

**UPMC**  
*Nursing*

# Pathways to Excellence



## Message from the Chief Nurse Executive

Nurses often don't pause to reflect on their accomplishments or the impact they make, whether that is with an individual patient or family, as a team of expert clinicians, or as members of an innovative health care system. As UPMC nurses, we are focused on compassionate care with exceptional patient outcomes, promoting our professional practice, and acknowledging our colleagues. As we come to the end of another year, I thought it would be fitting to stop and reflect on some of our nursing highlights for 2010.

- UPMC nurses showed outstanding commitment during the blizzard in February.
- UPMC Shadyside celebrated Magnet® status designation and joined UPMC St. Margaret for this distinguished honor.
- UPMC Passavant opened a pavilion with 88 beds, an expanded ED, OR's, and Cancer Center.
- The initial phase of *My Nursing Career*, UPMC Nursing's inclusive professional nurse career ladder, was launched.
- Approximately 700 nurses celebrated Nurses Week at UPMC's *2010 Nurses Week Conference: Laughter for the Health of It*.
- WPIC was announced as a National recipient of the 2009 NDNQI Outstanding Nursing Quality Award for Psychiatric Hospitals.
- Approximately 1,500 contact hours awarded for nurses' continuing education at *System Nursing Grand Rounds*.
- More than 2,500 nursing students completed clinical rotations at UPMC hospitals this fall.
- Systemwide implementation of The *DAISY Award For Extraordinary Nurses* to recognize exemplary nurses.
- UPMC Schools of Nursing continue to be in the top 10 in the region for first time NCLEX pass rate.
- UPMC nurses presented at various national, regional, and local conferences.
- UPMC nurses published numerous articles, chapters in text books, and authored entire books.
- UPMC nurses volunteered at various community events and programs throughout the region.
- Hired more than 1,000 nurses and attained the lowest job vacancy rate in decades.
- All hospitals participated in the National Database for Nursing Quality Indicators (NDNQI) for monitoring nurse driven quality metrics.
- UPMC Care (Relationship-Based Care) showcased as a best practice in the American Organization for Nurse Executives (AONE) toolkit.
- eRecord physical assessment optimization project achieved a greater than 30 percent reduction in documentation fields.
- Coming December 2010, Phase II of *My Nursing Career* for Care Management, AODs and Bed flow coordinators.

Thank you for your many and continuous contributions to UPMC Nursing!

**Holly Lorenz, RN, MSN**  
UPMC Chief Nurse Executive

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### UPMC Nursing Vision

UPMC Nursing will create the best patient experience, nationally and internationally, through the selection, development, retention, and reward of the highest-performing nurses, while creating systems and programs that create consistency and excellence in patient care.

## Accountable Care Organizations and Nursing Implications

An Accountable Care Organization (ACO) is a newer model of health care that manages cost while providing quality care across the continuum from outpatient to inpatient. ACOs are developing in response to health care reform. Under the health care reform laws, effective in 2012, ACOs will be encouraged to improve the quality and efficiency of care while improving outcomes.

With change comes opportunities for nursing. The education and scope of practice that nurses possess make them instrumental to implementation of care delivery changes. Nurses are key players in patient-centered models of care.

The Institute of Medicine Committee outlined four recommendations for transforming the profession of nursing:

- Nurses should practice to the full extent of their training. This means uniform standards for licensure.
- Nursing education should permit easier progression through the various undergraduate and graduate options.
- Nurses must be full partners in shaping and delivering health care.
- Careful collection and analysis of health data is essential to plan for the nation's needs in medical manpower.

