvania has recently launched the PA State Action Coalition, in which UPMC is a key stakeholder. **Holly Lorenz, MSN, RN**, chief nurse executive, UPMC, is an inaugural member of the Coalition Steering Committee. Recently, Holly traveled to Harrisburg and Philadelphia to represent UPMC Nursing at the PA Action Coalition meetings. The Coalition Steering Committee will guide the Action Coalition in addressing the IOM recommendations.

The PA Action Coalition plans to address each of the eight IOM recommendations. Initially the focus will be on the BSN and doctorate educational recommendations and workforce data collection.

Please watch for PA Action Coalition updates and further information on addressing the IOM recommendations in future issues of *Pathways to Excellence*.

Nurse Advocacy

The American Nurses Association (ANA) 2012 national Nurses Week theme, "Nurses Advocating, Leading, Caring" reminded us of our role with advocacy. While nurses are identified as trusted advocates for patients, we also need to consider being involved in advocating

continued >>

continued from page 3 >>

for health care policy changes. The IOM Future of Nursing report identifies nursing as the instrumental profession in leading health care transformation. One avenue for leading transformation is to be involved locally, regionally, and nationally with health care policy and practice. At UPMC we are fortunate to have a formal Government Relations office to guide us in this role. The Government Relations office manages the complex interactions of UPMC with the federal government, the Commonwealth of Pennsylvania, Allegheny County, the city of Pittsburgh, and community organizations in neighborhoods adjacent to our facilities. For more information and resources, please visit the UPMC Government Relations Office website.

The Center for Nursing Excellence (CNEI) and the chief nursing officers frequently partner with the UPMC Government Relations team to address legislative concerns. A recent example of this partnership occurred when PA State Rep. William Adolph introduced House Bill 1880 which would require staffing committees. The UPMC team was able to provide guidance on a response based upon the current political environment and the Hospital Association of Pennsylvania (HAP) recommendation. In response to the bill, HAP has suggested amendments: 1) That professional nurses be selected by their peers to serve on a committee; 2) That hospital and nursing administration determine other staff to be represented; and 3) A call for the staffing committee to be advisory in nature. HAP's goal is to assure that hospitals have local decision-making regarding staffing and that responsibility for staffing remains under the purview of hospital nursing leadership.

Further, HAP has suggested amendments that would allow for exceptions for hospitals that have achieved Magnet® status or Pathway to Excellence designation, already have in place a nurse staffing committee with comparable responsibilities, or have an organized process for determining nurse staffing consistent with national accreditation standards. The UPMC Government Relations team continues to represent us within the HAP and legislative networks. By partnering on these types of issues, nurses can influence change, educate our legislators, and impact our care delivery environments.

If you're interested in becoming more involved with advocacy, please consider joining the newly forming Nurse Advocacy Council. The purpose of this group is to stay informed about health care policies, initiatives, and trends, including their impact on UPMC, as well as to educate and share with colleagues, to collaborate and offer solutions to identified issues or problems, and to effect change in nursing practice that delivers better outcomes for patients and the profession. For more information, please contact **Melanie Shatzer** or **Laura Fennimore**. ■

2012 Nurses Week Conference Audience Participation

Thank you for participating in the question and answer session during Holly Lorenz's presentation. The responses have been tallied and the results below.

The entire list of questions and responses can be found on Infonet.



Priorities for Fiscal Year 2012

Take a Healthy Step and earn your maximum deductible credit for 2013.

The 2013 Take a Healthy Step (TAHS) program is under way and includes some great new features. One of the biggest changes to the program this year is that you will earn deductible credit dollars instead of TAHS points. The “dollars” earned will be credited toward your 2013 *MyHealth* deductible. Those with individual coverage can earn up to \$1,000 deductible credit. Those covering another family member or members can earn up to \$2,000 deductible credit.

The dollars add up fast. Complete the *MyHealth* Questionnaire and Biometric screening (if not completed since Dec. 1, 2007) to earn either a \$600 (individual) or a \$1,600 (family coverage) deductible credit. Then complete TAHS activities to earn the remaining \$400 deductible credit.

