

UPMC  
Nursing

# Pathways to Excellence



## Message from the Chief Nurse Executive

Recent issues of this newsletter have focused on several topics: health care reform, accountable care organizations, and UPMC Care — relationship-based care. While all of these global topics have a direct impact on our care delivery and nursing’s future, this issue is dedicated to the huge impact that your individual nursing practice has on patient care outcomes. Thinking back over my nursing career, a few things have remained constant in health care:

- Nursing continues to be the largest profession represented
- Nurses have a role in almost every specialty
- Nurses spend the most time with patients
- Patients make health care choices based on the care they receive from a nurse

It does not matter how long you have been a nurse; nurses are at the center of how health care organizations achieve high-quality patient outcomes. The patient outcomes achieved at UPMC or at any other hospital in the nation have become more transparent via the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov). Government agencies and programs, such as Medicare and Medicaid, as well as the general public, can access this database to compare how hospitals score and rate on patient outcomes and patient satisfaction. When I look at many of the quality indicators (such as falls, pressure ulcers, infections, deep venous thrombosis (DVT), and restraints), I see that basic nursing care (including ambulation, hydration, elimination, safety precautions, and frequent rounding) directly impacts patient outcome measurement scores. I believe a nurse summed it up well with his statement, “We must never lose sight of

our basic nursing care. It is the essence of our profession. Patient-focused, nurse-initiated, simple interventions with high leverage outcomes” (Miller, 2008). Each of us has the opportunity to impact patient outcomes by making sure that we are incorporating the basics in our care delivery each and every day. I call this “Back to Basics — Nurses With Patients.” I encourage you to learn more regarding this cornerstone element of our practice by viewing my January 2011 Nursing Grand Rounds presentation, “Patient-Focused Outcomes: Nurses Driving Quality” on uLearn.

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

did you  
*know?*

### If you were unable to attend the systemwide Nursing Grand Rounds ...

on Jan. 6, 2011 to hear Holly Lorenz, UPMC chief nurse executive, present “Patient-Focused Outcomes: Nurses Driving Quality,” it is available to you on uLearn. To access, log in to uLearn via My HUB, go to Browse Catalog and then Clinical Development, where you will find the link to Nursing Grand Rounds. View the video and take the online evaluation and quiz to earn and directly print your CE. **Please note that you will need the number that will be displayed on a random slide during the presentation in order to complete the quiz.**

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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 New Models of Care: Care Delivery Redesign Work at UPMC.

An accountable care organization (ACO) is a newer model of health care that manages cost while providing quality care across the continuum of care from inpatient to outpatient. Accountable care organizations 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. The Center for Quality Improvement and Innovation and the UPMC Health Plan along with physicians and nurses from UPMC Presbyterian are currently focusing on five disease states: CHF, COPD, diabetes, pneumonia, and spine surgery. Individual workgroups meet to redesign care delivery and implement pilot programs that align with accountable care. Goals of care delivery redesign include:

- Provide a structured multidisciplinary plan detailing the essential steps in the care of patients with the targeted clinical problem.
- Introduce best practice guidelines and reduce unwanted practice variation.

- Utilize guideline driven pathways.
- Specify outcomes to be achieved with relevant timelines.
- Assist in communication with patients and families, the interdisciplinary team members while in the hospital, as well as community health care providers (patient-centered medical home) and other facilities upon discharge.
- Improve patient satisfaction.
- Allow for tailoring to individual patient needs.
- Incorporate the medical electronic record.
- Decrease 30 day readmission rates.

Pilot program successes will be measured by readmission rates, length of hospital stay, medication and outpatient appointment compliance, overall annual cost of care, and patient satisfaction.

More in depth information about each pilot program will be available in future issues.

*Written by Linda Haas*

## How UPMC Nurses Change Lives

As a nurse, you are constantly providing the best patient care possible and saving lives. But every once in a while, something happens on your unit that is extraordinary, inspirational, and truly exemplifies Life Changing Medicine.