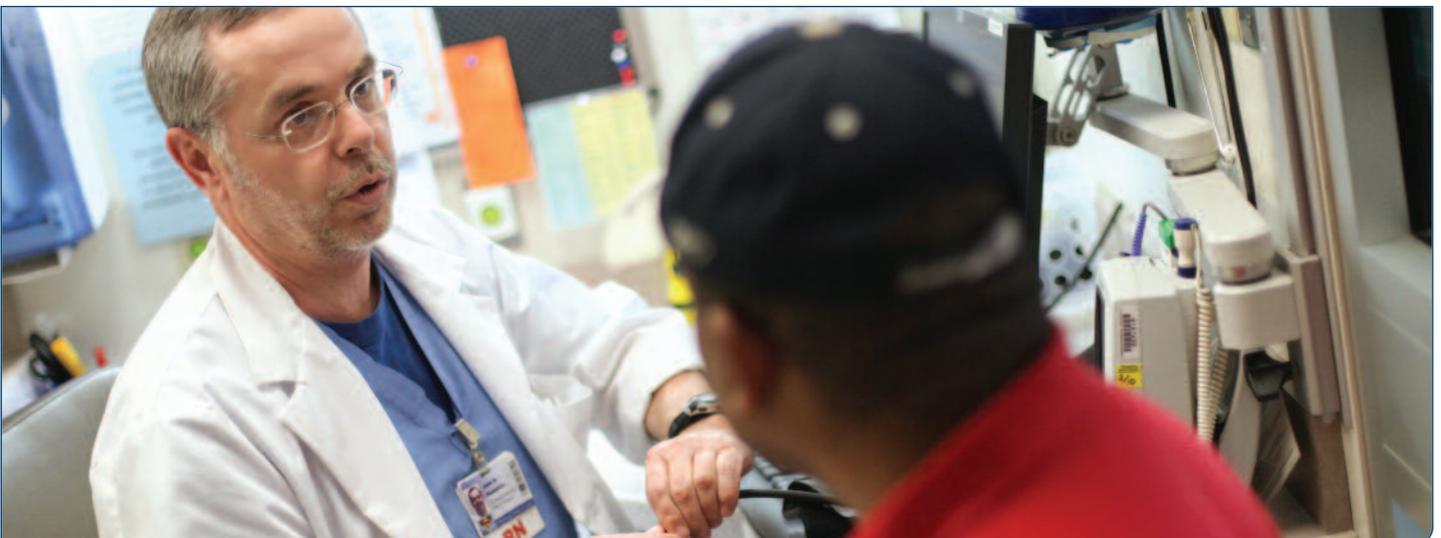
Medical schools work to train replacements for an aging work force of PCPs. An adjunct solution exists with broadening the roles for nurses and more fully integrating nursing into clinical practice. Nurse practitioners and clinical nurse specialists have an opportunity to provide significant organizational leadership within the ACO model, particularly in providing care in underserved areas. Nurses, especially nurse practitioners, have the skills and opportunity to reframe how primary care is delivered. According to the American Nurses Association, primary care, wellness education, management of chronic diseases and conditions, coordination and integration of care are all building blocks to a “reinvented” health care system that attempts to contain costs, while optimizing patient outcomes.

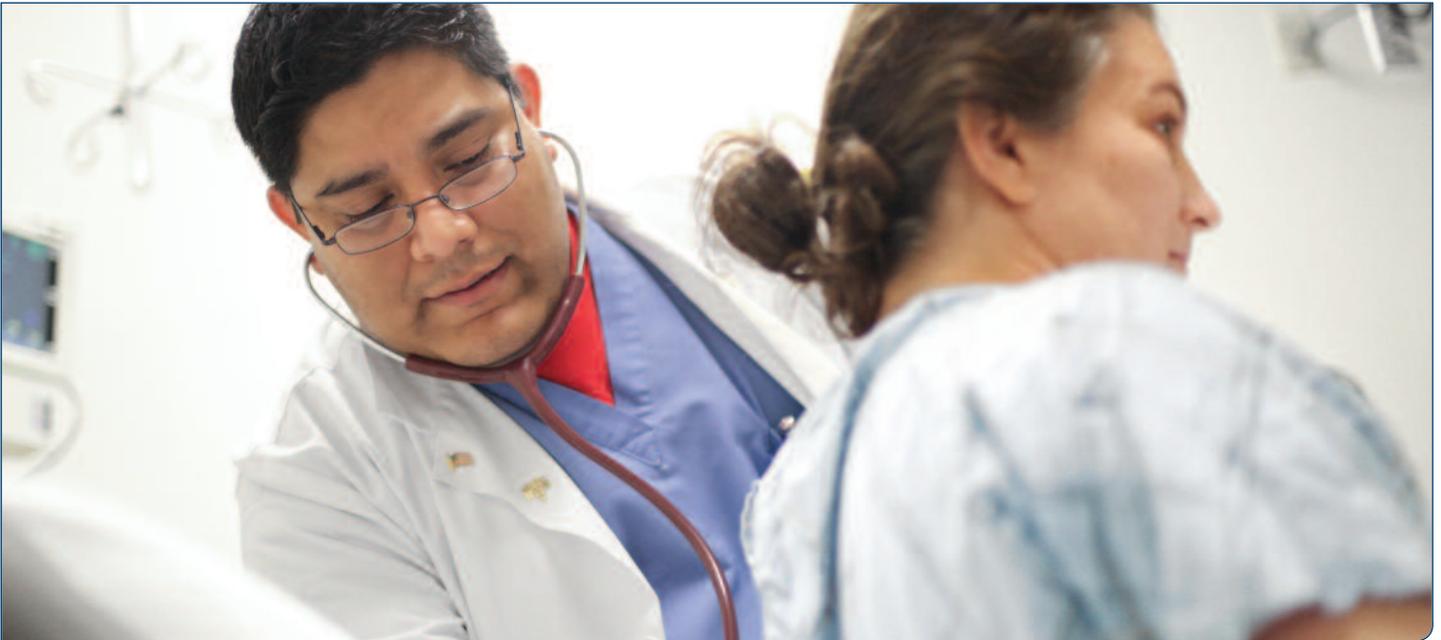
### SOURCES:

*The Future of Nursing: Leading Change, Advancing Health*, Institute of Medicine Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, The National Academies Press, Washington, DC, October 2010.

American Nurses Association, ANA Issue Brief: “New Care Delivery Models in Health System Reform: Opportunities for Nurses and Their Patients,” at <http://www.nursingworld.org/MainMenuCategories/HealthcareandPolicyIssues/Issue-Briefs/Care-Delivery-Models.aspx>.

*written by Linda Haas and Jeannine DiNella*





## The Patient Protection and Affordable Care Act

The Patient Protection and Affordable Care Act (Public Law 111-148), commonly termed the health care reform bill, may eventually provide insurance coverage for an estimated 30 million additional Americans who currently either have no coverage or have inadequate coverage. With more Americans seeking care within the current health care system that is already plagued with professional shortages particularly in primary care settings, the legislation identified the need for an integrated national health care workforce that looks beyond the physician.

Advanced practice registered nurses (APRN) have been identified as ideally prepared to be active participants and leaders in an integrated model and to provide care to individuals, families, and communities. Grant programs have been established within the Patient Protection and Affordable Care Act to develop and operate training programs for primary care workforces, including APRNs.

Typically, advanced practice nurses are prepared at the master's or doctoral level and fall into four clinical roles: certified nurse midwife, certified registered nurse anesthetist, certified registered nurse practitioner, or clinical nurse specialist. While UPMC has other job descriptions identified as advanced practice nurses, the health care reform legislation speaks to these four roles.

The health care reform legislation identified the contributions of APRNs in a variety of ways beyond the primary care workforce

development grants. The statute includes nurse practitioner and clinical nurse specialists in accountable care organization (ACO) development. An ACO is a group that adheres to quality standards and meets established benchmarks as a means of receiving reimbursement or an incentive payment. In this case, APRNs are instrumental in care delivery as well as financial of a practice or facility.

Reimbursement beyond the ACO model also was included in the legislation. Certified nurse midwives will have increased reimbursement for covered services to match the full rate paid were a physician performing the service. The previous reimbursement rate for midwives was 65 percent.

The legislation also establishes a program to support nurse-managed health centers. Operated by APRNs, these centers will provide underserved populations with comprehensive primary care and wellness services.

As a means to increase the number of APRNs and to support those already enrolled in advanced educational programs, grants have been established to provide student funding. If you are considering an advanced educational degree, now may be the time to investigate the various APRN programs in the Pittsburgh region. To begin your investigation of educational programs, go to <http://www.upmc.com/careersatupmc/nursing/development/Pages/nursing-education.aspx>.

*written by Melanie Shatzer*

# Meaningful Use of Electronic Health Record Technology

The American Recovery and Reinvestment Act (ARRA) signed into law by President Obama in 2009, includes over \$20 billion to aid the development of a robust information technology (IT) infrastructure for health care. An electronic health record (EHR) will assist providers and others in adopting and effectively using health IT. Final rules became effective September 26, 2010.

There are five broad goals:

- 1) improve quality, safety, efficiency, and reduce health disparities
- 2) engage patients and families
- 3) improve care coordination
- 4) ensure adequate privacy and security protections for personal health information
- 5) improve public health

Incentive payments through Medicare and Medicaid encourage providers to implement electronic health records and demonstrate meaningful use.

The criteria for “meaningful use” will be staged in three steps over the course of the next five years. Stage one sets the baseline for electronic data capture and information sharing. Stage two (2013) and stage three (2015) will continue to expand on this baseline and develop with future rule making. The requirements begin at lower levels in stage one. It is expected that stage one requirements will be included with greater levels of compliance, increased use of structured data and more information exchange in stage two.