Preventive screenings, health-related programs, and resources specifically recommended for you, based on your age, gender, and health conditions, are worth double the value — helping you earn more credit in less time!

The dollar values will double for activities that address your personal health risks. For example:

- Flu shots are worth \$200 deductible credit.

- Preventive cancer screenings will earn you \$200 deductible credit.
- Dental exams are worth \$100 deductible credit.

A listing of other activities that will earn deductible credit dollars is available by logging in to *My HUB*, selecting the Human Resources tab, and then selecting *MyHealth OnLine*. Next click on *MyHealth Central* and select **GO TO ACTIVITIES** in the Healthy Steps box. The maximum amount of deductible credit dollars an employee can earn through TAHS activities is \$400.

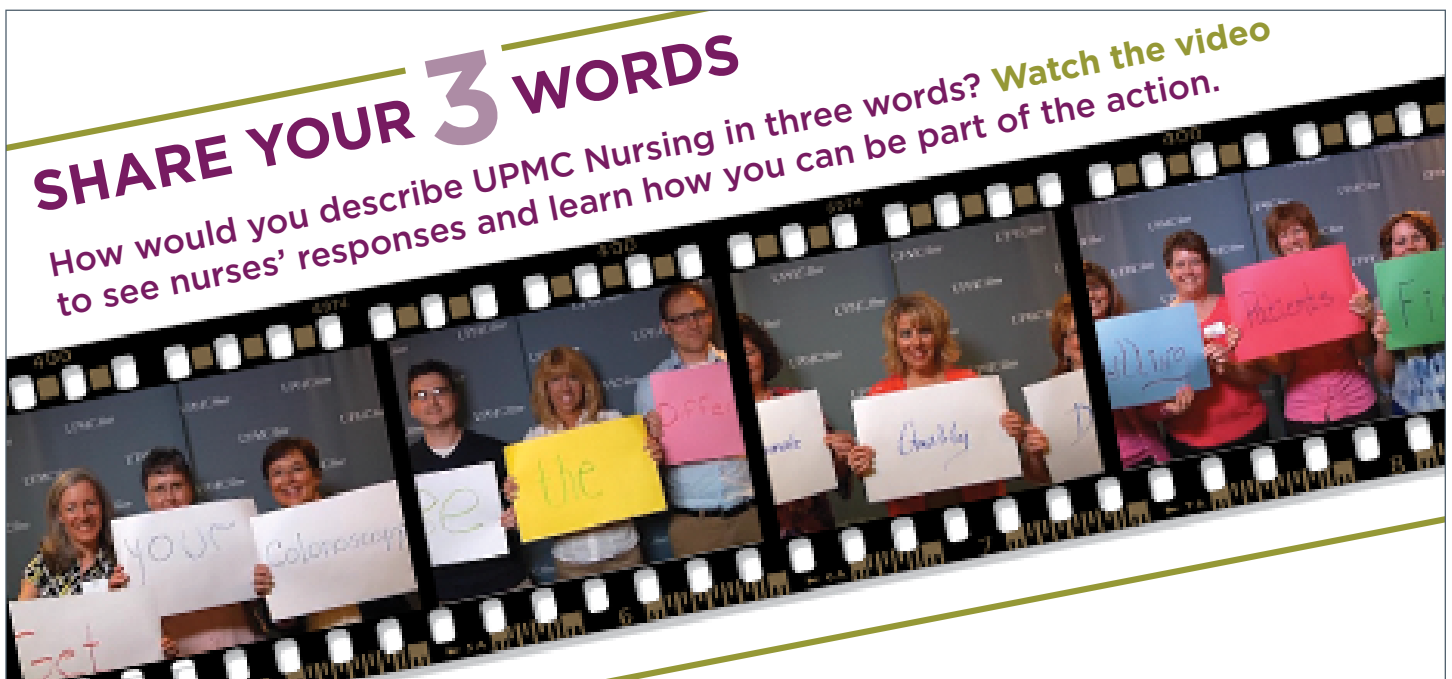
Listed below are the deductible credit dollar amounts you can receive for individual and family coverage. If you do not complete the first two steps, you will not receive a *MyHealth* deductible credit.