UPMC Corporate Communications would like to hear from you if you have witnessed or have been a part of a Life Changing Medicine moment at work. If you or a co-worker have gone beyond the call of duty to care for a patient or their family send a short message to [corporatecomm2@upmc.edu](mailto:corporatecomm2@upmc.edu). A representative from Corporate Communications will then reach out to you to get the details.

As a nurse you change lives daily, now is your opportunity to tell your story.

## Save the Date

**2011 UPMC Nurses Week Celebration**

April 27 - 29, 2011

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

# The Future of Nursing: Leading Change/ Advancing Health

The Initiative on the Future of Nursing is a two-year effort of the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation (RWJF) to find solutions to the challenges facing the nursing profession, and to build upon nursing-based solutions to improve quality and transform the way Americans receive health care.

Led by University of Miami president, Donna Shalala, an 18-member IOM committee was charged with developing a transformational report on the future of nursing that offered recommendations for improving the quality of patient care while controlling costs.

The Institute for Nursing (IFN) recommendations, which were released in October 2010, comprised a plethora of system improvements, including proven, solution-oriented ways to solve the nursing and nurse faculty shortages in the United States, to ensure that the benefits of nurse-led models of care can be realized throughout the health care system. The recommendations also focused on the role of nurses in health promotion, disease prevention, and end-of-life care.

In order to capitalize on all that nurses have to offer with regard to improving the health and health care of all Americans, the report recommends preparing and enabling nurses to lead change, improving nursing education, removing barriers to practice, creating an infrastructure for interprofessional health care workforce data collection, and fostering interprofessional collaboration. There are four key messages and eight recommendations from the committee that will drive the future of nursing in leading health care reform of the future.

## KEY MESSAGES

- Nurses should be able to practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through improved education systems that promote seamless academic progression.
- Nurses should be full partners with physicians and others in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and an information infrastructure.

## RECOMMENDATIONS

- 1) Remove scope of practice barriers.
- 2) Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
- 3) Implement nurse residency programs.
- 4) Increase proportion of nurses with BSN degrees by 80 percent by 2020.
- 5) Double the number of nurses with doctorates by 2020.
- 6) Ensure that nurses engage in lifelong learning.
- 7) Prepare and enable nurses to lead change to advance health care.
- 8) Build an infrastructure to collect and analyze health care workforce data.

View more information on the Future of Nursing Report and Recommendations at <http://thefutureofnursing.org/>

*Written by Susan Hoolaban, chief nursing officer and vice president, Patient Care, UPMC Passavant*



## The Role of the Care Manager

The American Case Management Association defines case management as “a collaborative practice model including patients, nurses, social workers, physicians, other practitioners, caregivers, and the community. The case management process encompasses communication and facilitates care along a continuum through effective resource coordination. The goals of case management include the achievement of optimal health, access to care, and appropriate utilization of resources, balanced with the patient’s right to self-determination.”

At UPMC, care managers carry out the case management role. The care manager has frequent contact with patients to coordinate their care, provide education, and assist them in navigating the health care system. The care manager also has fiscal responsibilities to ensure that the hospital is being reimbursed appropriately for the care delivered. As these responsibilities join together, the care manager is faced with many challenges. As a care manager, you must ensure the care delivered to the patient is appropriate, as well as ensuring that the hospital receives appropriate reimbursement. Individuals in this position are skilled professionals and must have a strong clinical background and knowledge of insurance regulations.

A major initiative of health care reform is to look at each insurer for quality of care. Some insurers are looking to reduce payment to hospitals if quality care is not provided. One of the metrics used to determine quality of care is the readmission rate. Criteria for readmission vary with each insurer. If a patient is readmitted into a hospital setting within the specified time frame, the hospital’s payment can be reduced. Readmissions should be reviewed to identify any quality issues, including lack of home care if appropriate, complication of treatment, and patient noncompliance. For patients who are readmitted, the patient care team (including the care manager) must collaborate with nursing to determine if any factors exist that may have impacted the overall quality of care provided to the patient.