## What is meaningful use?

ARRA specifies three main components of meaningful use:

- use of a certified EHR in a meaningful manner, such as E-Prescribing
- use of a certified EHR for electronic exchange of information to improve quality of health care
- use of a certified EHR to submit clinical quality and other measures

Meaningful use in stage one requires that hospitals adopt and meaningfully use certified EHRs to meet 14 core objectives and an additional five objectives from a menu set of 10 options.

## The 14 core criteria include:

- record patient demographics
- record vital sign and chart changes
- maintain active problem list
- maintain active medication allergy list
- record smoking status for patients 13 years of age or older
- provide an electronic copy of discharge instructions on request
- on request, provide patients with an electronic copy of their health information
- Computerized Physician Order Entry (CPOE) for medication orders
- implement drug-drug and drug-allergy interaction checks
- be capable of electronically exchanging data between providers and patient-authorized entities
- implement one clinical decision support rule and track compliance
- put privacy and security systems in place
- report clinical quality measures to Centers for Medicare & Medicaid Services (CMS) or states

## Five additional requirements must be selected from the menu list below:

- implement formulary checks
- incorporate lab test results
- generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach
- use EHR to identify patient-specific education resources
- perform medication reconciliation between health care settings
- provide summary of care record for patients referred or transferred to another provider
- electronically submit immunization data to immunization registries or information systems
- submit electronic syndromic surveillance data to public health agencies
- record advance directives for patients age 65 or older
- submit electronic data on reportable lab results for public health agencies

In addition, 15 clinical quality measures selected by CMS focus on emergency department throughput Stroke and Venous thromboembolism (VTE).

By implementing and meaningfully using an EHR system, providers reap benefits beyond financial incentives, including reduction in errors, availability of records and data, reminders and alerts, and clinical decision support.

*written by Marianne McConnell*

## Relationship-Based Care at UPMC St. Margaret

At UPMC St. Margaret we are faced with the same challenges that health care is facing across the nation. Attracting and retaining staff while providing compassionate, high quality, effective, and safe care in an environment faced with limited and shrinking resources can feel insurmountable for nursing and intimidating for patients and their families. Organizations that introduce proactive measures that address patient-focused work environments consistently demonstrate increased patient satisfaction, increased staff satisfaction, and a more efficient use of resources.

Recognizing and rising to these challenges is essential to delivering quality patient care. Despite a rapidly changing environment of care, we realize that two things always remain the same: patients need care and nurses deliver care. The relationship between these two unchanging variables is the fundamental core that provides the pathway to quality care and improved outcomes. We are embracing and adopting a relationship-based care model designed to use synergistic relationships in order to drive quality. The model provides a conceptual framework built on the key principals of leadership, teamwork, professional practice, care delivery, resources, and outcomes. These six dimensions are realized through caring and collaborative relationships designed to create a healing environment.

To implement the relationship-based care model we have capitalized on our Magnet® status designation and the attributes of our professional nursing staff, transforming our Shared Governance Model to include not only patients but also their families at the center of all we do. We have realigned our quality council structures placing them closest to the patients, while strategically placing leadership in supportive and mentoring positions to further develop evidence-based decision-making at the bedside.

At UPMC St. Margaret, we believe that a relationship-based care model that is nurse driven by shared governance councils focused on quality outcomes will increase patient and staff satisfaction, facilitate positive patient outcomes, and redefine the patient care experience for patients and their families.

Because the redesign and restructuring supports the structural empowerment promoting newer and greater empirical outcomes for patients and families, it is the obvious next step toward Magnet® status redesignation. In February 2011, we will be celebrating our half way mark and preparing for the next Magnet submission. In the true spirit of transformation, relationship-based care will come to life at UPMC St. Margaret and serve as the vehicle for delivery of care, the delivery of quality, and the delivery of Magnet status redesignation.

*written by Lisa Leberman*

## Journey to Shared Governance

UPMC Horizon, a community hospital with two campuses, discovered that implementation of shared governance, as characterized by the Forces of Magnetism of the American Nurse's Credentialing Center's (ANCC) Magnet® Recognition Program, is a challenging process.

Initial plans failed because the original model was made too complicated. Realizing that shared governance is more than a new organizational chart or committee configuration, the new nursing leadership proposed re-evaluation of the original model. One goal is to empower clinical nurses to participate in the decision-making process.

Realizing that achievement of Magnet status will take more time, UPMC Horizon has taken a step back to look at the process more clearly, and to engage staff and mid-level nursing leadership before trying to revamp the model. Through the current Professional Practice Council, UPMC Horizon has capitalized on the success of one unit-based council to help implement shared governance to challenged units.