Individual Coverage

- Complete biometric screening after 12-1-07 through 11-14-12 **\$300**
- Complete *MyHealth* Questionnaire after 12-1-11 through 11-14-12 **\$300**
- Complete Healthy Step activities **\$400**
- Total deductible credit dollars **\$1,000**

Family Coverage

- Complete biometric screening after 12-1-07 through 11-14-12 **\$800**
- Complete *MyHealth* Questionnaire after 12-1-11 through 11-14-12 **\$800**
- Complete Healthy Step activities **\$400**
- Total deductible credit dollars **\$2,000**



A deductible is a specified dollar amount that you pay out of your pocket each year for certain services, such as inpatient and outpatient hospital care, lab work, and surgical services, before your medical plan pays any benefit. A deductible is not a copayment for office visits, emergency room visits, or prescriptions. The 2013 core medical plan deductibles have not yet been determined. This information will be available prior to Open Enrollment. Keep in mind that you will still have a core medical plan deductible remaining after completion of the *MyHealth* Requirements listed above.

The deadline to complete your *MyHealth* Requirements is Nov. 14, 2012. Get started today, so you have enough time to complete and receive credit for your healthy activities by the deadline. ■

2013 MyHealth Requirements:

- Complete or update the *MyHealth* Questionnaire after Dec. 1, 2011.
- Complete a biometric screening after Dec. 1, 2007.
- Earn up to an additional \$400 deductible credit by completing TAHS activities.

Mercy Parish Nurse and Health Ministry Program Announces Autumn Preparation Course

The Mercy Parish Nurse and Health Ministry Program, part of Pittsburgh Mercy Health System and sponsored by the Sisters of Mercy, announces the dates for the autumn session of its four day Parish Nurse Preparation Course. The course will be held September 21-22 and October 5-6, 2012 in Sister M. Ferdinand Clark Auditorium at UPMC Mercy, 1400 Locust Street, in Uptown (Pittsburgh, PA 15219).

Registered nurses, other health care professionals, and lay persons who are interested in promoting health, wellness, and spirituality, coordinating volunteers, or starting a parish visitation ministry in their churches are encouraged to attend.

The course follows the International Parish Nurse Resource Center's approved curriculum and covers the five main roles of the parish nurse: educator, counselor, advocate, developer of support groups, and integrator of faith and health. Additional course modules will include prayer, self care, healing and wholeness, ethics, documenting practices, legal aspects, communication and collaboration, family violence, suffering, grief and loss, advocacy, care coordination, and more. All modules are taught by parish nurse educators and other health care professionals who are considered subject matter experts in their respective fields of practice.

Upon successful completion of the course, nurses will receive 30 hours of continuing education credits and will be commissioned as parish nurses. Other health care professionals and lay persons will be commissioned as health ministers.

The four day course costs \$395 per person and includes course materials and free parking in the hospital parking garage. Limited scholarship funds are available. The course is limited to the first 20 participants who register. The deadline to register is Friday, Sept. 14, 2012.

For more information or to request an application, contact the Mercy Parish Nurse and Health Ministry Program at 412-232-5815, email ParishNurse@mercy.pmhs.org, or visit www.pmhs.org. Course applications may also be downloaded at <http://www.pmhs.org/parish-nurse-program/education-and-resources.aspx>. ■

Congratulations UPMC McKeesport

UPMC McKeesport achieved Nurses Improving Care for Healthsystem Elders (NICHE) designation, a national program committed to the care of hospitalized elders. It is the first hospital in western Pennsylvania to be awarded this designation.

New Magee ED

In the past five years the number of patient visits to the Emergency Department at Magee-Womens Hospital of UPMC has more than doubled from 11,000 patients in 2006 to 22,000 in 2010. With an average daily census of 64 patients and a staff of 29 nurses, as well as patient care techs, health unit coordinators, and environmental support

continued >>

continued from page 6 >>

staff, the present ED has everything it needs to continue growing — except space. But this is about to change.

Magee’s new Emergency Department, presently under construction at the back of the hospital, will be located in a 13,000 square-foot building, and will increase the number of rooms in the department from 14 to 22. The rooms will all be private, updated with new monitoring equipment, and essentially equal in size and technology. Any patient can use any room. The increase in rooms will allow for Magee to accommodate the increasing volume of patients, as well as handle a larger variety of patient presentations.