Health care reform will only serve to strengthen the collaborative relationships among health care professionals to provide quality care to our patients.

*Written by Karen Wonderly*

## Road to Rehabilitation Nursing

When I graduated from nursing school in the early 1990s, there were few jobs available. While I had not thought about working in rehabilitation, I accepted a staff nurse position on an inpatient rehabilitation unit. I excitedly called my mother to tell her that I had found a position. She asked, “What will you do on a rehabilitation unit? You’re not a physical therapist!” Sadly, I didn’t know how to answer her question.

During orientation, I quickly learned that rehabilitation nursing is a specialty that is different from any other type of nursing. We do shift assessments, pass medications, and do dressing changes like many other nurses. However, a shift assessment is not simply documentation of each patient’s current status, but an evaluation of his or her ability to perform all aspects of daily life, and of how impairments may impact the return to homes, families, careers, and hobbies. Rehabilitation nurses also possess a high degree of technical knowledge related to all aspects of physical and psychosocial functioning, including specialized knowledge of behavioral and cognitive impairments, perceptual problems, swallowing, bladder management, gait, mobility, ADLs, and skin and wound care.

Rehabilitation as a specialty grew out of the aftermath of military conflicts in the 20th century, when thousands of men and women returned from war with serious disabilities and needed to learn how to live productive and meaningful lives despite those disabilities. Rehabilitation nursing has had its own specialty certification since 1974, the Certified Rehabilitation Registered Nurse. As with all specialties, certification is recognition that the nurse has attained specialized skills and knowledge and is accountable to practice at the highest standards of the profession. Nurses may sit for the certification exam after working in rehabilitation for a minimum of two years. Certification is maintained by acquiring continuing education units.

Rehabilitation patients often have experienced life-changing illnesses and injuries, such as strokes, traumatic brain injuries, amputations, and spinal cord injuries. Acute care nurses have provided the lifesaving care we traditionally think about when we think about nursing. Once patients are stabilized, the question is, “What’s next?” Rehabilitation nurses help patients with dramatically altered capabilities move from “I’m alive” to “I’m living the life I want to live.” While all the traditional nursing skills are important for rehabilitation nurses, creative problem solving skills are crucial. Often, the most important rehab nursing intervention consists of listening to patients’

*continued >>*

**Want to make a difference as a care manager or rehabilitation nurse?**  
e-mail [nurse@upmc.edu](mailto:nurse@upmc.edu) to explore available positions.

*Continuation from page 4*

descriptions of their pre-illness lives, then helping them learn the skills needed to re-engage in those lives. “Let’s talk about how you could do this when you’re at home (or at work)” is a daily conversation between rehabilitation nurses and their patients.

Becoming a rehabilitation nurse may not have been my goal when I graduated from nursing school, but I soon realized that I had found my professional home, and would never leave rehabilitation nursing.

*Written by Grace Campbell*

## Graduate Certificate in Gerontology

The graduate certificate in gerontology is designed to serve professionals in diverse disciplines, in a variety of industries, who are interested in acquiring basic knowledge about gerontology and geriatrics and specialized knowledge of aging and aging processes. Participants can select a track specific to their particular discipline or occupation, or choose a multidisciplinary track.

The certificate offers specializations in dentistry, law, mental health, nursing, occupational therapy/rehabilitation, public health, gerontechnology, and social work. A multidisciplinary plan of study that blends coursework across disciplines also has been conceptualized for students seeking a more broad-based educational experience in gerontology. The multidisciplinary track is also available through Pitt Online. Visit [www.online.pitt.edu](http://www.online.pitt.edu). Credits may later be applied to a graduate degree, if desired.

The certificate program requires a minimum of six courses (15 to 16 credits) depending upon the chosen plan of study. Students must already have an undergraduate degree. They do not need to take graduate entrance exams, but will need to meet admission criteria based upon their chosen “track” or specialization within the certificate program.