UPMC Horizon now has six functioning practice councils and the culture is changing. Quality outcomes have improved and are a constant focus. Professionalism is increasing. The leadership team is open, transparent, and willing to give all nurses in the organization equal footing and power and input in decision-making.

The new model, designed by the Nursing Executive Council, demonstrates partnership, accountability, and ownership of practice oversight. The model, based on the newly implemented Relationship-Based Care model, puts the patient and family at the center of all decision making. The model establishes a vision of professional nursing practice that correlates with the mission, vision, values, and strategic direction of UPMC Horizon, with five pillars, including Exemplary Nursing Practice, Structural Empowerment, Transformational Leadership, Empirical Quality Results, and Collaborative Relationships. The new model is currently being introduced to staff.

*written by Melissa Kolin*

## Cameos of Caring

On November 5, 2010, nurses from across Western Pennsylvania gathered in celebration at the 12th Annual Cameos of Caring Awards Gala sponsored by the University of Pittsburgh. Cameos of Caring was created in 1999 at the University of Pittsburgh by Dr. Ellen Rudy. The primary purpose of the program is to honor exceptional nurses at the bedside, in advanced practice and education roles. Please join us in congratulating the UPMC Nurses that achieved this prestigious award.

### ***Children's Hospital of Pittsburgh of UPMC***

Ericka Kubiak

### ***ISMETT***

Paola La Monica

### ***Magee-Womens Hospital of UPMC***

Christina Weiss

### ***University of Pittsburgh Physicians, Department of Anesthesiology***

Robert Dukic

### ***UPMC Beacon Hospital***

Cloyd Cabil

### ***UPMC Bedford Memorial***

Melissa Pentrack

### ***UPMC Cancer Centers***

Kathleen Werwie

### ***UPMC Horizon***

Becky Fry

### ***UPMC McKeesport***

Richard Harr

### ***UPMC Mercy***

Colleen Ann Carey Schwartz

### ***UPMC Northwest***

Stacey Schill

### ***UPMC Passavant***

Kimberly Kirsch

### ***UPMC Presbyterian***

Robin Evans

### ***UPMC St. Margaret***

Elaine Sikon

### ***UPMC Senior Communities***

Kathy Holquist

### ***UPMC Shadyside***

Sara Orndoff

### ***Western Psychiatric Institute and Clinic of UPMC***

Milly Hopkins

### ***UPMC Nurses selected as Advanced Practice awardees: Children's Hospital of Pittsburgh of UPMC***

Christine Ann Vitale

### ***University of Pittsburgh Physicians, Department of Anesthesiology***

Timothy Lyons

### ***UPMC Passavant***

Elizabeth Shumaker

### ***UPMC Presbyterian***

Jane Guttendorf

### ***UPMC St. Margaret***

Laura Ann Kling

### ***UPMC Nurses selected as Nurse Educator awardees: Mercy Hospital School of Nursing of UPMC***

Debbie Riggs

### ***UPMC Shadyside School of Nursing***

Santa (Sandy) Ann Lake

### ***UPMC St. Margaret School of Nursing***

Doris Cavlovich

### ***UPMC recipients of the Endowed Nursing Scholarship are: Children's Hospital of Pittsburgh of UPMC***

Candace Hipple

### ***Magee-Womens Hospital of UPMC***

Susan Pedaline

### ***UPMC Artificial Heart Program***

Genevieve O' Shea

### ***UPMC Presbyterian***

Yvonne Oberle

Anupama Pillai

Laurie Rack

### ***UPMC Shadyside***

Manjulata Evatt

Jaclyn Harvey

Micheal Hogue

Christi McKeown

Lois Pizzi

Danielle Saunier

## The Beckwith Innovation Award for 2010-2011

The Beckwith Innovation Award Fund was established by the Beckwith Institute and the Audrey Hillman Fisher Foundation to advocate and encourage leaders to discover through innovation the best practices that advance quality in health care and also to recognize those who make a positive contribution to patient care. The 2010 areas of focus include research, pilots, and new programs that support innovation and excellence within the following four categories:

- nurse retention
- evidence-based practice within a targeted clinical quality improvement area
- improving health care quality through models of care delivery
- healthy workforce

This year's award recipients are:

**Jill Larkin, RN, MSN, MBA, DNP**, director of Quality Improvement, UPMC Presbyterian Shadyside, for the grant proposal project "Using Technology to Improve Patient and Family Communication with Caregivers." The project's goal is to improve patient communication, satisfaction, and engagement in care. Communication is key for patient safety. Paper care journals are currently being used at UPMC Presbyterian Shadyside. In this proposal, the group is requesting funding to purchase iPods to load health care applications for patients to use, such as medication lists and care journals. A targeted patient population will be selected. Outcomes measurement will be monitored as part of the grant funding with regards to patient satisfaction scores and post-follow-up clinic surveys. For more information, e-mail [larkinjm@upmc.edu](mailto:larkinjm@upmc.edu).