With the growth in space, services also will increase. All current services, including orthopaedics, geriatrics, neurology, and oncology, will continue to grow without being limited by space. Every room will be equipped for every service, and one exam room will mirror an ICU room with access to all four sides of the bed and baby gases for imminent deliveries, in addition to the standard services. The new ED will continue to improve services for emergencies of all varieties, for both women and general patients.

The design of the new ED will create a better experience for both staff and patients. Organized into “work pods,” the design separates the rooms into groups of four so that nurses can be assigned to specific “pods” rather than scattered throughout the department. The work flow will then balance out among the nurses on staff so that patients can receive the best, most private care possible, while in the ED. Small stations located in the center of the department will act as a space for the physicians, nurses, and case management staff, providing visuals into the patient rooms, which promotes an interdisciplinary approach to the care of patients.

The new ED also will have separate entrances for walk-in patients and those arriving by ambulance to avoid congestion at the main entrance of the hospital. This also allows for a more efficient process for our EMS partners to bring our patients into the department. The parking area for ambulances will increase from three spots to six to accommodate the continued increase in the volume of patients. In the back of the hospital, the new ED building also allows for future growth, so that as more patients visit the Emergency Department, Magee can continue to meet their needs. ■

Being on the Other Side of Hand Hygiene

Editor’s note: The following column was contributed by Francis X. Solano Jr., MD, president, Community Medicine Inc., and medical director, Donald D. Wolff Jr. Center for Quality, Safety, and Innovation at UPMC.

Hand hygiene has been a rather neglected area in medicine for

years. Despite numerous efforts to improve hand hygiene, compliance in our system and other health systems in the United States remains at rather disappointing low rates.

I have tried to ask myself why health care providers have not engaged in this problem. Hand washing is one of the most important things we can do to protect our patients and keep them safe, which is a concept we all embrace. We have watched MRSA rates climb in hospitals and emerge in the community. We also have seen *Clostridium difficile* rates rise. We have seen many of our SCIP antibiotic measures fail to impact wound infections in many instances due to poor compliance with simple concepts of hand hygiene and wearing gloves to work on wounds.

So why not embrace hand hygiene?

There are a multitude of excuses. However, I believe the issue of hand hygiene gets to the heart of our culture in health care. And, without question, we need a cultural change.

We need to become as fastidious as our operating room nurses who never hesitate to tell anyone in the OR that they are “contaminated.” We need to think of ourselves as being “contaminated” when we go into a patient setting and fail to wash our hands.

The need to push this concept forward becomes very real when you are on the other side of hand hygiene compliance. In 2010, I underwent surgical treatment here in the United States for diverticulitis. During my hospital stay, I had a multitude of providers, including medical students, residents, fellows, nurses, aides, therapists, phlebotomists, as well as my attending surgeon. I was scared to death that I would get a hospital-acquired infection. I watched everyone who entered the room to make sure they washed their hands, but sometimes it was challenging for me to see the hand-washing dispenser. It was an anxiety-provoking state. I insisted that people wear gloves when they touched my wound. When my first bowel function returned, I thought I had *C. difficile*, and prayed I would be OK. It was a chilling experience.

This experience was eye-opening. Now, I am not afraid to speak out and call someone out who doesn’t wash their hands. I have always been good about hand hygiene, but now I am unrelenting in making sure I follow the rules. I never forget how helpless I felt in that bed when it came to hand hygiene. I have developed the OR nurse culture of letting people know if they are “contaminated.”

At UPMC, it is time for a major cultural change. We need your “buy-in” to complete change for the betterment of our patients and organization. We need all of you to become patient safety advocates. We need all of you to think how you would feel if someone touched your fresh incision without washing their hands before seeing you or without wearing gloves. We need all of you to wash your hands before

continued >>

continued from page 7 >>

you enter the room and touch anything or anyone in the room. **We need a new culture of caring.**

There can no longer be exceptions to compliance in this area. The new standard is 100 percent compliance — no ifs, ands, or buts. ■

New Resources Help Staff Assist Those with Vision Loss

For the 21.5 million American adults who are blind or have limited vision, health care facilities can be difficult to navigate. Well-meaning staff might loudly give directions, as if the person were deaf, not blind, and unhelpfully point the way. Or a caregiver might not announce when she is exiting the room, leaving a patient to wonder what's going to happen next.