This program is a collaboration of the Aging Institute of UPMC Senior Services and the University of Pittsburgh, the University Center for Social and Urban Research, and the College of General Studies.

For more information, contact the University Center for Social and Urban Research at 412-624-1019 or by e-mail at [bissell@pitt.edu](mailto:bissell@pitt.edu).

did you  
know?

February is Black History Month. Facts about historically black nursing schools:

### **Dillard University Division of Nursing (New Orleans, La.)**

Campus: cited as one of the nation’s most beautiful  
University founded: 1869  
Nursing school founded: 1889  
Nursing degree offered: BSN

### **Hampton University School of Nursing (Hampton, Va.)**

Campus: Located by the sea  
University founded: 1868  
Nursing school founded: 1891  
Nursing degrees offered: BSN, MSN, PhD

### **Howard University Division of Nursing (Washington, DC)**

Campus: includes a 500-bed teaching hospital and medical school  
University founded: 1867  
Nursing school founded: 1894  
Nursing degrees offered: BSN, MSN

### **North Carolina Central University Department of Nursing (Durham, N.C.)**

Campus: in the Research Triangle area  
University founded: 1910  
Nursing school founded: 1948  
Nursing degrees offered: BSN, planning to add MSN

### **Prairie View A&M University College of Nursing (Houston, Texas)**

Campus: in the heart of the Texas Medical Center complex  
University founded: 1876  
Nursing school founded: 1918  
Nursing degrees offered: BSN, MSN, planning to add PhD

### **Tuskegee University School of Nursing (Tuskegee, Ala.)**

Campus: only historically black college or university to be designated a National Historic Site  
University founded: 1881  
Nursing school founded: 1892  
Nursing degree offered: BSN

## February Is American Heart Month

The following nurses were nominees for the American Heart Association's 2011 Mary Ann Scully Excellence in Nursing Award. The award is presented to a nurse who demonstrates a lifetime commitment to cardiac nursing.

- Patty Brammel, UPMC Presbyterian
  - Linda Gordon, UPMC Shadyside
  - Margaret Lattanzio, UPMC Passavant
  - Teresa Mortellaro, Children's Hospital of Pittsburgh of UPMC
  - Rebecca Sproul, UPMC St. Margaret
- Congratulations to Linda Gordon for being the 2011 awardee!



## 2011 Cultural Competency Series: Dignity and Respect Tip No. 11

Treating others the way **they** want to be treated is respecting others' differences. As an organization, providing our patients with the dignity and respect they deserve includes making the experience meaningful to them as individuals.

In the next few months, we will share real-life stories of how employees at UPMC put patients first by being culturally competent and recognizing those differences, ensuring they are taken into consideration for quality patient care.

Our first story in this series involves a patient from United Arab Emirates who was to have gastric bypass surgery. She chose UPMC St. Margaret for her medical needs after investigating her facility options. In preparation for her arrival, the hospital staff researched cultural aspects related to caring for an Arab woman. Hospital staff collaborated to develop a plan of care that would meet her cultural, religious, dietary, and social needs, while maintaining the standard of care for gastric bypass patients.

Staff worked closely with the patient's family, implementing a 24/7 on-call translator when the family was not available. Staffing patterns were adjusted due to her culture's prohibiting any male interactions. Hospital staff also rearranged the furniture in her room so that her bed could face east, as she preferred.

The best way to foster cultural competency is by example. If you or a team member recognized that a patient had special needs, created a plan to meet those needs, and implemented the plan successfully, please tell us about it. E-mail your stories to [inclusion@upmc.edu](mailto:inclusion@upmc.edu). If chosen, your story may be shared and highlighted in the cultural competency series in *Extra*.

By treating people the way **they** want to be treated, we can all do our part to ensure that inclusion is at the core of what we do every day.

