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Where are the Nursing Voices?

By Vivien Mudgett, RN, MA, MSN

There are 3.1 million Registered Nurses in the United States, and seven RN's represent the profession in Congress. For eleven years, consumers have ranked nurses as the highest profession in honesty, respect and ethical standards. A glaring gap exists when we look at these facts. Why are nurses so highly regarded, yet missing from the table when health policy decisions are made?

In 2013, Marilyn Tavenner, RN, was confirmed by the Senate as the head of the Centers for Medicare and Medicaid Services.

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PA Senate Bill Proposes Independent Practice of Certified Nurse Practitioners

By Anna Bamonte Torrance

The ever increasing demand for primary care services, fueled by an aging population, longer life expectancies and the influx of new enrollees through the Affordable Care Act, presents challenges for our current health care system. Physician shortages, particularly in primary care, have raised concerns about patient access to care.

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Nurse Engagement in Professional Organizations Leads to ....

By Jennifer J. Wasco, MSN, BSN, RN

There are many professional nursing organizations in existence today. A nurse may join an organization for a variety of reasons. For some, it maybe the need to keep up with the new developments and innovations in their area of specialty.

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National Nurses Week Recognizes Nurses' Leadership, May 6-12

Patients often recognize that a nurse is the health care professional with whom they and their families have the most direct contact. But they might not realize that nurses also are leaders in improving the quality of care and expanding access to care.

That's why May 6-12 is celebrated as National Nurses Week, an annual opportunity for communities to recognize the full range of nurses' contributions.

This year's theme, "Nurses: Leading the Way," recognizes nurses as leaders at the bedside, in the boardroom, throughout communities and in the halls of government. The public holds nurses in high regard and trusts them to advocate for patients.

For the past 12 years, the public has ranked nursing as the top profession for honesty and ethics in an annual Gallup survey.

Beginning with National Nurses Day on May 6, nurses are being honored as leaders who improve the quality of health care.

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Healthcare Workers Under the Influence

By Elaina Smiley

In January 2014, patients slapped a Dallas hospital with a lawsuit after a neurosurgeon, accused of drug and alcohol addiction, botched several surgeries, including one in which a patient bled to death and another that left the patient a quadriplegic.

In 2009, a Denver hospital discovered that a surgical technician had been abusing fentanyl, an injected painkiller, and replacing the used syringes with saline or water. She ended up exposing thousands of patients to hepatitis C.

And in 2006, the top neurosurgeon at an Oakland, CA hospital showed up to work intoxicated, and insisted that he needed to perform a spinal operation on a patient immediately. After fighting with staff, the neurosurgeon was arrested.

Drug and alcohol abuse among healthcare workers is a serious hazard. A study that appeared in the October issue of the *Journal of Addiction Medicine* estimated that 10 to 15 percent of physicians will experience a substance use disorder during their lifetime. An earlier study in 2008 in the *Harvard Review of Psychiatry* showed that while physicians use illicit drugs less often than the average population, doctors abuse prescription drugs five times more often.

An impaired doctor, nurse, surgeon or other medical employee can create risk to patients and legal liability for employers. Healthcare employers should take several steps to create a safe, drug-free workplace starting with a drug and alcohol policy. An effective drug and alcohol policy should clearly state three messages:

1. No employees may be under the influence of drugs or alcohol at work or when expected to be performing any job-related task. That includes any period of time when a staff member is expected to be "on call."

2. The employer has the right to inspect any items and persons on company property.

3. Any violation of the policy may result in severe action, including termination.

Drug and alcohol screenings should also be a critical component of healthcare employers' employment policies. Offers of employment should be made contingent on passing a screening test. With a proper policy in place, healthcare employers can conduct random drug screenings of current employees to ensure that workers remain drug and alcohol-free while on the job. Furthermore, healthcare employers should test employees after any accident or near-miss incident and after an employee returns from a leave of absence.

Healthcare employers must enforce alcohol and drug policies consistently to minimize the risk of discrimination claims based on race, ethnicity, gender, religion, disability or other protected class. The healthcare employer may choose to enforce drug policies differently among different job categories, but it is advisable to have consistent enforcement for employees in the same category. For example, it may be acceptable to require all surgeons to undergo monthly drug tests but only test front desk or administrative personnel annually. But predominantly testing males, however, could lead to a gender discrimination lawsuit.

Past addiction may be a covered disability under the Americans with Disabilities Act (ADA) and healthcare employers must be careful not to illegally discriminate against former addicts, provided that the employee is not currently using any illegal drugs. However, improper use of drugs or alcohol while performing work duties is not protected under the ADA and the employer may enforce and discipline an employee for violation of its policies.

In many cases, regular drug testing and screenings can effectively deter healthcare employees from showing up to work under the influence or at least detect potential problems early on. Healthcare employers should consistently enforce their drug and alcohol policies to protect patients and employees and minimize legal liability. ✚

Elaina Smiley is an employment attorney at Pittsburgh-based law firm Meyer, Unkovic & Scott, LLP. She can be reached at es@muslaw.com.

Rehab is Key for Persons with Low Vision, Macular Degeneration

By Dr. Erica A. Hacker, O.D.

Incredible progress has been made in the treatment of macular degeneration in the past few years. A groundbreaking new treatment program uses a tiny telescope that is implanted inside the eye. Injections for exudative, or wet, macular degeneration are preventing the devastating vision loss that used to accompany this eye disease. But neither treatment provides a cure and patients still struggle with reading and seeing details.

What can be done for people with reduced vision? Low vision rehabilitation is the answer. It uses special lenses, magnifiers, tools and techniques to maximize a person's vision so they can do the things they used to do. Maintaining independence is important to everyone and can be a challenge with vision loss. Low vision rehabilitation allows people to read the newspaper, prescription bottles and write checks. Adaptations for cooking and working around the house enable a person with macular degeneration to remain safe in their home.

Anne, an 87 year old with macular degeneration, decided to take part in a low vision rehabilitation program and learned to use special glasses to write her checks and uses a magnifier to teach her Sunday school class. As Anne said, "I am so hopeful now... "

Low vision rehabilitation programs provide a specially trained optometrist who performs a comprehensive exam to determine a person's level of vision, and then prescribes optical aids designed to maximize remaining eyesight. Quality programs, like Blind and Vision Rehabilitation Services of Pittsburgh, also provide an occupational therapist who teaches how to most effectively use the devices.

Blind & Vision Rehabilitation Services of Pittsburgh, a 104-year-old private nonprofit, is a leader in programs and services for people of all ages who are blind, vision impaired, or have other disabilities. We believe in independence through rehabilitation. Our mission is to change the lives of persons with vision loss and other disabilities by fostering independence and individual choice. We offer comprehensive and personalized computer instruction, employment and vocational services, personal adjustment to blindness and deaf blindness training, independence skill building, in- home instruction, low vision services, children's vision screening, prevention of blindness services, and an industrial employment program. BVRS is a United Way Impact Fund Award for Excellence Agency and is accredited by the National Accreditation Council for Blind and Low Vision Services (NAC). ✚

Erica A. Hacker, O.D., is an optometrist in the Low Vision Department at Blind & Vision Rehabilitation Services of Pittsburgh. For more information on Blind & Vision Rehabilitation Services of Pittsburgh, call (412) 368-4400 or visit www.bvrspittsburgh.org.

National Healthcare Decision Day

By Kathleen Ganster

Everyone is well aware that April 15th is Income Tax Day. But did you know that April 16th is National Healthcare Decision Day?

This year marks the 7th National Healthcare Decision Day created to bring awareness to the importance of advanced care planning. While the national campaign focuses on the process on April 16th, advanced care planning is something that Celtic Healthcare does every day through their Journey Program and Journey Counselors.

"This day highlights the need to take action to make proactive choices for advanced health care or end-of-life healthcare, which is great to bring it to everyone's attention, but it is important no matter what the day," said Bill Gammie, Vice President of Value Based Care at Celtic.

Making those important decisions while not under extreme stress or pressures is obviously the ideal situation for making such important plans.

"We all make better decisions when we are calm and clear headed – this is no different," he said.

And advanced care planning is something everyone should take care of before those plans are actually needed, no matter what age or physical condition. Obviously, for those with chronic health care issues or advanced age, those plans are even more important.

"Everyone has different choices in life and those choices extend to what everyone wants at the end of their lives," Gammie said.

Journey Counselors at Celtic are trained health care providers with the knowledge and experience to work with patients and families to cover all bases and take care of every detail in the planning process.

One of the tools the Journey Counselors use is Celtic's Getting Plans Started (GPS), a booklet to help guide patients and their families through advanced care planning. Available as a download through their website, the booklet begins the conversation of advanced care planning and discusses living wills, medical care directives and personal instructions for loved ones when it comes to care and final arrangements.

Another resource is Five Wishes, a document produced by the non-profit Aging with Dignity. Five Wishes looks at five direct questions: 1) Who is the person that I want to make decisions for me when I can't? 2) What kind of medical treatment do I want? 3) How comfortable do I want to be? 4) How do I want people to treat me? and 5) What do I want my loved ones to know?

Gammie said the counselors also discuss POLST – Physician Orders for Life-Sustaining Treatment, another important tool to be utilized for advanced care planning.

The counselors sit down with patients and families and use not only these valuable resources, but answer questions that may arise. They also provide hospice education to explain exactly what hospice is and what is can mean for patients and their families.

"There are a lot of misconceptions and myths about hospice. We like people to know their options and how hospice can really make someone happy and comfortable in the final stages of their life," he said.

The Journey Counselors also work closely with other healthcare providers to ensure continuum in medical care and communicating the advanced care plans. While it may be a difficult subject to broach for some providers, that is exactly what the Journey Counselors are trained and experienced in doing.

"The nice thing about this day is that it brings it to the forefront and celebrates the empowerment people have to make these important decisions before they are needed," Gammie said.

He continued, "That is what we do everyday. When the decisions aren't made in advanced, they may be made under great anxiety and pressure – no one wants to make such important decisions like that."