Mary Duranti, director, Disabilities Resource Center, says, "It's important to make all patients feel like they belong and to treat them with dignity and respect. Patients with disabilities have better experiences when staff are trained and have the right resources."

The Disabilities Resource Center recently added the following resources to the Blind or Visual Impairment page on Infonet:

- The Blind or Visual Impairment Resource Guide answers staff's frequently asked questions about caring for patients and visitors who are blind or have low vision.
- Three five-minute video segments in a series titled "How Can I Help You?" show staff the best ways to assist and care for those with vision loss.
- An ePro Special Request form gives directions for ordering magnification devices, high-contrast pens (20/20 pens) and bold lined paper, and small plastic signature guides that can help patients sign documents in the correct place.

Diane Kolling, director, UPMC Passavant Volunteer and Guest Services, saw firsthand how valuable it was for staff to have this information at their fingertips. Ms. Kolling is a disability champion. Every UPMC business unit has a disability champion who acts as a liaison with the Disabilities Resource Center. In April, just after she learned about the newly available resources for blind and low vision patients and visitors, Ms. Kolling got a call from man who is blind. His wife was coming in for surgery.

Even though she had only one day's notice, Ms. Kolling was able to alert **Barb Setzenfand**, concierge; **Bob Gibbons**, unit director, Surgical Services; and staff on the inpatient unit about the visitor.

She directed them to the resources on Infonet, and they were all prepared on the day of surgery.

The visitor was impressed by the staff's attentive care. Ms. Setzenfand checked on him throughout the day, and others provided updates about his wife's progress. Ordinarily, this information is posted on the surgical tracking board in the waiting room.

Ms. Kolling says, "He called UPMC innovative. He confided that he was nervous about his visit because of bad experiences at other facilities." The visitor also provided feedback about how to improve services, and that information was shared with Ms. Duranti.

When staff encounter patients who are blind or have low vision, Ms. Duranti recommends that they focus on the person, not the disability. When in doubt, the wisest course is simply to ask the patient or visitor how you can help. They will lead the way.

To learn more about assisting those who are visually impaired, visit the Disabilities Resource Center page on Infonet. ■

A New Western PA Chapter of the National Gerontological Nursing Association

Older adults account for 70 percent of admissions in the majority of hospitals today. With the specialty of geriatrics growing, more resources are necessary to assist nurses and other health care professionals in developing their skills. Recently, a new chapter of the National Gerontological Nursing Association (NGNA) was formed in western Pennsylvania.

The first general membership meeting for the western Pennsylvania NGNA will be held Thursday, Aug. 2, from 5:30 to 8 p.m. at the Passavant Foundation Legacy Theatre Conference Room in the North Hills. A one-hour presentation, "Palliative Care," will be provided by Katie Lenz, DNP, ANP, GNP, ACHPN, and continuing education (CE) credits will be offered. In addition to the presentation and membership meeting, a light dinner and refreshments will be served free of charge. The annual membership fee is \$25 which includes four meetings per year with CE offerings and dinner. Silent auctions, raffles, and other fun activities will be part of the quarterly activities, which will be held in various locations throughout our region. For more information, please contact **Betty Robison** at 412-623-2009.

Information Technology Helps Clinicians Provide Better Patient Care

In a paper world, quick access to essential information is not always easy. Clinicians have to thumb through pages looking for sections of notes. To make access to data more efficient, Information Services Division (ISD) recently released an Impression and Plan (MPage) display which provides UPMC clinicians with an unprecedented view of clinical documentation making treatment decisions faster and easier. This new innovation transcends the concept of replacing paper with computers to using smart technology to manage the data and present it in a way that can take treatment decisions to a different level.

How does it work?

A custom view within the eRecord uses technology to read through clinical documents contained in the online record based on the user-

defined timeframe. Then, it filters the content to the essential sections that clinicians like to focus on the information contained in the impression and plan section of a traditional note. This view is available to all providers and compiles the clinical information from the documented history and physical, progress notes, and any appended notes.