**Wendy Lucas MS, RN, CCRN**, advance practice nurse, UPMC Shadyside, for the grant proposal project "Outcomes of Leukemia Patients with Sepsis Using an Early Screening Tool and STO2 Monitoring for Early Identification." The goal of this initiative is to provide treatment to patients with sepsis within the first six hours, providing antibiotics as close to the first hour of diagnosis identification, reducing hospital stay by an average of four days, and reducing the cost of care for survivors by \$32,336 on average. The sepsis team hopes to accomplish this by providing a screening tool and by predicting leukemia patients who may have sepsis, and to decrease intensive care transmission with the use of the STO2 Monitor. Sepsis is a leading cause of death with 250,000 cases annually. It is estimated that one quarter of patient deaths were related to complications from leukemia and infection. A method to monitor venous gas for sepsis diagnosis requires a central line or a needle stick for each result. STO2 is a non-invasive method to monitor for sepsis. For more information, e-mail [lucasws@upmc.edu](mailto:lucasws@upmc.edu).

## Second phase of documentation optimization launched to create more time for direct patient care

Reducing the number of mouse clicks, computer scrolls, and screens needed to document clinical data is creating more time for UPMC nurses to provide direct care at the bedside and work with patients and their families.

Refining methods to chart data in UPMC's inpatient electronic health record has been the driving force behind documentation optimization — an initiative in which suggestions made by UPMC nurses have been used to enhance efficiencies in the charting process. By reducing the number of screens, eliminating mouse clicks, and taking other steps to boost efficiency, nurses and other caregivers will see a 30-percent reduction in overall charting while completing a redesigned physical assessment at many UPMC hospitals.

Nurses have offered the following accolades for documentation optimization:

- “This will really enhance excellence in patient care.”  
*Lonna Perella, Spinal Cord Injury, UPMC Mercy*
- “I am excited for my staff to see all the new improvements in nursing documentation. Documentation optimization will improve efficiency and reduce time spent documenting, allowing the nurses to spend more time at the bedside with their patients.”  
*Susie Fowler, unit director, 2 Crawford, UPMC McKeesport*
- “We are very excited about the new changes coming to the Adult Physical Assessment. Fewer screens to navigate and fewer mouse clicks will definitely decrease the time nurses spend in documenting the care they provide. Less time in documentation means more time with patients!”  
*Gina Zeiler, clinician, 6B, UPMC St. Margaret*

The second phase of the documentation optimization initiative launched Sunday, Dec. 11. Clinical staff will note changes when completing the following assessments and documentation:

- Skin/Mucosa Assessment
- Gastrointestinal
- Genitourinary
- Reproductive
- Cardiovascular

Several other important changes are:

- Edema will move from the Cardiovascular section to its own section.
- Wound and Skin documentation will move to the Skin section.
- Burn documentation will move from the Wound and Skin band to the Burn band.
- Cardiac Rhythms/Pacing Assessment will move to the Frequent Assessment Band.

*Note: This information does not apply to Children's Hospital of Pittsburgh of UPMC.*

### Excellence in Orthopedic Nursing: An Overview

Come to UPMC Shadyside for a day of education. Cutting edge procedures as well as some “tried and true” topics will be discussed. The conference will be held on Thursday, Feb. 10, at the Herberman Conference Center at UPMC Cancer Pavilion, UPMC Shadyside from 8 a.m. to 4 p.m.

For more information contact Mary Ellen Pritchard at [pritchardme@upmc.edu](mailto:pritchardme@upmc.edu).

This continuing nursing education activity has been approved for 6.0 contact hours by the UPMC Provider Unit of the PA State Nurses Association.

Sponsored by The Shadyside Hospital Foundation.

## Employee benefits and health care reform

Not only does health care reform affect nurses in the coordination of care and electronic health care records, but the new legislation also has implications for employers that offer health insurance plans to their own employees, including UPMC.