For more information about Celtic Healthcare and how your healthcare teams can work together visit www.celtichealthcare.com. ✚

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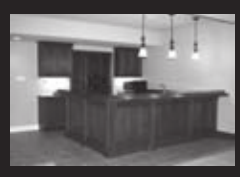

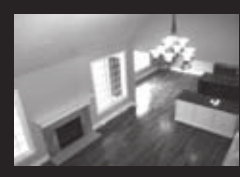

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SOLUTIONS FOR INDEPENDENCE

Solutions for Independence offers several services to seniors and their families. These services include but are not limited to assistance, with health care decisions, physician appointments, medication management & acting as a liaison between clients, their families and their physicians.We also provide assistance with long-term-care decisions including housing, assisted living/nursing home options, insurance and government benefits programs. We can also act as power of attorney or legal representative.
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The Children's Home of Pittsburgh & Lemieux Family Center
5324 Penn Avenue, Pittsburgh, PA 15224
www.childrenshomepgh.org
email: info@chomepgh.org

The Children's Institute
Amazing Kids. Amazing Place.

THE CHILDREN'S INSTITUTE

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For more information, please call 412-420-2400
The Children's Institute
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Pittsburgh, PA 15217-1350
www.amazingkids.org

PUBLIC HEALTH SERVICES

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Addiction Treatment by the Numbers

By Michael Campbell

Each year the Substance Abuse and Mental Health Services Administration (SAMHSA) releases data on addiction treatment in the United States.

These reports are especially useful for healthcare professionals so that we can see merging trends and hopefully design programs that better reach the affected populations.

Very importantly, they also point the direction for greater preventative efforts.

Recently released data for 2011 provides some thought provoking information.

The first number is always troubling.

Out of an estimated 24 million Americans with serious substance abuse problems, only 1.84 million sought admission to a treatment facility.

This reminds us of how many of our family and friends have untreated addiction — and are driving cars, going to work, and raising families in a state of impairment. It also reminds us of the continuing stigma that prevents so many people with addiction from reaching out for help.

The study confirmed a pattern that has been recorded for many years.

The number of men seeking help for substance abuse exceeds women by a ratio of 2:1.

This reflects the established knowledge that more men than women suffer from addiction, but it disguises the fact that the gap is narrowing.

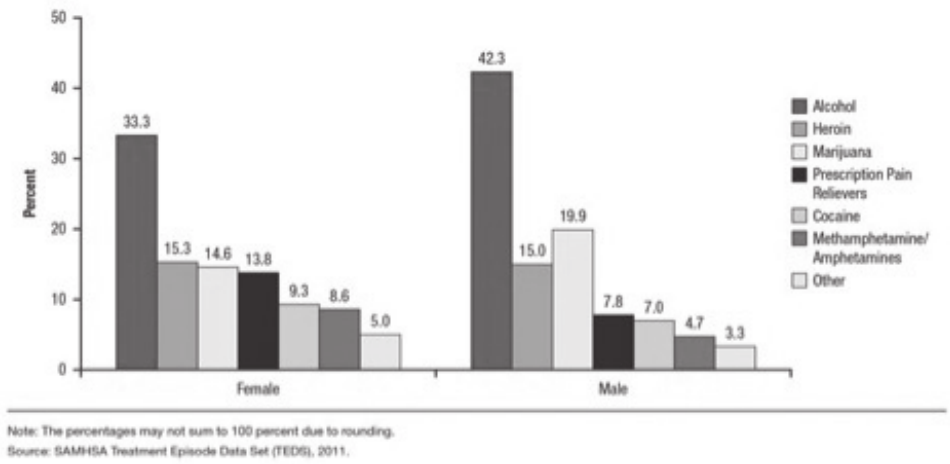
It should also be noted that addicted women tend to experience medical and social consequences much faster, face more barriers to treatment, find it harder to stop, and are more susceptible to relapse.

Many people are surprised by the primary drug of choice among the 12 to 17 year age group.

The top substance of abuse among men seeking treatment at this age is marijuana (80.7%)

While marijuana is also the leading drug used by young women, the abuse of alcohol is double that of men (21.7% vs. 10.5%).

Alcohol becomes the primary substance of abuse for addicted men seeking treatment as they pass 35 years of age and for women over 45.



Note: The percentages may not sum to 100 percent due to rounding.
Source: SAMHSA Treatment Episode Data Set (TEDS), 2011.

The abuse of prescription pain relievers is changing.

The highest use continues to be among both men and women in their 20s, with abuse by women exceeding that of men.

However, what is not reflected in the chart below is the shift from prescription pain relievers to heroin that has been occurring in the past year.

As the availability of oxycodone, Percocet and other prescription opiates declines, and the street price increases, there has been a shifting to heroin which is widely available and far less expensive.

This frightening upsurge in heroin addiction has been reported by treatment centers across the country.

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Own Your End of Life Planning

By Barbara Ivanko

"If you don't talk about it, you don't own it."

These are the words of Dr. Nancy Snyderman, NBC News Medical Editor, when she addressed the National Hospice and Palliative Care Organization's (NHPCO) annual Management and Leadership Conference at the end of March. She spoke to hospice professionals of varying disciplines from around the country during this annual event that takes place near Washington, D.C.

Dr. Snyderman expressed her belief in the importance of advanced care planning, going onto say: "Death is a part of life. You have to talk about what you want (and end of life) while you're in your 20s, 30s, and 40s."

Sharing stories from her own family, Dr. Snyderman explained the illness that her father experienced years ago – and how the family came together to access quality hospice care. Her father eventually improved, but the ordeal readied her family for the dying process. Dr, Snyderman also shared the fact that her daughter, a woman in her 20s, proactively documented her end-of-life wishes with her fiancé as they planned their wedding.

Dr. Snyderman's address energized the NHPCO conference. How wonderful to have the support of a nationally-known physician who understands the benefits of providing patients and their loved ones with the best quality of life.

Three members of my staff from Family Hospice and Palliative Care attended this year's conference. Not only did it offer educational sessions that help us improve the way we deliver care, but my Family Hospice team also took advantage of the opportunity to network, share ideas and discuss best practices with counterparts from around the nation.

I'm proud to report that two of our Family Hospice team members also served as presenters at this year's event. As a leading hospice provider, our organization cherishes the opportunity to share our expertise.

The only way to "own" your end-of-life experience is to talk about it.

Family Hospice chief financial officer Franco Insana helped lead a discussion on hospice length of service. This session provided attendees with an understanding of trends and analysis. A healthy discussion took placed during this session, with Franco answering many relevant questions.

Our Family Hospice manager of marketing and public relations, Greg Jena, was part of a panel that presented successful PR and media relations techniques. Greg and his counterparts from hospices in Delaware and Indiana offered a step-by-step guide to helping hospices tell their stories.

One attendee at this session even posted on Twitter that she was gaining a lot of useful information.

Just as our Family Hospice clinical staff utilizes its expertise to keep our patients comfortable, we are happy about the chance for our "behind-the-scenes" staff to share its knowledge as well. Our mission is to provide quality, compassionate care – but beyond that Family Hospice embraces the opportunity to improve the world of hospice in any manner that it can.

So, as we share expertise among health care professionals – including all of you reading this column – let's do our part to "own" end-of-life care.

Dr. Nancy Snyderman encourages us to talk about it: have the conversation and to get people thinking about putting their wishes in writing.

I pledge to keep talking about it and to own it. Please join me. ✚

Barbara Ivanko is President and CEO of Family Hospice and Palliative Care. She has more than 20 years' experience in the health care and hospice and is an active member of the National Hospice and Palliative Care Organization. She may be reached at bivanko@familyhospice.com or (412) 572-8800. Family Hospice and Palliative Care is a non-profit organization serving nine counties in Western Pennsylvania. More information at www.FamilyHospicePA.org and www.facebook.com/FamilyHospicePA.

DuBois ENT Surgeon Establishes Strong Steinway Presence in Pittsburgh

By Kathleen Ganster

Elvis Presley may have had his blue suede shoes, but Dr. Greg Roscoe has his blue Steinway piano.

Dr. Roscoe, an ENT surgeon from DuBois, first saw a photo of the blue piano while he was reading a magazine about 12 years ago.

When he spotted "Rhapsody," a beautiful, midnight blue Steinway piano with over 400 mother-of-pearl stars, Dr. Roscoe knew not only that he wanted one, but that he had to have one.

And so began his quest for the piano that resulted in not only one of the very few Rhapsody instruments for his very own, but a Steinway dealership.

"The Rhapsody personified everything Steinway represents – unprecedented beauty, magnificant craftsmanship and musicality unavailable anywhere else in the world," said Dr. Roscoe.

The Rhapsody piano was created by Steinway to honor the 100th anniversary of the birth of George Gershwin.

Named after Gershwin's first classical symphonic work, "Rhapsody in Blue," the piano is crafted from maple veneer that has been dyed midnight blue.

The stars were hand cut into the piano and inlaid in a random fashion.

To pay honor to Gershwin's hometown, the music desk has a hand-carved silhouette of the New York skyline.

Only 24 Steinway Model D concert grand and Steinway Model B pianos were created.

After seeing the photo, Dr. Roscoe traveled to Pittsburgh where the closest Steinway dealership was located.

The dealer helped Dr. Roscoe locate the rare piano, but Dr. Roscoe and his wife, Linda, also visited New York City, home of the Steinway Company where they toured the production facility and learned more about the iconic company.

"The factory was immaculate, like the Rolls Royce factory at Goodwood and the Bentley factory in Crewe," Dr. Roscoe said.

He continued, "To see the rim bending still done by hand was a true testament to the passion Steinway has for each piano that they make."

According to Dr. Roscoe, it takes six men to bend a rim, place it on the press and lock it in place for 24 hours for each and every instrument.

The more Dr. Roscoe learned about the Steinway Company, the more he loved. Soon, not only was he in love with the Rhapsody, he was in love with the company.