## UPMC Makes It Easy for You to Invest for Retirement

It can be hard to find the time to focus on your retirement plan. Several years ago, UPMC realized that some employees were finding it difficult to make investment decisions for the UPMC Savings Plan, so in addition to offering 12 core funds to choose from, UPMC introduced target date retirement funds. The Vanguard® Target Retirement Funds provide an excellent way for UPMC employees to enjoy a well-diversified portfolio in the Savings Plan without having to actually choose investment funds and allocation percentages. Instead, employees simply select the fund with a date that is closest to their own expected retirement date.

**Q : What are target date retirement funds?**

**A :** Target date retirement funds are broadly diversified portfolios that gradually shift to more conservative investments as you get closer to retirement. The fund managers at Vanguard assemble and manage a mix of investments designed for your stage of retirement planning. You simply choose the Vanguard Target Retirement Fund that aligns with the year that you anticipate retiring. As you get closer to that date, the fund will change its investment mix and become more conservative over time.

**Q : Are you ready to change your investments?**

**A :** Simply go online through My HUB, click on the Human Resources tab, and select My Retirement under My Benefits to enter Your Benefits Resources™. You will then be able to select Change Future Investments or Transfer Money under Savings and Retirement to begin investing in the Vanguard Target Retirement Funds.

**Q : How much should I save?**

**A :** This is a question that gets asked often, and there is no single answer for everyone. It really depends upon your own individual circumstances. The Your Benefit Resources website has tools that can help you find the right answer for you. Visit My HUB today and click on My Retirement to learn more.

## Parish Nurse Preparation Course

The Mercy Parish Nurse and Health Ministry Program, part of the Pittsburgh Mercy Health System and sponsored by the Sisters of Mercy, will host a four-day parish nurse preparation course on March 4-5 and April 1-2, 2011, at Beulah Presbyterian Church, 2500 McCrady Road, Pittsburgh, PA 15235 (located in Churchill).

The four-day course, which follows the International Parish Nurse Resource Center's approved curriculum, is open to registered nurses, other health care professionals, and lay persons interested in promoting health, wellness, and spirituality; coordinating volunteers; or starting a visitation ministry within their parishes and congregations.

Course modules will include prayer, healing and wholeness, family violence, suffering, grief and loss, 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.

Thirty hours of continuing education credit are provided to nurses who complete the course. At the course's conclusion, nurses will be commissioned as parish nurses. Other health care professionals and lay persons will be commissioned as health ministers.

The cost is \$395 per person. The class size is limited to 25 participants. Limited scholarship funds are available.

For more information or an application, contact Dorothy Mayernik at 412-232-7997 or e-mail [ParishNurse@mercy.pmhs.org](mailto:ParishNurse@mercy.pmhs.org).

For more information about the Mercy Parish Nurse and Health Ministry Program, visit [www.pmhs.org](http://www.pmhs.org).

*UPMC designates this continuing education activity for 30 clock hours. UPMC is approved as a provider of continuing education in nursing by the Pennsylvania State Nurses Association (PSNA), which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation (ANCC COA). UPMC, ANCC COA, and PSNA do not endorse any commercial products as a result of the CE activity.*

## Leadership Rounding

Beginning in February, hospital executives and leaders will be visiting the nursing units and departments more frequently in an effort to improve the patient experience, and develop stronger employee relationships.

This new formula for Leadership Rounding and Recognition (LRR), includes rounding with purpose and rounding to influence in an effort to improve management's understanding of frontline activities. The new LRR model provides an opportunity to bring leaders and employees even closer to UPMC's commitment to recognizing employees as the company's greatest value, and our commitment to understand and satisfy the expectations and requirements of the patients. The new LRR model employs four areas of focus: inpatients and outpatients, employees on all shifts, environmental conditions and safety assessment. Expected

outcomes of rounding are improved patient satisfaction, improved safety, stronger employee-leader relationships, increased understanding of the issues that face patients and employees, removal of barriers, and quick resolution of problems. LRR is an opportunity for patients to share details of their experience, and for employees to have direct access to hospital leaders.