Notable changes were communicated to UPMC staff prior to Open Enrollment (Nov. 1 through Nov. 15) and the correction period (Dec. 1 through Dec. 15). These changes will be effective Jan. 1, 2011, and include:

- The opportunity to keep or enroll adult children on medical coverage up to age 26, provided they do not have access to other group coverage (through their own employer or their spouse's employer). Even though not required, UPMC also is giving you an opportunity to enroll your children in dental and supplemental life coverage as well.
- Over-the-counter (OTC) medications are only eligible for reimbursement under a health care flexible spending account (FSA) if accompanied by a prescription from your doctor. Certain OTC supplies, including bandages, crutches, blood sugar test kits, insulin, and contact lens solution are still eligible for health care FSA reimbursement.

More changes to employee benefits will be taking place during the next several years. Information will be provided when it is time to further comply with health care reform requirements.

## Save the Date

**2011 UPMC Nurses Week Celebration**

April 27 - 29, 2011

*Herberman Conference Center at UPMC  
Cancer Pavilion, UPMC Shadyside*

## Dignity and Respect

Last month we shared with you the inclusion journey, which brings dignity and respect to the forefront of all that we do. The inclusion journey encourages everyone to feel included, valued, and appreciated in the workplace and in the communities where we live and work. In October, more than 1,200 employees and more than 500 community members showed their commitment by taking the Dignity and Respect Pledge. Have you shown your commitment? To take the pledge, go to <http://inclusion.infonet.upmc.com/pledge.htm>.

The Center for Inclusion also launched the Dignity and Respect Campaign for Youth. This campaign, based on the foundation that everyone deserves dignity and respect, will help area schools combat bullying by promoting inclusive behaviors. In collaboration with the Pittsburgh Public Schools, "Stand Together for Dignity and Respect" will promote programs and initiatives throughout the year. To learn more, go to [http://www.dignityandrespectcampaign.com/dnr\\_youth.php](http://www.dignityandrespectcampaign.com/dnr_youth.php).

### Tip #27: BECOME A MENTOR

Partner to make a difference in a young person's life by becoming an eMentor. Visit Smart Futures at <http://www.pa-ementor.org/upmc/> to sign up today. You can help others realize their potential.

## I SPY- recognizing nursing colleagues across UPMC

### *Children's Hospital of Pittsburgh of UPMC*

**Pam DeGeorge**, MSN, RN, co-authored "Helping Patients Adhere to a Gluten-Free Diet" which was published in American Nurse Today.

**Lorraine Wolfe**, RN, BSN, was selected as one of the 2010 Pittsburgh Post Gazette's Top 10 "Best of the Best" winners. The Best of the Best award recognizes ten area nurses who have gone above and beyond.

**Peggy Lamouree**, RN, was a platform presenter at Parental Grief and Bereavement Preemie Conference hosted by Parent Resource Network in Pittsburgh, PA in August.

*continued >>*

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**Heather Ambrose**, MSN, RN, CPON, CPN; **Meredith Aumer**, MSN, RN; **Kathleen Schenkel**, MSN, RN, CPEN; **Susan Wible**, MSN, MBA, RN; **Deborah Lesniak**, MS, RN; **Amy Cashdollar**, MSN, RN, CMPE; **Darcie Opalko**, MS, BSN, RN, CNOR; **Terri Fry**, MSN, RN, CNOR; **Adrienne Farley**, MS, BSN, RN; and **Kristen Straka**, MSN, RN, CPN, presented posters at the Southwestern Pennsylvania Organization of Nurse Leaders (SWPONL) Conference in September.

**Sarah Broniszewski**, RN, presented a poster at the Association of Pediatric Hematology/Oncology Nurse's 34th Annual Conference and Exhibit in Minneapolis in October.

**Diane Schachner**, MSN, RN, presented a new "Adult CF Patient Adherence and Knowledge Assessment" that was developed in the Nursing Caregivers Session of the 24th Annual North American Cystic Fibrosis Conference in Baltimore, MD.

### *Magee-Women's Hospital of UPMC*

**Jeannine Konzier**, **Maribeth McLaughlin**, **Dr. Dennis English**, **Tracy Benny**, and **Andrea Aber's**, article "Development of a Professional Practice Evaluation System" was published in the September / October 2010 edition of *SYNERGY*. It is the official publication of the National Association of Medical Staff Services.

**Natalie Kriston**, **Heather Swiech**, **Dayna Bradley**, and **Kellie McGreal**, presented the poster "Baby Steps to Baby Friendly" at the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Convention in Las Vegas in September.

**Judy Focareta**, **Michele Ondeck**, **Cathy Hunt**, and **Cindy Blasko**, exhibited at the Lamaze International & International Childbirth Education Association 50th Anniversary Mega Conference in Milwaukee in September. Magee's Environmental Health film "Baby Steps to Green Parenting" was distributed to attendees.