After his successful year-long search to obtain the Rhapsody was completed, Dr. Roscoe and his wife continued learning more about the company and stayed in touch with Steinway representatives.

In 2012, the Steinway dealer in Pittsburgh was slated for retirement and the company asked if the Roscoes would be interested in serving in that role.

"We were delighted to be asked – to join this historic company in providing the world with the opportunity to own a Steinway was

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The Innovative Art of The Healthcare Industry

Sometime during a difficult time, a simple change of scenery can do wonders for a person's perspective.

More and more medical centers and treatment facilities recognize that fact by offering patients and their families a natural alternative to help cope with the stress and strain of treatment. Healing gardens are thoughtfully created environments with a variety of sensory experiences and natural elements that help alleviate stress, connect with nature and nurture feelings of safety and comfort.

From the beginning of time, humans have sought healing places, from sacred groves to special rocks and caves.

A well crafted healing garden offers a natural setting that evokes positive feelings, reduces negative emotions and stressful thoughts, and diverts the attention of patients and their families to a more pleasant situation.

The healing garden provides a therapeutic setting for mind, body and soul. It can teach, encourage and inspire patient and visitor alike.

Healing Garden Art Installation

In her article, "Healing Gardens," Betsy Severtsen says that in the western world, monastic communities "supported infirmaries that were based in the use of herbs and prayer and almost always included a cloistered garden." Modern technology has de-emphasized the importance of nature in the healing process, "and this has been one unfortunate result of the 'cure over care' phenomena found within many aspects of the healthcare field," Severtson notes.

A well-crafted healing garden provides that natural environment in an institutional setting. Many of today's healing gardens are built around innovative artwork that serves as inspiration and comfort to visitors.

Artist Matthew Placzek created Inspiration Garden for Immanuel Medical Center's Cancer Center in Omaha, Neb.

The garden setting features several Placzek sculptures, including "Harmony," a 14-foot-tall stainless steel and acrylic sculpture that is the centerpiece of the setting. "Harmony" is a symphony of the healing of body, mind and spirit. A 14-foot-high chime anchors this place of quiet reflection and inspiration. Each of the stainless steel chimes creates a beautiful, soothing sound in the cool breeze of the garden.

The chimes are designed to touch people on every level, including their senses and their souls, Placzek said. The quiet of the garden and the calming effect of the chimes help visitors release their tension and stress.

Hope, renewal and rejuvenation are beautifully symbolized in an 18-foot-long panel of butterfly screen sculptures. The green-patina butterflies feature acrylic insets that glisten in the sunlight. The metamorphosis of the butterfly is a symbol

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of healing of a cancer patient and the blue of the acrylic insets represent the sky, the artist noted.

The Inspiration Garden, which also includes live plants, trees and seating for patients and their guests, is provided as a place of "peace, perspective and promise" in the midst of a trying time, hospital officials noted when the garden was unveiled in 2013.

In 2012, Placzek collaborated with Immanuel to create "Serenity," a 15-foot-tall bronze sculpture that features 11 white doves on the wing as the centerpiece of a natural and serene setting. Against a brilliant blue sky, the doves symbolize hope and healing and the sculpture provides inspiration to patients and visitors.

Gently cascading water at the base of the sculpture adds to the peaceful ambiance of the setting. Water is a universal sign of life itself and its presence symbolizes the fluidity of life. The waters of "Serenity" provide a calming effect through sight, sound and touch.

"Nature plays an important role in healing the human body and my healing garden art and sculpture projects reflect that vital connection," says Placzek. "Incorporating elements of nature such as plants and water helps me create soothing, thought-provoking works of art that help patient and family heal physically, spiritually and emotionally. Always designed with the viewer in mind, my sculptures invite people to connect with that unique, restorative power of nature." ✚

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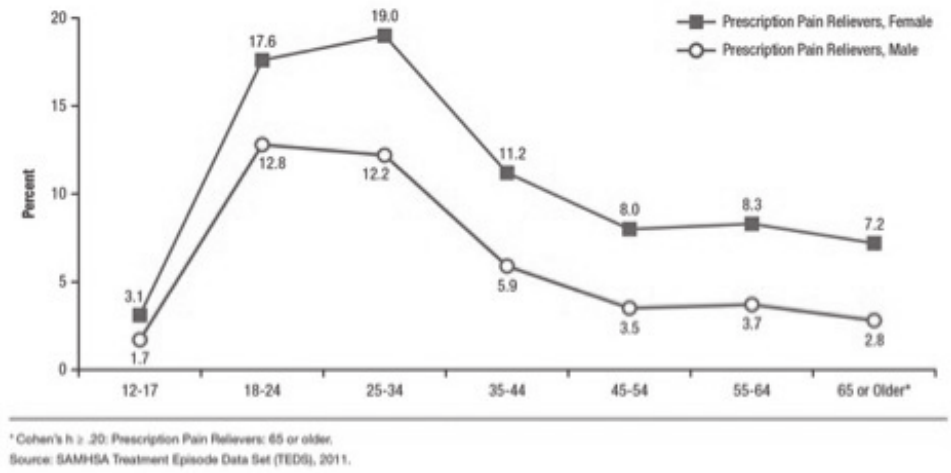

* Cohen's h ≥ .20: Prescription Pain Relievers: 65 or older.
Source: SAMHSA Treatment Episode Data Set (TEDS), 2011.

The study reveals other information that requires careful consideration.

Women are using methamphetamines in almost twice the numbers as men, and have greater vulnerability due to physiological factors.

Research shows no meaningful differences in rates of addiction treatment based on race or ethnicity.

And there is a new group of addicts emerging; women who are over 65 and have become addicted to prescription pain relievers at 3 times the rate of men.

In summary, there are shifting patterns of substance abuse in America that characterize a problem that has seen little improvement in the past decade.

Too many people are addicted.

Too often the addiction begins at a very young age.

Too few people seek help, allowing their addiction to destroy careers, families and futures before it is aggressed.

The message stays the same: we need to do more and we need to do it now. ✚

Michael Campbell is the Co-Founder & President of St. Joseph Institute, a leading addiction treatment center near State College, PA.

La Roche College Inducts Accomplished Graduates into its Distinguished Alumni Circle

On Friday, April 11, La Roche College inducted 12 accomplished graduates into its Distinguished Alumni Circle, recognizing them for outstanding leadership and extraordinary professional success.

Established last year during La Roche's 50th anniversary celebration, the Distinguished Alumni Circle honors graduates for their professional achievements and dedication to community service. In the fall of 2013, the College sought nominations from alumni, parents, friends and other members of the La Roche community.

This year's 12 inductees exemplify the fundamental values of La Roche's mission of preparing students to be leaders in a constantly changing global society.

The three local healthcare winners included:

Susan E. Hoolahan, MSN '91
Chief Nursing Officer and Vice President of Patient Care
UPMC Passavant

Hoolahan functions as the nurse executive in her role as chief nursing officer and vice president of patient care. Her duties in this role include: overseeing budget, establishing standards of nursing practice, and approving nursing policies and procedures, nursing standards of patient care and standards of practice. She also is involved in system-wide UPMC leadership councils and committees where she represents nursing. She is board certified in nursing administration.

She is responsible for a range of departments within the nursing and patient care division: Inpatient Nursing Services, Critical Care, Cardiovascular Services, Care Management and Social Services, Education, the Emergency Department, Infection Control, Patient Transport, IV Team, Nurse Practitioners, Nursing Informatics, Patient

Relations, Pharmacy, Quality and Risk Management, Rehabilitation, Respiratory Therapy, Sleep Lab and the Transitional Care Unit.

Marjorie A. Jacobs '87
Executive Director, Care Management/ Quality
UPMC St. Margaret

At UPMC St. Margaret, Jacobs works as the executive director of care management and quality. In this leadership position, she is responsible for planning, organizing, and directing all administrative and functional activities related to hospital and physician quality. She provides administrative leadership and performance improvement activities, patient flow, quality resource management, and discharge planning in collaboration with all hospital administrative staff and physician leadership.

Jacobs also is responsible for ensuring compliance with external regulatory entities related to quality and safety, and provides leadership in the fulfillment of quality initiatives and expectations of the hospital.

Jennifer L. Kopar '94
Director, Volunteer Resources
Allegheny General Hospital

As director of volunteer resources, Kopar has developed programs that impact more than 100 different hospital departments, involving more than 400 volunteers at AGH and AGH Suburban Campus.

The volunteer programs range from making dignity gowns for breast cancer patients, to pet therapy visits with patients and supplying the nursing staff with a wellness cart for their afternoon breaks.

A certified administrator of volunteer services, she was honored with the Allegheny General Hospital Promise President's Award in 1995, and in 2006, she received the Burston Award for Outstanding Achievement in Volunteer Administration from the Pennsylvania Society of Directors of Volunteer Services.

Over the years, Kopar has held numerous board and committee positions for the Pennsylvania Society of Directors of Volunteer Services.

The 2014 recipients were inducted into the Distinguished Alumni Circle at Celebrate La Roche!, a special evening showcasing the College and its many contributions to the community, the Pittsburgh area and the world. The event was held at the Grand Hall of Holy Trinity Greek Orthodox Church in McCandless Township.

For more information, visit www.laroche.edu. ✚

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an honor we never thought we would have," Dr. Roscoe said.

It might seem odd for an ENT surgeon who doesn't even play the piano to end up as a Steinway dealer, but in an odd way, it makes perfect sense.

Dr. Roscoe is an accomplished musician, playing the saxophone, clarinet and drums. And he appreciates the strong values and background of the company.

"Music helps us emote the feelings of life. It helps us celebrate in times of joy, it comforts us in times of sadness and struggle, it helps us work through anger, and it gives us hope," he said.

The current Steinway showroom in Pittsburgh is located at 445 S. Main Street on the west end of Pittsburgh.

To further showcase and introduce Steinway pianos to the Pittsburgh area, a new location will open in the Ross Park Mall in May.

"When you own a Steinway, you don't own a piano. You own the freedom of limitless musical expression," said Dr. Roscoe.