Hospital leaders are rounding on the units and departments, not only to give staff the chance to talk about their experiences, but for leadership to acknowledge things that need attention. Leadership Rounding and Recognition is a positive activity for patients, employees, and leaders and is an important element in building a culture of safety, dignity, and respect.

## UPMC Commitment to Teamwork Shines at 2010 Fine Awards

UPMC's commitment to quality improvement through collaboration was recognized at the recent Fine Awards for Teamwork Excellence in Healthcare. Four UPMC projects were named award winners, and UPMC represented seven of the 10 finalists.

Sponsored by the Fine Foundation and the Jewish Healthcare Foundation, the Fine Awards were established to reinforce the critical role teamwork plays in health care. A national committee of quality experts was commissioned to review nearly 40 applications. Winners were announced during a reception at the August Wilson Center for African American Culture.

### Gold Award

UPMC Shadyside Surgical Intensive Care Unit  
"Breathe In Breathe Out: Off of Mechanical Ventilation and Out of the ICU"  
A multidisciplinary team focused on creating a protocol to decrease the incidence of complications from long-term ventilator usage.

### Silver Award

UPMC Presbyterian Shadyside  
"Venous Thromboembolism Prevention"  
This dual-campus multidisciplinary team successfully developed and deployed electronic interventions to keep patients safe from venous thromboembolism.

### Bronze Award

UPMC Physician Services Division  
"Patient Quality Outreach"  
Led by Francis Solano, MD, the project resulted in a process to more efficiently and effectively manage outreach attempts to chronically ill patients within a physician practice.

### Special Recognition Award

Children's Hospital of Pittsburgh of UPMC was recognized for "An Organized Disaster: How Simulation and Practice Led to Safely Transporting 152 Acute and Critically Ill Children Across an Urban Landscape"

UPMC's awards finalists were:

- UPMC St. Margaret — "An Ounce of Prevention Keeps the Germs Away"
- UPMC Presbyterian Shadyside — "The Wandering Patient in an Acute Care Hospital: A Strategic Approach"
- UPMC Presbyterian — "Orthopaedic Spine Surgery Postoperative Flight Plan"



# I SPY- Recognizing Nursing Colleagues Across UPMC

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

**Shareen Kiray**, MSN, RN, CCRN, participated in a panel discussion regarding “Technological Support of the Failing Heart” at the Management of the Pediatric Patient in Heart Failure Conference in October 2010.

**KatyBeth McClelland**, RN, presented “Cooling for Hypoxic Ischemic Encephalopathy in Neonates” at the Pittsburgh Chapter of the American Association of Neuroscience Nurses conference in December 2010.

**Darcie Opalko**, RN, MS, earned her MBA

**Sheila Vasbinder**, RN, MSN, MBA, COHCS, presented “Impaired Professionals, Myths & Facts” at the Southwestern PA Association of Occupational Health Nurses (SWPAAOHN) Conference in September 2010.

**Sheila Vasbinder**, RN, COHCS, and **Carolyn B Walker**, RN, BSN, both earned their MSN and MBA.

**Judy Ruane**, RN, CPN; **Kerri McDaniel**, BSN, RN, CPN; **Megan Wilson**, BSN, RN, CPN; and **Shari Lang**, RN, CPN, earned their Certified Pediatric Nurse (CPN) certification.

**Sally Riley**, BSN, RN, CPEN; earned her Certified Pediatric Emergency Nurse (CPEN) certification.

**Maria Beck**, RN, CNOR, earned her Certified Nurse Operating Room (CNOR) certification.

## *Magee-Women Hospital of UPMC*

**Leslie Gostic**, RN; **Mary Kish**, RN; **Tracy Nagy**, RN; and **Brittany Sheets**, RN, received their MSN degrees.

**Amy Demeo**, RN, passed her Oncology Nursing Certification (ONC).

**Shirley Honaker**, RN; **Carole Platt**, RN; and **Charlene Warner**, RN passed their Certified Nurse Operating Room (CNOR) Certification.