Nursing Dashboard

An example of this technology is the new Nursing Dashboard which is designed to assemble key clinical data from numerous locations in the record into a quick, at-a-glance view of the patient's status. This platform is constantly updated as new data is posted to the record. This allows nurses to perform their jobs more effectively and provide the highest level of patient care.

These recent enhancements also align with UPMC's print reduction initiative. By introducing smart technology, we are not only making processes faster and more effective, but also helping to conserve our environment and our resources. ■

I SPY: Recognizing Nursing Colleagues Across UPMC

Nurses Week 2012 Award Winners

- Champion of Nursing: **Margaret Reidy, MD**, Senior Vice President, Medical Affairs, UPMC Presbyterian Shadyside
- Rising Star in Clinical Practice: **Catherine Recznik, BSN, RN**, Professional Staff Nurse, ED, UPMC St. Margaret
- Leading with Wisdom: **Donny McDowell, RN**, Senior Professional Staff Nurse, ED, UPMC Hamot
- Champion of Dignity & Respect: **Marsha Daychak, RN, BSN**, Med Care Manager, UPMC Presbyterian
- Legacy of Nursing: **Sr. Carolyn Schallenberger, RN**, Nursing Support Coordinator, UPMC Mercy
- Outstanding Clinical Faculty: **Stephanie Pink, BSN**, Assistant Nursing Instructor, UPMC Shadyside School of Nursing
- Outstanding Preceptor: **Nancy Stynchula, RN, MSN, CEN**, Staff Nurse, DEM, UPMC Mercy

Nurses Week 2012 Poster Winners

Kathy Voglesberger, RN, BSN; Kristine DiNino, MSN, CRNP; Mary Jo Cerepani, DNP, CRNP, UPMC WorkPartners,

UPMC MyHealth@Work Clinic, New Knowledge and Innovation, Poster Title: Telemedicine: Innovative Patient Care

Patricia Petruna, RN, BSN, MS, Magee-Womens Hospital of UPMC, Exemplary Professional Practice, Poster Title: The Challenge to Decrease Readmissions

UPMC McKeesport

Kelly Heatherington, DNP, RN, and **Debbie Solvay, MSN, RN, CCRN**, presented a poster, "Best Possible Medication History in the Emergency Department: a Frontline Nurse's Commitment" at the HIMSS 2012 Nursing Informatics Symposium in Las Vegas, Nev.

Doris Gaudy, RN, MS NEA-BC, Betty Robison, RN, MSN, RN-BC, and **Denise Stahl, RN, MSN, ACHPN**, presented a poster, "Creating A Foundation For Success – Operationalizing NICHE (Nurses Improving Care for Health System Elders) by **Cheryl Como, RN, DNP NEA –BC**, at the NICHE Conference in New Orleans.

Carol Ackerman, MSN, RN, CMSRN, RN-BC, and **Toni Chianese, RN, CMSRN, RN-BC**, both from 3 Mansfield Medical Unit earned their gerontological certification.

Susan Orner, BSN, RN, CMSRN, 3 Mansfield Medical Unit earned her BSN from California University of PA.

continued >>

continued from page 9>>

Sharon Burns, BSN, RN, CMSRN, 3 Mansfield Medical Unit was this quarter's Above and Beyond winner.

UPMC Mercy

Marian Yavorka Jobe, MS, MSN, from Mercy Hospital School of Nursing had a poster accepted, "Nursing School is a Marathon, Not a Sprint: A Strategic Design to Address Attrition," at the Professional Nurse Educators Group (PNEG), 39th Annual National Conference in Philadelphia, October 2012.

Patricia Robinson, MN, RN, CPN; Stephanie Huet, SN; and Janelle Giovannelli, SN, from Mercy Hospital School of Nursing had their abstract titled "Best Practice for Gastrostomy Tube Care" accepted for a poster presentation at the Professional Nurse Educators Group (PNEG), 39th Annual National Conference in Philadelphia, Pa. and at the Children's Hospital of Pittsburgh of UPMC Pediatric Nursing Conference in Pittsburgh, October 2012.