For more information about Steinway Piano Gallery Pittsburgh, please visit: http://www.steinwaypittsburgh.com/ or 412.922.0903. ✚

BROTHER'S BROTHER FOUNDATION

Connecting People's Resources with People's Needs

So far in 2013...

BBF has sent donated requested medical and humanitarian supplies, pharmaceuticals and text books to those in need in 63 countries. These shipments were the equivalent of 212 tractor trailer loads and had a value over $212,800,000. Another 18-20 containers are expected to ship before year end. BBF provided hand-carry supplies for 315 medical and humanitarian mission trips.

In Response to Typhoon Haiyan/Yolanda...

BBF is working with the Philippine American Medical Society of Western Pennsylvania (PAMS) to provide assistance in the aftermath of Typhoon Haiyan/Yolanda. BBF's pharmaceutical donors have made additional medications available as a contribution to BBF's Philippine disaster relief efforts. BBF continues to deliver medications (128,650 bottles/tubes) to PAMS where they are being repacked for direct shipment to locations in the Philippines.

BBF shipped 974 bottles of antibiotics and other medications to Hospitals for Humanity, an emergency response team comprised of 15 doctors working in Cebu City. A 40' container of medical supplies and relief items is being shipped with PAMS to the Little Bamboo Foundation in Cebu, and BBF is working to send a 40' container of new Nike shoes with Gleaning For The World.

Pittsburgh Nurses Inspire With Book About Nurse Heroes:

Celebrate Nursing: Human by Birth, Hero by Choice

In the United States, there are 3.1 million practicing nurses in this country and close to 200,000 aspiring professionals currently in nursing schools. Imagining the positive impact nurses can make by choosing to be heroes is the inspiration for a new book co-authored by Renee Thompson, DNP, RN, CMSRN and Joanne Turka, MSN, RN-BC, CCRN.

Celebrate Nursing: Human by Birth, Hero by Choice released in October 2013 ($19.97) and explores ten hero powers — behaviors that distinguish hero nurses from the rest, sharing heartwarming stories of real nurses who demonstrate each of the ten behaviors.

"Being a hero is a choice. In my travels throughout the US and abroad, I have been repeatedly encouraged to compile stories about nurses I speak about who model heroic behaviors, people who have made the choice to approach their work in a meaningful way," said Dr.Thompson.

Renee Thompson

"Our new book shares the stories of nurses who truly represent the art and science of nursing and are role models for others."

In this book, authors Renee Thompson and Joanne Turka share ten hero powers that distinguish hero nurses from the rest. Nurses will read heartwarming stories about other nurses who truly represent the art and science of nursing. This book is meant provide inspiration and practical tips to help nurses become more heroic in their practice.

Renee is also the author of "Do No Harm" Applies to Nurses Too" — an important book that offers effective empowerment strategies a nurse in any stage of his or her career can use protect and bully-proof his or herself at work.

She is a practicing nurse and former nurse manager with the perspective of 23 years healthcare experience including clinical practice, nursing education, quality management and executive leadership. ✚

Renee is the CEO and President at RTConnections, LLC, an organization that educates, connects and inspires current and future nurses and specializes in seminars, training and inspirational lectures developed to combat nurse bullying, a significant issue in modern healthcare. Joanne Turka is an Advanced Practice Nurse Educator at UPMC Shadyside. She received her BSN at Carlow University and her MSN at Duquesne University.

Pennsylvania Coalition of Nurse Practitioners' Campaign Puts Patients First

In December of 2013, Lorraine Bock, a Certified Registered Nurse Practitioner in Pennsylvania, was forced to close the primary care practice she had been successfully operating for more than 15 years.

During this time, her patient outcomes were outstanding and the loyalty of her patients was strong.

At a time when as many as 550,000 *more* Pennsylvanians are seeking primary health care as a result of the Affordable Care Act, why did this committed health care provider have to shut the doors of a successful business? Like other nurse practitioners in Pennsylvania, Dr. Bock, who is the president of the Pennsylvania Coalition of Nurse Practitioners, had to call it quits because of the burdensome mandates our state imposes on their work.

Although nurse practitioners are certified, licensed and clinically prepared to care for patients, PA law requires the endorsement of both a primary and secondary collaborator in order for NPs to be able to work. Nurse practitioners can evaluate, examine, diagnose, prescribe and treat patients, but in Pennsylvania, being recognized as primary care providers with some insurance carriers is still a barrier for patients being able to access NPs for care. "It simply doesn't make sense. Why should I practice in Pennsylvania when eighteen other states allow me to do every-thing I am educated and licensed to do for my patients?" said Kara Taylor, a nurse practitioner based in Snyder County.

"When my previous collaborating physician left, I was forced to find another, or else I wouldn't be able to practice," said Lorraine Reiser, Ph.D., CRNP, director with the American Association of Nurse Practitioners and nursing professor at Clarion University.

"Allowing them to be licensed independently could help relieve the oncoming shortage of primary care physicians and increase access to care," added Ms. Reiser, who practices at the Hilltop Community Healthcare Center in Pittsburgh's Beltzhoover neighborhood.

Legislation giving nurse practitioners full practice authority has already been introduced by Senator Pat Vance, SB 1063 and focuses on:

1. Meeting the Demand — 550,000 new Pennsylvania Patients The Pennsylvania Department of Health projects a quarter of Pennsylvanian's primary care physicians will stop practicing within a few years and 55 of our 67 counties are medically underserved now. Clearly, nurse practitioners are needed to help meet this growing demand.

2. Providing High Quality Care — The outcomes delivered by nurse practitioners and physicians in the last twenty years proves one simple fact -- quality of care provided by a nurse practitioner is as good, and in some cases better then care provided by physicians. Even the Physicians Foundation acknowledges this fact.

3. Giving patients a choice — If a patient wants to see a physician, that is great. And if they want to see a nurse practitioner, that's great too. However, many patients don't have that option because many insurers refuse to recognize the profession as PCPs, and many NPs can't find two collaborating physicians. This means sometimes a patient has to wait weeks to see a physician and could be evaluated sooner by a NP.

4. Lowering Health Care Costs — It's this simple: primary, preventive care reduces unnecessary costly care! A diabetic patient receiving high quality care that is managed by a nurse practitioner is less likely to require more serious treatments that can cost thousands of dollars.

For more information on PCNP's "Putting Patients First" campaign, please visit www.pacnp.org. ✚

Allegheny County Immunization Coalition Recognizes Nancy Kaminski, MSN, CRNP-FP, Certified School Nurse Brentwood School District

Author and nurse, Sharon Hudacek, once quoted this about nurses: *Bound by paperwork, short on hands, sleep, and energy ... nurses are rarely short on caring*. I could say this is true about coalition member, Nancy Kaminski. If you have ever had the chance to observe a school nurse at work you can't help but wonder how they manage to get it all done let alone volunteer for more. Nancy has proven time and time again how passionate she is about health and wellness. This includes making sure her students are up to date on immunizations required for school. Then she goes one step further to help keep flu out of her schools.

Through education and offering flu vaccination programs for students and faculty; Ms. Kaminski demonstrates again just how much she cares for others. In the past when a call for volunteers to serve has been asked of our members, Nancy has stepped up to the plate. It is with pride we applaud her efforts. We are stronger as a coalition because of committed members like Nancy who realize the importance of keeping vaccine preventable diseases out of our schools and communities.

Ms. Kaminski was asked to describe her role or interest in promoting immunizations at work, home, or in the community. She shared the following thoughts.

As a school nurse, one of my primary duties is making sure that all students are adequately immunized. In 21 years of school nurse practice, I have seen several students who were totally un-immunized as well as many who were under-immunized — I have tried to help parents understand the importance of vaccines.

In recent years, I have taken advantage of the program offered by the state to provide flu vaccine to school-age children, setting up flu clinics in our district. I have also set up flu vaccine clinics for our employees for many years, encouraging our teachers and staff to protect themselves from the flu.

As a member of the ACIC, I have also volunteered in the community to administer flu vaccine.

"I can no other answer make, but, thanks and thanks." William Shakespeare

For more information, visit www.immunizeallegheny.org.

Save the Date for the Allegheny County Immunization Coalition (ACIC) 9th Annual Immunization Conference Promoting Community Immunity – Your Recommendations Matter!

Thursday, October 2nd, 2014 • 7:30 AM to 12:45 PM Double Tree Hotel – Monroeville

Immunization Updates

• Harold Wiesenfeld, MD: Immunization and Pregnancy

• Marian Michaels, MD, MPH: Immunizations for Children and Adolescents Richard K.

• Zimmerman, MD, MPH, MA: Adult Immunizations

Registration Fee: $35.00 Student Fee: $15.00

This activity has been approved for AMA PRA Category 1 Credit(s) .

The credit hours earned may be considered eligible to meet the continuing education requirement for renewal of a professional nursing license in Pennsylvania.

Registration starts August 4th, 2014 at: https://ccehs.upmc.com/liveFormalCourses.jsf Questions? Contact Nancy Scopelitis at 412-578-7959.

This conference is jointly sponsored by ACIC, the University of Pittsburgh School of Medicine Center for Continuing Education in the Health Sciences, Allegheny County Health Department, and the PA Department of Health. ✚

Leah Cunningham Earns Nurse Educator Award

Dr. Leah Cunningham

In recognition of her extensive clinical knowledge and work as an accomplished educator, Duquesne University School of Nursing faculty member Leah Vota Cunningham has earned a 2013 Cameos of Caring Award in the Nurse Educator category.

The Cameos of Caring awards, which are presented by the University of Pittsburgh School of Nursing, are designed to spotlight nursing role models and to impact nursing retention as well as recruit talented and committed members of the profession.

Cunningham, an assistant professor and assistant dean for student services, has been a member of the nursing faculty at Duquesne University for 26 years.

Cunningham has played a critical role in creating rigorous and transformational undergraduate and graduate student experiences.