### *UPMC McKeesport*

**Nora Evans**, RN, MSN, was named President of the Academy of Medical Surgical Nurses, Western PA.

**Carol Ackerman**, RN, MSN, published an article on skin care in the January 2010 edition of *AMSN's MedSurg Nursing: The Journal of Adult Health*.

**Jill Molinaro**, RN, was one of three presenters at a Quality Insights learning session on in September at Excelsa Frick focused on enhancing the communication across care settings for ESRD patients.

### *UPMC Presbyterian*

**Ruth Redenbaugh** was selected as one of the 2010 Pittsburgh Post Gazette's Top 10 "Best of the Best" Nurses. Ruth recently celebrated her 50-year anniversary with UPMC Presbyterian.

**Cecilia Zamarripa**, MSN, RN, was named the Nurse Safety Scholar-in-Residence by Joint Commission Resources and Hill-Rom. She is third nurse to be named in this program, and will serve through 2011 as Patient Safety Nurse Scholar-in-Residence.

**George Azcarate's** film "That Was Then and This Is Now" won the Needle Safety Video Award.

**Carol Curio Scholle**, RN, MSN, and **Marcia McCaw**, RN, BSN won third place in the poster contest at the Southwestern Pennsylvania Organization of Nurse Executives (SWPONL) Annual Educational Conference: "Leveraging 'Smart' Technology to Improve Patient Safety, Quality and Staff Efficiency."

**Denise Petras**, DNP, RN-BC; **Kristine Keefer Wolff**, MSN, RN; **Holly Lorenz**, MSN, RN; **Lisa Painter**, MSN, RN; **Loretta Casey**, RN, BSN, MPA:HA; **Chaton Turner**, Esq., and **Margaret Reidy**, MD, presented posters at the Southwestern Pennsylvania Organization of Nurse Leaders (SWPONL) Conference in September.

**Kristine Keefer Wolff** was elected to the Southwestern Pennsylvania Organization of Nurse Leaders Board of Directors (Director) for a three year term beginning in January 2011.

**Darlene Lovasik** won a "Best of Abstracts" award in the Leadership category at the ITNS Symposium.

### *UPMC Shadyside*

**Carol Mathews**, RN, BSN, co-authored "Common Geriatric Problems" which was published in *Current Diagnosis & Treatment in Family Medicine, Third Edition*.

**June Elizabeth Connolly**, **Jan Lemme**, **Kim Pringle**, **James Tyler**, and **Wendy Grbach** will receive the Excellence in Chapter Educational Programming Award at the 2011 NTI Conference in Chicago.

**Dr. Faith Colen** was invited to speak at the EPS Global International Trauma Conference in Lanzhou, China.

**Shelley Watters**, DNP, RN, has been selected to sit on the PSNA (PA State Nurses Association) Pennsylvania Nurse Editorial Board.

continued >>

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**Dr. Karen L. Robinson, Barbara King, Marcy Wolf, Linda Jean Depasquale, Shelley Thullen, Sandra Ward, Lydia Howard, Patricia Calhoun, and Dr. Shelley Watters** presented a poster, “Bridging the Communication Gap: UPMC Shadyside’s Patient Navigator Program” at the PFCC VisionQuest conference in November.

### **UPMC St. Margaret**

**Mary Barkhymer, MSN, MHA, RN**, was asked by AORN to participate in the Top 25 Surgical Services Summit.

### **DAISY Award Recipients**

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:

#### **Children’s Hospital of Pittsburgh of UPMC**

Mary Campbell and Jaymi Moody

#### **UPMC McKeesport**

Valerie Lewis

#### **UPMC Passavant**

Lauren Robbins, Theresa Thomas, and Amanda Burns

#### **UPMC Presbyterian**

Larry Brick, Jamie Jackson, and Kate Palinski-Hughes

#### **UPMC Shadyside**

Christine Simone and Danielle Saunier

#### **UPMC St. Margaret**

Catherine Gathers-Robinson, Betty Scovern, and Karen Mains

## CONTINUOUS LEARNING

“Health Policy Brief: Accountable Care Organizations,” *Health Affairs*, July 27, 2010: <http://www.rwjf.org/files/research/66449.pdf>

Smart Futures: <http://www.smartfutures.org/site/programs/ementoring>

The Centers for Medicaid and Medicare Services: <http://healthit.hhs.gov/portal/server.pt?open=512&objID=2996&mode=2>

The Office of the National Coordinator for Health Information Technology: <http://healthit.hhs.gov/portal/server.pt?open=512&objID=2996&mode=2>

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### **Have a story idea?**

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