Kathleen Morouse, BSN, RN, CCRN, and Patricia Mahouski, MSHA, BSN, RN, won second place at the ANIA-CARING conference in Orlando for their poster "Innovative Applications for Smart Phone Use as a Communication Tool."

Angela Balistrieri, DNP, RN, will give a podium presentation, "The Challenge of Creating a Student-Centered Learning Environment at the National League for Nursing's Education Summit 2012. Angela recently earned her DNP from Carlow University.

UPMC Passavant

Betsy Tedesco, MSN, RN, CEN, PHRN, and Amy Thompson, MSN, RN, advanced practice nurses, presented at UPMC St. Margaret's Nursing Innovation Summit. Betsy presented "Procedural Sedation: Temporary Amnesia or a Sedation Vacation" and Amy presented "Annual Competencies: Creating a Worthwhile Experience for Staff."

Susan E. Hoolahan, MSN, RN, NEA-BC, was recently published in the following publications: *Nursing Management*, March 2012, "Time out! Surveying surgical barriers," Bragg, Krista, DNP, CRNA; Schlenk, Elizabeth A., PhD, RN; Wolf, Gail, PhD, RN, FAAN; Hoolahan, Susan MSN, RN, NEA-BC; Ren, Dianxu, MD, PhD; Henker, Richard, PhD, CRNA, FAA. *JONA*, February 2012, "Energy Capacity Model for Nurses: The Impact of Relaxation and Restoration," **Susan E. Hoolahan**, MSN, RN, NEA-BC, Pamela K. Greenhouse, MBA, Rosemary L. Hoffmann, PhD, MSN, RN, Lisa A. Lehman, MSN, RN.

Susan E. Hoolahan presented the Terrance Keenan 11th Annual Nursing Leadership Lecture, "Confronting Workplace

Bullying" at the National Student Nurse Association (NSNA) Convention in Pittsburgh. This lecture is sponsored by the Robert Wood Johnson Foundation Executive Nurse Fellows program leadership legacy fund. Susan will be receiving an award from LaRoche College as a distinguished alumnus for her career achievements.

Katie Fowler, 3 Main, was awarded a \$1,000 scholarship from the Nightingale Awards of Pennsylvania to be used for her nursing education. She will be honored at the annual Awards Gala in Camp Hill this October.

Pam Cupec, care manager, received official confirmation that she was elected president of the National Association of Orthopedic Nurses. Ms. Cupec will serve a three-year term, the first year as president elect, the second as president, and the third as the immediate past president.

UPMC Presbyterian

Congratulations to **Sue Costello** who completed and passed her certification exam in Nursing Professional Development through the ANCC.

The following UPMC Presbyterian nurses contributed articles to the Transplant Issue of *Critical Care Nursing Clinics of North America*: **Jeannine DiNella, Tracy Grogan, and Darlene Lovasik**.

Lora Ott, RN, received the Linda Strangio Editor's Award for 2011 for the article "Intrahospital Transport to the Radiology Department: Risk for Adverse Events, Nursing Surveillance, Utilization of a MET, and Practice Implications," which appeared in the June 2011 issue of the *Journal of Radiology Nursing*.

UPMC Shadyside

Paul Levy gave a podium presentation, "The Bigger the Better Mega Prosthetics" at the NAON conference in New Orleans in May 2012.

Vanessa Marlin presented a poster, "Nursing Time for the Administration of a PRN Oral Analgesic" at the NAON conference in New Orleans in May 2012.

Mary Ellen Pritchard presented a poster, "Partnering, Planning and Professionalism" at the NAON conference in New Orleans in May 2012.