Among her many other accomplishments, she was instrumental in creating a freshman seminar that ensures early nursing student successes, and her colleagues and former students attest to her willingness to offer assistance and mentoring.

For more than two decades, along with other members of the nursing faculty, Cunningham has been working with a leading Nicaraguan nursing school on projects that have had an enduring impact on health care in that nation.

In addition, Cunningham helped to envision and implement a fundamental curriculum redesign and to develop a program that delivers basic health care services — including an education and screening program for cervical and breast cancer — to at-risk women in a Managua barrio.

For the past 18 years, she has guided Duquesne students on trips to Nicaragua, where they gain field experiences that enrich their educational experience and help them become better nurses.

In other news at the Nursing School, Dr. Kathy Sekula and Dr. Rick Zoucha, associate professors of nursing, have been named two of the Top 25 Forensic Nursing Professors by ForensicColleges.com.

Recognition was given to their commitment and far-reaching impact among the forensic nursing community nationwide.

For more information, visit www.duq.edu. ✚

Nursing School One of Only Two in PA Awarded Diversity Grant

The School of Nursing at Duquesne University is one of only two nursing schools in Pennsylvania and 52 nationwide to be awarded a competitive scholarship grant for minority students in accelerated nursing degree programs.

The grant is jointly administered through the American Association of Colleges of Nursing and the Robert Wood Johnson Foundation, one of the nation's largest philanthropies devoted exclusively to improving health and health care. Known as the New Careers in Nursing (NCIN) program, the grant provides funding directly to nursing schools, which then disburse the funding to students through individual $10,000 scholarships.

NCIN scholarships are earmarked for students who are members of groups that are under-represented in nursing, a category that includes males as well as racial and ethnic minorities. The NCIN scholarship program was designed to address the nation's nursing shortage and achieve diversity in the nursing profession as well as a more equitable delivery of health care services.

The School of Nursing has awarded the NCIN scholarships to five members of the newest cohort of its Second Degree BSN program, which is a 12-month program for individuals with a bachelor's degree in another field that wish to enter nursing. To qualify for the NCIN grant, nursing schools must offer mentoring and support programs to help ensure that scholarship awardees are able to meet the challenges of an accelerated program.

The NCIN program is in its sixth year, and this is the fourth year that the School of Nursing has been awarded the grant. ✚

Five students in the Duquesne University School of Nursing's Second Degree BSN program were awarded New Careers in Nursing Scholarships: (back row, from left) Eric Devine, Albert Collins; (front row, from left) Lashiwe Pepala, Fatimah Salim, David Mwangi.

OVGH Salutes Lynn Valenti, RN

In her 28 years as a registered nurse, Lynn Valenti has come full circle. "I graduated from Ohio Valley General Hospital's nursing school back in 1985 and now here I am back as a registered nurse," she fondly recalled...and OVGH is happy to have her back!

Post-graduation, Lynn spent time at West Penn Hospital working in a cardio-pulmonary unit. Five years later, she moved into a part-time role at Allegheny General Hospital, working with children and adults who suffered from psychiatric issues. After 25 years working directly with patients, Lynn moved onto teaching 9th and 10th graders through Parkway West Career and Technology Center's Health Assist program, but she felt like something was missing. She said, "I needed to get back to patients...the stuff you go to nursing school for!"

So it was a natural fit for Lynn to return to the place where she received her education. Having appreciated her time previously working within a psychiatric unit, Lynn wanted to take a job at OVGH's Willow Brook Geropsychiatric Unit. "You have to like what you're doing, and for me it felt like a natural, good fit," she explained.

Lynn has had an extremely positive effect on those around her, both with patients and associates. Her Clinical Manager, Jessica Janicki, said, "Lynn is careful to meet and speak to not only every patient in her assignment, but on the entire floor, taking the time to answer any questions they or their family might have. "

Part of the reason Lynn gets along so well with her patients and their families is because she treats each patient like she would her own mom or dad. "I'm very close with my family, and whenever I get a new patient I think, this could be my parents. I want someone to take care of my family, and I want to have that ability to know that they are okay. So to be the one that gets to help someone get well ... that's what I want to do."


Lynn Valenti

Often her job includes helping patients, who in a Geropsychiatric Unit are over the age of 55 and typically suffer from a mental health condition, communicate needs that may be difficult in a hospital setting. "I had one patient who was very difficult around the holidays; he was very agitated and could not really talk about what was bothering him. For whatever reason, he liked me, and so we would sit down together and talk. He was finally able to communicate with me that he was missing his family, who could not be with him for the holidays. I reached out to them, and he was able to talk with them on the phone."

Jessica added that, "Lynn consistently provides careful, kind and thorough nursing care to her patients." Perhaps there is no greater testament to that statement than Lynn's own admission that she often thinks back on how her patients are doing, in the hope that they have improved.

Lynn is not only an inspiration to her fellow staff members, but she has encouraged her own daughter to follow in her footsteps and pursue a nursing degree. Her daughter will graduate this spring with a RN degree of her own. Here at Ohio Valley General Hospital, we greatly appreciate RN's like Lynn, who come to work every day with a smile on their face, eager to make a difference in the lives of their patients, their families, and their co-workers. She is an exemplary example of what makes a truly great nurse!

Willow Brook Geropsychiatric Unit, located on the 3rd floor at OVGH, provides acute inpatient services to seniors with mental health needs. Comprehensive services include psychiatric assessment and diagnosis, medical evaluation, medication evaluation and treatment, assessment by interdisciplinary team which includes nursing, social service, registered dietician, occupational and physical therapists. Special discharge and aftercare planning is individualized to meet the needs of each patient. ✚

Gateway Hospice Nursing Profile: Larissa Mcateer

I became a nurse 2½ years ago after working in the operating room for 13 years. I knew that I could no longer advance in my career at that time and needed a job that I would be able to support myself and parents as they grew older. As a now only child, I worried that I would not be able to afford to care for them on my salary should something happen to them. I knew the nursing field offered many opportunities and I have always been interested in patient care. Working full time, I went through nursing school full time as well. Afterwards, I accepted a position on a stroke floor. Unfortunately I didn't pass my boards and was given a choice to continue to work on the floor as an aide or go back to the O.R. I chose to stay on the floor to familiarize myself with the staff and routine. The supervisor offered to keep my position until I passed and I would then work as an RN. When the time came for me to take boards again, that supervisor let me know she no longer had a position for me. I was devastated. But I do believe it worked out just as it was supposed to.

I contacted a friend of mine through nursing school who worked in hospice. After speaking with her and learning more about the company, I applied for a job. I also interviewed at Shadyside hospital in the ambulatory surgery center. I was offered a position at both places. The reason that I chose hospice was because I already knew what surgery was like. I also felt I may have regret if I didn't give hospice a chance. I could not be happier with the decision I made. I never thought I could feel the gratification I get from this job. Hospice was definitely meant for me and I know I made the right choice. Gateway has been an amazing company to work for. I was fearful to leave a big company to come to a small independent company. I quickly found I was no longer a number, which is how it was when I worked at the large company.

I have learned so much with this job and have been rewarded knowing I have made an impact on peoples' lives. Hospice allows you to spend time with patients and their families, unlike working on a floor where you aren't able to spend quality time with patients. I can't imagine myself working in any other field of nursing. Knowing I have helped someone in the end of their journey of life has given me such gratification.

For more information, visit www.gatewayhospice.com. ✚

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In an effort to address these concerns, there has been a push to educate and train more primary care physicians, with a $230 million investment in medical residency training through the ACA.

The expansion of the role of mid-level providers, such as nurse practitioners and physician assistants, has also been promoted as a logical solution to patient access issues.

In Pennsylvania, legislation has recently been proposed to grant nurse practitioners independent practice authority.

While nurse practitioner advocates are pushing for such independent practice legislation, physician groups have taken issue with this practice expansion, citing the discrepancy in education and training requirements and concerns over safeguarding patient safety through existing collaboration requirements.

Senate Bill 1063, introduced last July by Senator Pat Vance, would amend the Pennsylvania Professional Nursing Law by eliminating the current requirement that nurse practitioners, also referred to as "certified nurse practitioners" or "advanced practice registered nurse practitioners," work within a collaborative arrangement with a supervising physician.

The bill would allow a nurse practitioner to practice as an independent license practitioner limited only as to the scope of practice within a particular clinical specialty area or a particular "population focus."

A nurse practitioner could be recognized as a primary care provider under managed care and other health plans and to be reimbursed directly by insurers and other third-party payors.

The proposed law would permit nurse practitioners to perform acts of medical diagnosis and would remove any reference to physician collaboration or the need for a collaborative written agreement with a supervising physician.

Nurse practitioners would be permitted to independently prescribe medical, therapeutic or corrective measures so long as he/she is "practicing within a clinical specialty or area of population focus in which the nurse is certified."

Senator Vance's bill would authorize the Board of Nursing to issue licensure to nurse practitioners.

Those registered nurses who hold current certifications by the Board as a certified registered nurse practitioner would automatically be deemed to be licensed by the Board as a certified nurse practitioner in either the specialty area already registered or in a population focus for which the registered nurse is otherwise qualified.

Registered nurses not currently certified by the Board would not qualify for an initial license as a Certified Nurse Practitioner unless that person met the following criteria: current license-holder in Pennsylvania as a registered nurse, is a graduate of an accredited, board-approved master's or post-master's nurse practitioner program and current certification as a certified nurse practitioner from a board-recognized national certification program which required passing a national certifying examination in the particular clinical specialty area or population focus in which the nurse is seeking licensure by the Board.

Licensure would be subject to biennial review by the Board.

In addition to maintaining current certification through a board-recognized national certification program in a particular clinical specialty area or population focus, the certified nurse practitioner would need to complete 30 hours of continuing education in the two years prior to renewal and, for a practitioner prescribing medical, therapeutic or corrective measures, the continuing education requirement must include at 16 hours in pharmacology during that two-year period.

Finally, the bill would permit a certified nurse practitioner to form a professional corporation with other registered nurses or other licensed health care practitioners who provide health care services without receiving a referral or supervision from another health care practitioner.