## *UPMC Corporate*

**Charleeda Redman**, executive director of Corporate Care Management was selected as a 40 Under 40 Honoree, sponsored by *Pittsburgh Magazine* and PNC Bank.

## *UPMC McKeesport*

**Debbie DeCubellis**, RN, completed her BSN at California University in December 2010.

## *UPMC Northwest*

UPMC Northwest has been designated as a Primary Stroke Center by The Joint Commission.

**Patricia McClain** and **Karen Nellis** completed their Master of Science in Nursing degrees with a concentration in Nursing Education from Carlow University.

## *UPMC Presbyterian*

**Holly Lorenz** co-authored “A Patient-Centered Model to Improve Metrics Without Cost Increase: Viewing All Care Through the Eyes of Patients and Families” which was published in *JONA*, Volume 40.

**Leslie Cairns**, MSN, RN, CMSRN; **Kristine Keefer Wolff**, MSN, RN, NEA-BC; and **Laurie Rack**, MSN, RN, NEA-BC co-authored the article “Hourly Rounding Benefits Patients and Staff” featured in *The American Nurse Today* online journal in December 2010.

**Barbara Usher**, PhD, RN, will be a speaker at Pennsylvania’s Best Health Care Practices Conference this spring. Her presentation is entitled “Reduction in Length of Stay through Improved Communication and Use of Palliative care in the Patient/Family Centered MICU.”

**Heather Morris** and **Lauren Gorman** earned their MSN degrees.

**Lisa Painter**, Corporate Risk Management (covers PUH Risk services), received her DNP in December 2010 from the University of Pittsburgh.

## *UPMC Shadyside*

**Linda Gordon**, CRNP, was the 2011 recipient of the Mary Ann Scully Excellence in Nursing Award.

**Carol Mathews**, RN, BSN, CWOCN had her abstract “Targeting & Simplifying Risk Assessment & Interventions to Eliminate Hospital Acquired Pressure Ulcers” accepted for poster presentation at the 2011 WOCN Conference.

*continued >>*

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### **UPMC St. Margaret**

**Bonnie Anton** MN, RN, co-presented a workshop “Using Social Media to Build an Online Community: Learning by Doing” at MEDINFO 2010 Conference, Cape Town South Africa. September 2010.

**Rebecca Sproul**, RN, CCRN, was selected to represent UPMC St. Margaret as the Mary Ann Scully Excellence in Cardiovascular Nursing Award nominee for continuously going above and beyond in caring for our patients and families.

**Lisa Lehman**, MSN, RN, has been asked to be a mentor for the Pennsylvania State Nurses Association’s Star Leadership Mentor Program.

**Marge Jacobs**, MSN, RN, CPHQ, ACM, recently completed her certification as Certified Professional in HealthCare Quality and Care Management and she provided a podium presentation at the fall HAP conference on COPD: “Beyond the Bedside, Reducing 30 day Readmissions.”

**Bonnie Colaianne**, MSN, RN, CNL, CIC, obtained her certification as a nurse leader and infection control.

**Judy Tinelli**, MSN, RN, ONC, CNL, CRRN, obtained her certification as a nurse leader and rehab nursing.

**Vittoria Zenone**, BSN, RN, CMSRN, obtained recertification as Med-Surg RN.

### **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:

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

Mary Ann Genis and Margaret Fescemyer

#### **UPMC McKeesport**

Heather Smith

#### **UPMC Northwest**

Karen Kiskadden

## CONTINUOUS LEARNING

*Robert Wood Johnson Initiative of the Future of Nursing*  
<http://thefutureofnursing.org/recommendations>

*Institute of Medicine Report: The Future of Nursing: Leading Change, Advancing Health* <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>

*Association of Rehabilitation Nurses*  
[www.rehabnurse.org](http://www.rehabnurse.org)

*Certified Registered Rehabilitation Nurse (CRRN®) Program*  
<http://www.rehabnurse.org/certification/content/index.html>

*Jewish Healthcare Foundation’s Fine Awards*  
<http://www.jhf.org/news-and-events/fine.aspx>

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