Congratulations to **Linda Lakdawala, DNP, RN, CPAN**, who was appointed as a national director for the American Board of Perianesthesia Nursing Certification (ABPANC) for 2012-2014. Also, her publication "Creating a Safer Perioperative Environment with an Obstructive Sleep Apnea Screening Tool" won first place in the Best Practice category for articles published in the *Journal of Perianesthesia Nursing (JOPAN)* for 2011.

continued >>

continued from page 10 >>

Jody Feigel, MSN, RN, is a co-author of an abstract, "Evaluation of the Efficacy of 2% Chlorhexidine Gluconate Impregnated Wipes in Total Joint Arthroplasty" that is being presented to the 22th Annual Open Scientific Meeting of Musculoskeletal Infection Society in August and to the American Academy of Orthopaedic Surgeons (AAOS) in March 2013 at their annual meeting. She also gave a poster presentation, "Expanding the C. Difficile Infection Prevention Bundle to Include Patient Hand Hygiene" at the 39th Annual Educational Conference and International Meeting for the Association for Professionals in Infection Control and Epidemiology (APIC) in San Antonio in June.

Kellie Antinori-Lent's "Analysis of Comparison of Patients Preference for Two Insulin Injection Pen Devices in Relation to Patient Dexterity Skills," was accepted for publication in the *Journal of Diabetes Science and Technology*.

Karen Schmieder and **Barbara King** gave a poster presentation "Scanning for Safety" at the inaugural Nursing Now Conference: Leading Care in an Age of Complexity held at the University Club in Pittsburgh in June.

Barbara Gibson, BSN, RN, CNOR, had a poster presentation "OR/Pathology Collaboration - Improving Process Through Use of the EHR" accepted for display at AORN Congress 2012 in New Orleans.

Faith Cohen will present "Benefits of a Pharmacist as Part of the Multi-Disciplinary Health Care Team in the Emergency Department," at the 2012 ENA Annual Conference in September in San Diego.

UPMC St. Margaret

Doris Cavlovich, MSN, CCRN, St. Margaret School of Nursing had a poster, "The Experience of Workplace Violence by Student Nurses," accepted at the Professional Nurse Educators Group (PNEG), 39th Annual National Conference in Philadelphia in October 2012.

UPMC St. Margaret Cameo of Caring Awardees:

Denise Koch, RN, BSN, CNOR, Came of Caring awardee, **Tanya Hoebel, RN, MSN, CNML**, Advanced Practice Awardee - Clinical Focus, **Marjorie Jacobs, RN, MSN, ACM**, Advanced Practice Awardee - Manager Focus, **Mary Dee Fisher, RN, DNP, CPN**, Nurse Educator Awardee.

UPMC St. Margaret Nursing Excellence Awardees:

Dawn Vocke, RN, MSN, MBA, CNOR, Nursing Advocacy Awardee, **Tina Mourra, RN, BSN, CEN**, Image of Nursing Awardee, **Bobbi-Jo Skurko, RN, BSN**, Nursing Quality Awardee, **Ruth Harris, RN, BSN, ONC**, Nursing Research Awardee.

UPMC St. Margaret Hospital Excellence Awardees:

Emergency Department/Throughput, Patient Satisfaction, Team Award; **Amy Haugh, MLS**, Champion of Nursing awardee; **Tina Mourra, RN, BSN, CEN**, Community Service awardee.

UPMC Rehabilitation Institute Rookie of the Year awardee:

Nicole Kerr, RN, BSN

DAISY Award Recipients across the system:

The DAISY Award for Extraordinary Nurses recognizes the "super-human work nurses do every day." DAISY nominees exemplify the kind of nurse that the patients and families, as well as the entire health care team recognize as an outstanding role model. Congratulations to these DAISY recipients:

UPMC McKeesport

Nicole Klein, RN, 5 Mansfield Telemetry

Brandi Hudson, RN, 5 Mansfield Telemetry

Sarah Koehler, RN, 3 Shaw Observation Unit

UPMC Passavant

Ellen Duerr, RN, APS/PACU

Jessica Spragg, RN, AMU

Matt Marlowe, RN, C2 Main

Editorial Advisory Board

Chief Nurse Executive

Holly Lorenz, MSN, RN

Editor

Dawndra Jones, MSN, RN, NEA-BC

Contributors

Lorraine Brock, MSN, RN

Melanie Shatzer, DNP, RN

Tami Minnier, RN, MSN, FACHE

Cindy Liberi

Christina Paganelli-Haas

Aggie Scarton

Christine Stanesic

Have a story idea?

Contact Dawndra Jones at

412-647-1584.

© UPMC 2012

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