The proposed law would specifically abrogate the requirement that the State Board of Medicine or State Board of Osteopathic Medicine authorize such combined practice of certified nurse practitioners with physicians.

Senate Bill 1063 was referred to the Consumer Protection and Professional Licensure Committee on July 19, 2013 where it remains currently.

Reaction to the Independent Practice Legislation

Proponents of the proposed legislation point to the shortage of primary care providers and the need to provide access to an influx of new patients who will obtain health care coverage under the Patient Protection and Affordable Care Act.

They argue that allowing the independent practice of nurse practitioners will help to meet the needs of patients.

Currently, 17 states and District of Columbia have enacted similar laws permitting nurse practitioners to work independently.

The Pennsylvania Coalition for Nurse Practitioners, for example, asserts that nurse practitioners can help meet the demands in primary care where a shortage of physicians can result is delays in access to care.

They cite support by the Department of Veterans Affairs in designating nurse practitioners as independent practitioners to meet the demand and caring for veterans.

Physician groups, including the Pennsylvania Academy of Family Physicians and the Pennsylvania Medical Society, have opposed the proposed changes to the law.

They argue that the collaborative agreement provides important safeguards for patient safety and vital resources for nurse practitioners when confronted with complex diagnostic, prescription and treatment situations.

Physician groups have also stressed the discrepancy between the extensive education and training requirements of a primary care physician versus those of a nurse practitioner (i.e., 11 years of training for family physicians compared to 5-1/2 to 7 years for a nurse practitioner).

They contend that the independent practice of nurse practitioners would undermine the ability to deliver team-based care through the patient-centered medical home model.

Recent FTC Report on the Regulation of Advanced Practice Registered Nurses

The Federal Trade Commission ("FTC") issued a policy perspectives report in March of 2014 entitled "Competition and the Regulation of Advanced Practice Nurses."

In its report, the FTC notes that advanced practice registered nurses ("APRNs") can play a critical role in "alleviating provider shortages and expanding access to health care services for medically underserved populations." APRNs, the FTC reports, are "safe and effective as independent providers of many health services within the scope of their training, licensure, certification and current practice" and therefore, mandatory physician supervision may not be justified.

"The FTC concludes that an expanded APRN's scope of practice is good for competition and American consumers. Scope of practice restrictions, such as physician supervision requirements, may, according to the FTC, "hamper APRNs' ability to provide primary care services that are well within the scope of their education and training." This restriction to APRN access in the primary care market denies patients, as consumers, and other payors of the competitive benefits that APRNs, as additional primary care service providers, can offer.

Medical Staff / Credentialing Issues

The expanding roles of non-physician practitioners such as physician assistants and certified nurse practitioners raise issues with respect to credentialing and privileging through the medical staff process. The Centers for Medicare & Medicaid Services ("CMS") recognize the trend toward expanding the role of "mid-level of care" professionals and its importance with respect to expanded access to health care. CMS requires that all non-physicians, including physician assistants and certified nurse practitioners, who are granted privileges at a facility be subject to the medical staff requirements and the conditions of participation. In response to comments in 2012 to its revised Conditions of Participation, CMS strongly encouraged hospitals to include non-physicians with clinical privileges on the medical staff.

Currently, under the Pennsylvania hospital licensing regulations, appointment of non-physicians to the medical staff is not permitted.

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Networking ... for Nurses? A Novel idea!

By Carmen Kosicek, RN, MSN

As a nurse, I see the same groups of nurses go to the cafeteria together, walk to and from their cars together, and even hanging out in the nurses lounge together. This is called a clique ... NOT a networking group.

Sadly, this is not the networking that will help nurses or anyone in business to advance.

In my opinion, the nursing profession is in a bubble.

Think about it, the business people routinely work the room, sit with others they do not know, and make small talk to learn about others. Later, they follow up with the insights they learned about one another.

This is not commonly seen in nursing be it with the faculty, the administration nor the students. Buy why?

So, what is the difference amongst the nurses?

The business of healthcare requires this networking and it needs to be taught.

Social media is not the true connection of networking that I'm speaking of. A tweet about someone, Facebook, Instagram, etc., even with a hash-tag that Jimmy Fallon would speak of, is really not the connection that leads to people moving up and helping one another in their careers.

Networking is not only something that you do for YOU.

Networking is something that you do to make a real connection on a personal level with another individual.

You see, it is like the cellular phone ad that was popular a few short years back with Verizon.....you know, the one with the guy with the black glasses on and the hundreds of people behind him showing his network of people.

Remember?

You Tube it!

Networking is the art of how one person, although it may not be that particular person, can lead you, or introduce you, to a group of people that they in turn know who could somehow help you or lead you farther in your career.

Heck, YOU may be that person who can help to lead someone to a person who can help them in whatever they are doing.

Networking is building a truly reliable network of humans connecting with them and in turn helping other humans.

And guess what? What comes around usually goes around!

Did you realize that most jobs are found through networking?!?

Networking is a personal art form that needs to be worked on because yes, it can be uncomfortable at first.

So, can you hear me now?

Do you clearly understand what I am saying?

Network with those in school, grade school, high school, college in your community and beyond. True, social networks are helpful, but do you really what to know who drank what with whom and when? Well, maybe.

I, however, would recommend that you stay connected in the professional network, join places like www.NursesLounge.com so you can stay connected not only with your nursing students and faculty members, but you can stay connected with them as years go by, along with fellow alumni.

Do NOT only network with nurses! Although it will be uncomfortable at first, sit with residents, doctors, administrators, etc.

Network with real estate agents, and even pastors, and the cafeteria workers.

Why?

You may be surprised as to where those people recommend you to other people because you are not viewed as above them or stuck up.

You may be surprised as to how the doctors realize how much you know or how much you are willing to learn.

We all put our pants on the same way so DARE to be DIFFERENT and network with others of social classes, ethnicities, socio economic classes, etc.

Welcome to the human side of networking ... in the multifaceted world of nursing!!!!!

Heck, you may even help the new people you meet or those people may even help you to advance your career!

Don't stay in your clique. Instead, NETWORK!!!!!

Join the professional networking groups like www.NursesLounge.com too and share your experiences!

You will often be surprised at how much the OTHERS have taught you on how to be a better nurse! ✚

Carmen Kosicek, RN, MSN is a Nationally Known Nursing Career Coach and public speaker who specializes in helping nurses capitalize on their strengths, and expand their nursing career opportunities. Carmen helps RNs to write resumes, she offers guided, step-by-step career coaching for seasoned and new nurses alike which helps them to initiate and advance their personal nursing careers. Carmen offers keynote speaking and more! Her book, 'Nurses, Jobs and Money – A Guide to Advancing Your Nursing Career and Salary', and her new book 'Nurses, Jobs and Resumes', expected to be released on two months, in addition to her 'Foreign Educated RN Guide to the US' helps nurses further their careers in the may aspects of the nursing profession. For more information visit www.CarmenKosicek.com today!

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Such appointment would require an exception by the Pennsylvania Department of Health. With respect to scope of practice of certified nurse practitioners within a hospital or hospital-based clinics, a hospital could require a higher level of physician oversight than is required under state law. Hospital decisions limiting scope of practice for certified nurse practitioners or physician assistants influenced by competition concerns risk scrutiny under antitrust laws.

An expanded role for nurse practitioners, physician assistants and other mid-level providers can lead to improvement in access to care and achievement in cost efficiencies. Changes to licensure and scope of practice rules should not compromise patient safety and quality of care objectives.

Access to quality health care services is critical to the success of our health delivery system. In light of the existing primary care shortages, we must continue to work toward developing the right primary care team practice model that both achieves greater patient access and ensures high standards of care. ✚

Anna Bamonte Torrance is a member of the Pittsburgh-based law firm Houston Harbaugh. She focuses her practice in the area of health care law and litigation. She represents physicians and other health care practitioners on licensure, credentialing and medical staff issues. Anna can be reached at torrance@hh-law.com

Creating a NEW Patient Experience ... Nurses MUST Lead the Way!

By Jeff Tobe

Why is Starbucks so successful in selling you a $4.00 cup of coffee when MacDonald's charges $2.00? Why does a stay at a Ritz Carlton hotel seem much different than at a stay at the Holiday Inn? Most people today would answer that it's all about 'customer service' when, in fact, they would be wrong! Both MacDonald's and Holiday Inn offer incredible customer service. What Starbuck's and Ritz Carlton understand is that it is about the customer EXPERIENCE!

Patient *"experience"* has become the new buzz word in the nursing profession and I am not sure that most health care organizations really understand it. *'Service'* is what you offer your patients everyday as a trained professional; it is personal and it comes from the heart. Patient *'experience'* is about considering our patients' experiences from the minute they make contact with our organization until the minute they are done. This involves so many more people than just you.

Those organizations who purposefully examine every patient *touch point* — those opportunities we have to touch the patient from the parking attendant, to admission, to patient transportation to billing and many more — are those who will excel at the patient experience. By driving the message of the experience through every department, people realize that, no matter their title or contribution — part time or full time — they are part of the patient experience, they start to become more engaged. A 2013 study conducted by the Gallop organization, found that only 50% of Americans were engaged at what they do every day. That means that 50% of Americans come to work for a pay check or for the security. By having everyone consider their specific patient touch point and how they can better that one experience, they automatically become more engaged at what they do and ultimately, the patient is the one who benefits.

The experience has to start with nursing professionals. Because of your influence and because you touch so many different people at so many levels of the organization, you have to step up to the plate as the leader you are. It starts with you getting as many people as you can, walking around asking, *"What is the (fill in the name of your organization here) experience?"* Then, figure out how to shatter the stereotype of the experience patients EXPECT to have with you, your department or with your organization. Ask yourself, *"What small touch point could I focus on this week, that will ultimately shatter that stereotype?"*

Imagine going to a new restaurant that has been touted as the best in town. You arrive at 7:50 for an 8pm reservation and are seated right on time. You go on to have the best service and possibly the best food you have ever eaten. At one point, the chef comes out to your table and explains how each of your dishes was prepared. The manager checks on you a few times. It is perfect. After dinner, you proceed to go outside, you proffer your parking ticket to the car valet and FIFTY FIVE MINUTES later your car arrives! Isn't that part of the overall experience? Of course it is. But, let's take this to the next step. It is now 3 months later and you have told hundreds of people to go to that new restaurant because the food is amazing and the service is outstanding. Then, you finish with one word. **BUT!** *"... BUT your car will take forever to get to you after dinner."* I think my next book's title should be, "What Comes After the But?"

What's this got to do with the nursing profession? Everything! The minute we get our people asking *"What comes after the but"* is the minute we start to become 100% patient-centric. *"The nurses were incredible but, the cafeteria is just filthy". "My husband was given wonderful care and attention but, admissions took so long".* We need to examine the touch points mentioned earlier and imagine what the patient might say. To start to make a shift from service to experience, begin by examining those touch points and see the world through THEIR eyes not yours. ✚

Certified Speaking Professional Jeff Tobe speaks, consults and trains with healthcare organizations around the world in designing and implementing the ideal patient experience. His newest book, "ANTICIPATE: Knowing What Customers Need Before They Do", is a hot business book. Jeff was chosen as one of the top 15 speakers in North America by readers of Meetings & Conventions magazine. For more information, visit www.JeffTobe.com or call 412-759-5319

Stantec It's a Matter of Perspective.

Listen to Staff, Save Some Money

By Tracey Graham

The expenditure of healthcare construction dollars is expected to be over $100 billion in fiscal year 2015. As such, hospitals are seeking reliable, proficient ways to spend their money. One way to do it is through the first-hand, readily available insights of nursing staff.

As a Nurse Practitioner now working with a design firm, I can come to the table with extensive and eclectic insight and experience in hospital operations and clinical practice. Nurses like me serve as true advocates for the patient and their families, while understanding the needs and expectations of the hospital staff and administrative constraints for ROI.

My goal with my clients is to bring their mission, vision, and end-user experience to the forefront to help navigate operations, improve the design process, and translate the needs and wants from staff to designers to hospital executives.

By involving nurses in the pre-design process, I have seen great success and savings in expending capital since their input directly informs proactive vs reactive preparation and planning for future business process and space.

Adding this early step allows the design team to explore data and ideas and map present, future, and innovate approaches prior to being transformed into drawings or plans. It gives all an opportunity to study business trends, benchmarks, accreditation, service lines and evidenced-based practice requirements.

This information is then used to align a hospital's vision with its strategic plan.

Coupling this learning with a process that studies the "flow" of patients, family, staff, medication, equipment, communication and supplies within a hospital also examines how all user paths are integrated in the care process, identifying areas of waste or opportunity for change and ensuring that they are merged into the design, wayfinding, interiors and landscapes.

This information-sharing and knowledge exchange serves as a basis for critical information gathering that will be required as design progresses into spaces, equipment and interiors. This information is the root of indicative design and used to develop plans for facility construction.

The cost of predesign is often a struggle for medical centers as the results are not immediately tangible. However, developing a strong road map for change is imperative and the role of the nurse up to and including this phase is critical.

This type of peer review allows for design critique rooted in evidence-based care standards, accreditation needs as well as functional and operational level review.

It ensures there is buy in from end-users and leadership and it allows a facility to be designed around function and process vs having extensive (and difficult) change orders and resistance to change later in the process.

This ultimately leads us into design development where spaces become more defined in regards to colors, finishes, and placement of outlets, air and vacuum systems, plus much more. The nurse then becomes a valuable consultant again by continuing to work with end users, quality management staff and facility planners in transition planning for occupancy.

This includes everything from the preparation and planning of a physical move to ensuring equipment, supplies, people, education, training, policy and protocols are in place prior to ribbon cutting.

Lastly, the nurse input in facility design helps architects and engineers understand the needs, both physical and operational, for surge capacity in the event of a disaster, things to help mitigate risk and continuity of operations during and after an incident.

In essence, the role of a nurse , as Florence Nightingale before us, is to continue to be the influential advocate for design concepts that improve hospital outcomes. Let's be sure in this week of celebrating nurses to include the important contributions they make to those outcomes not only through their patient care, but also through their contributions to their workplace's design. ✚

Tracey Graham is a Nurse Practitioner and healthcare consultant for Stantec based in the company's Washington, DC office.

Leaders in Shaping the Outcome of the Health Care Conversation

By Christine Alichnie, PhD, RN

Nurses Leading the Way is the theme for National Nurses Week running May 6-12, 2014.

As we celebrate our past and present nurse leaders, we must never forget that all professional nurses are leaders — transforming practice, education and health policies.

The emerging health care world, with the impact of the ACA, is transformative; it ushers in new services, business and health care partners, and insurance companies.

Trends landscaping the health care industry of the future will include: pervasive chronic care needs requiring multiple care pathways to improve outcomes; transference of an expensive hospital care model to a home care model requiring a shift in services and resources to provide quality care; and incorporation of healthy work behaviors addressing lifestyle choices with a dollar value placed on wellness — a definite shift from illness care to wellness care.

Across the Commonwealth, nurses are guiding these forecasted trends. The 2010 IOM Report, *The Future of Nursing: Leading Change, Advancing Health*, emphatically calls for all nurses, including nursing students, to lead. Will we hear the call?

Professional nurses must seize this moment and opportunity that the report has given the nursing profession and actively engage in transforming practice and nursing education throughout the Commonwealth.

Leadership activities must include interprofessional practice and educational opportunities, as well as the ability of all nurses to have full practice authority.

This transformation calls for all nurses to forge the profession's future rather than hold on to our past.

The call for nurses to lead the way in transforming our health care delivery system and educational models expects new partnerships and a paradigm shift in thinking — collaboration with business, government, consumer groups and other professional associations.

Our security blanket must be removed to transform our future place in the ever-evolving 21st century health care model.

The Pennsylvania State Nurses Association (PSNA), representing the more than 212,000 RNs in Pennsylvania, serves as a mentor and role model in this endeavor.

As the nurse co-lead organization for the PA Action Coalition, one of 51 national Action Coalitions in support of the Future of Nursing: *Campaign for Action*, we are collaborating with new and old partners to implement the eight IOM recommendations. Will Pennsylvania's nurses hear the call to lead the way and step up to the plate?

Join your regional action coalition today by visiting www.paactioncoalition.org. ✚

Christine Alichnie is President of the Pennsylvania State Nurses Association.

Memorial Medical Center's Fourth Cameos of Caring Award Recipient

By Jackie Gunby, RN, BSN, CCRN

May Kay Bolam

Critical Care nurse May Kay Bolam is full of ideas. She sees a broken system and visualizes how it should be. She was not recruited by the Unit Practice Council at Conemaugh Memorial Medical Center because she is popular (even though she is), she was selected because of her willingness to serve and fix the system. If you ask her co-workers why she was a good candidate, they will invariably tell you she can be counted on to do the right thing for the patient and for the unit and will persist against resistance.

She co-wrote the Targeted Temperature Management policy. She tirelessly researched evidence to support it, and worked with physicians and the educators to create an updated physician order set and is considered the resident authority. She also saw that patients and their families sometimes become overwhelmed with the critical illnesses that bring them into the hospital.

Patients sometimes lose their dignity and self-respect in a dependent environment. She recognized this. So she developed a Spa Therapy basket. This brightened not only patients and their families but also warmed the staff. A new hairdo, haircut, manicure, and or pedicure at times are just what is needed to make the patient feel like a "person" again.

She makes it her business to know all of the new updates, meds, charting, and Joint Commission requirements. Her nursing practice is filled with these provisions. However, compassion and caring is also a large part of the mixture. When nurses, physicians, or ancillary personnel behave in a manner that is unprofessional she does not shy away from it. She is able to establish, in a non-offensive way, the benefits of an alternative action. She is extremely conscientious and dedicated to providing sound, quality care and would never leave any assignment incomplete.

She comes in early to ready herself for her patient assignment. By the time she reaches the bedside, she knows every diagnosis, potential diagnosis, medication, procedure, and lab result on that patient. If she sees something undone, she contacts the physician and advocates on the patient's behalf. Or if something isn't working, she again advocates for an alternative. She provides exceptional support and caring and her patients long remember her kindness. She took the time to put together a bedside anniversary celebration for a patient and his wife complete with a special gift she purchased for the occasion. The wife keeps that beloved gift in a special place in her house.

She will sometimes follow a patient to another unit and assist the family in navigating through the healthcare system by offering education and links to outside agencies. Her caring doesn't stop at discharge — Mary Kay has continued to make herself available to patients and families post discharge.

She is quick to let staff know when they have done a good job. She consistently motivates those around her to do the right thing, the hard thing, the not-popular thing and the required thing even if it takes more time. She makes our unit a better place to work.

This is someone that I consider a true role model. She is gifted with a constant smile that is genuine, a positive attitude even under unpleasant circumstances, and never complains, even when she has every right to do so. She always assists other staff members with difficult patient assignments and has volunteered to take admissions and third patient assignments when needed. She is known to be a great resource person, and because she believes in the merits of nursing as a true profession, she recently completed her BSN while working full-time.

When I see commercials on television expounding the virtues of nursing, the non-judgmental desire to make a difference in every life we touch, I am humbled by the privilege to be a part of this profession. And when I think of all those attributes, I think of Mary Kay.

For more information, visit www.conemaugh.com. ✚

We Need Strong, Visionary, and Innovative Leaders to Transform Cancer Care

By Mary Gullatte, PhD, RN, ANP-BC, AOCN®, FAAN

As I reflect on the honor the ONS membership bestowed on me to serve as your president for the past two years, I want to remind you of my goal to inspire every oncology nurse to lead from the future.

As we face the tides of change in our workplace and even within our profes-sional association, it is clear that strong, visionary, and innovative leadership and succession planning will be required to chart the course for our future.

ONS has initiated several innovative changes over the past few years to position the Society for a better, stronger, and sustainable future.

Peter Drucker defined management as "doing things right" and leadership as "doing the right thing."

It takes courage to act on a vision and to do the right thing when it may not be the most popular course of action.

This is particularly important for board governance leadership.

Governance leadership should focus on strategic thinking and visioning, rather than day-to-day operations, when a board has staff to manage operational de-cisions with board input as warranted.

Many of the challenges chapters face are universal, such as how to recruit younger members, grow membership, engage members to step up to chapter leadership, and navigate through the Sunshine Act's implications for support for continuing education programs.

The ONS staff, with member leader input, designed the annual Chapter Leadership Weekend to be a venue for benchmarking, networking, and exchange with each other to share best practices around these issues.

It also offers sessions on board governance to help chapter leaders develop a high-functioning board.

Each ONS chapter should send representatives to this event in Pittsburgh each year to share ideas and knowledge.

Leadership succession is a key strategy of sustaining vibrant and viable boards at the local and national levels.

Pay attention to leadership competencies, attributes, and strengths needed when seeking new board members.

A diverse makeup of members is necessary to sustain a vi-brant board. Diversity is not only about race and gender but also age and experiences.

The board should develop a succession plan that includes identifying and mentoring future leaders.

Oncology nurses are positioned to embrace the rising tide of change as transformational lead-ers through innovative vision, strategic thinking, and mentoring for succession planning.

Lead-ing through change will require a set of defined competencies to shape our oncology nursing future to transform cancer care. ✚

Mary Gullatte, PhD, RN, ANP-BC, AOCN®, FAAN, is the ONS president. For more information, vis-it www.ons.org.

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Her appointment represented a giant leap for nursing; it is rare to have a nurse in such an influential leadership government position. Ms. Tavenner has the opportunity to make a positive impact on the lives of millions.

Not every RN can achieve something as significant, but *every nurse* can take an action step to move health policy forward and advocate for patient care.

The Affordable Care Act and Health Care Reform of 2010 does not just change the number of insured patients in the country.

The law's effects are far reaching and include matters such as the number of practitioners needed in the next decade; the core measures that hospitals are reimbursed and not reimbursed for, and most importantly, the way care is delivered.

While hospitals fight for their lives to stay viable, due to a complex combination of decreasing reimbursements and increased regulations, the nursing profession also faces key issues.

The need for nurses to engage in health policy at the local, state and national level has never been more critical.

If nurses understand the process of health policy, they can learn to use their collective voice: a rich voice which Washington wants and needs to hear.

Nurses are now often compelled to practice within guidelines and mandates created by persons outside of the nurse-patient relationship, such as insurance companies, legislators, and lobbyists.

While safety goals and quality initiatives brought forth by the Affordable Care Act are crucial, nurses must become aware of their ability to influence future health policy.

Nurses must believe they have more insight than most when it comes to clinical needs and the therapeutic value of nursing care. Additionally they must be able to speak to the resources they need to provide quality care.

So why aren't more nurses involved in health care policy? Why are nurses missing from the discussions at decision making tables?

Many nurses have the opinion that they can only affect patient care by giving good quality bedside care. Others, trying to achieve a work-life balance think they don't have time.

The complexity of issues today can leave a nurse paralyzed by the fear of speaking to a legislative representative.

Nurses worry about how to articulate the value they bring to patient care.

Finally, some nurses are so frustrated by all the changes and current constraints that they are leaving nursing. This is not the time to leave; this is the time to get active, energized and start making a difference!

Here are four key steps any nurse can take TODAY to have input into their own practice:

Get involved. Join a Nursing Organization that has special advocacy arms, such as the American Nurses Association. Explore the advocacy tabs to gain a wealth of knowledge.

Learn the Key issues: Nursing has important legislation pending. The ACA is not the only issue on the table. Start by understanding the law and its effects. Then learn about issues such as Advance Practice Nursing, Unlicensed personnel and workplace advocacy.

Find your cause. Identify an issue that resonates and start emailing, writing or visiting a legislator's office. **When nurses speak, legislators listen**! If they are not available speak to their aides. Take advantage of state nursing organizations that sponsor a day at the state or U.S. Capital.

Connect with your state representative. Use a site such as www.whoismyrepresentative.com to find the right legislator. Use templates from nursing websites to email or write to them.

Remember, just take ONE SMALL STEP at a time. As the late Mother Teresa said,"I can do things you cannot, you can do things I cannot; together we can do great things." Patients are counting on nurses to accomplish great things together. ✚

Vivien Mudgett has been a nursing leader for over 25 years. She founded the Healthcare Leadership Coalition in 2013 to assist nurses and consumers learn how to navigate the maze of the healthcare world and healthcare policy today. The four cornerstone words of the Coalition are Education, Reform, Advocacy, Power. For more information, visit www.healthclc.com or email her at vmudgett@healthclc.com.

Caring for Patients with Multiple Sclerosis

By Angie Kellett, RN-BC, MSCN

It is an exciting time to be a nurse. In fact, according to Bureau of Labor Statistics, the nursing profession is expected to grow over the next five years.

Our healthcare system is evolving rapidly and it is important, and at times often required, for us as nurses to keep up with the latest information and trends for our patients.

With the growing availability of medical information online and peer-to-peer message boards and forums, patients have become more empowered to make their own treatment decisions or diagnoses before visiting the doctor.

As nurses, our job is to help make sure patients are gathering the right information from all venues when they need it, which can be a 24/7 job. We are also there to answer questions about a person's health, and act as a counselor providing emotional support for patients and their families.

I've been a nurse for 18 years and have specialized in caring for patients with multiple sclerosis (MS) for more than a decade.

Affecting 400,000 people in the U.S., MS is a progressive chronic disease of the central nervous system that prevents the nerves from transmitting messages between the brain and other parts of the body. MS impacts each patient in a unique way — some people experience exacerbations or relapses followed by remissions, while others experience a gradual worsening of symptoms over time.

As a chronic disease, patients will always need a healthcare team to help manage their MS and the impact it has on their lives.

Because MS is unpredictable, patients may need our help at all times of the day and night. It is often in between neurologist visits that I get a call as a nurse educator with Genzyme's *MS One to One* program.

For example, if a patient wakes up at 2 a.m. with numbness in her legs, as a result of their MS, she will want to turn to a reliable and trusted source of information to get through that experience.

MS One to One provides this type of support and more to program members living with the disease, as well as their care partners, by phone and online, 24/7.

This includes everything from discussing the latest research to learning how to speak with friends and family members about one's MS symptoms.

To learn more about MS One to One, visit www.MSOnetoOne.com, or call 1-855-MSOne2One (1-855-676-6326).

Whether you work in a doctor's office, a hospital setting, or for a patient support program, like I do, I take great pride in knowing that we make a great impact on patients' lives every day. ✚

Angie Kellett is an MS One-to-One Nurse Educator.

Submissions?
Story Ideas?
News Tips? Suggestions?
Contact
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Beyond the Bedside

UPMC Nurses' Impact on the Communities We Serve

By Carrie Stevenson

Community service is at the core of UPMC's mission, and nowhere is this commitment better exemplified than through the community projects and leadership positions of UPMC nurses. Our nurses care deeply about the communities they serve – the people, places, and organizations that make western Pennsylvania great. UPMC nurses take their care and compassion beyond the bedside out into their communities, to help, to heal, and to lead.

UPMC nursing has a system-wide professional practice and nursing inclusion councils dedicated to both driving quality patient care and supporting community service projects. The members support local organizations through volunteerism, donations, and other initiatives. UPMC nurses strive to bring awareness to health, safety, and wellness initiatives. These are just a few of their stories:

Motivated by childhood memories of carefree fun at summer camp, 16 nurses at Children's Hospital of Pittsburgh of UPMC partnered with respiratory therapists, physicians, social workers, and the Woodlands Foundation to create Camp INSPIRE – a weeklong summer camp for children living with ventilators and tracheotomies. "As a PICU nurse, I tend to see kids at their worst. They are sick and miserable," says Ann Miller, RN, BSN, of Children's Pediatric Intensive Care Unit. "Camp INSPIRE allowed me to see these children as they usually are: happy, imaginative, funny, and playful." Camp INSPIRE reminds the nurses why they chose their profession in the first place – to make a lasting difference in the lives they touch.

A few years ago, UPMC Shadyside School of Nursing decided to take an innovative approach to the clinical experience in their maternal-child nursing course. Nursing instructors wanted to work with children and families in a community setting, and to emphasize health maintenance and promotion. They partnered with the Urban League of Greater Pittsburgh Charter School, and in the fall of 2012, nursing students started working with the school nurse, teachers, and young students within the Charter School setting. "The experience is designed to build the nursing students' knowledge of an inner-city pediatric population and to identify health care needs," says Sandy Lake, RN, MS, Shadyside School of Nursing.

In 2010, rates of homicide in Wilkinsburg soared to some of the highest Pennsylvania. In response, health care professionals joined others in the community to create the Sanctuary Project, a group that aims to make Wilkinsburg a safer place. Sanctuary Project members Gwen Talkish, RN, UPMC Mercy, and Rick Cokely, outreach coordinator, Addison Behavioral Care, created a violence prevention strategy called When Critical Seconds Count to prevent injuries related to violence and trauma among youth, and to share tips on what to do in a crisis. "So far, approximately 300 children have completed the program, and 50 received CPR certifications through the American Heart Association," Talkish says. Youth are safer and better prepared for a crisis after the program, demonstrating how bringing health care skills and knowledge into the community prevents future violence and drives positive change.

In addition to influencing community health and wellness, our nurses give back professionally by serving in leadership roles with several esteemed health care organizations. We are proud of the UPMC nurses recently appointed to leadership roles, including:

Maribeth McLaughlin, RN, BSN, MPM, chief nursing officer, Magee-Womens Hospital of UPMC, serves as the current president of the Council of Women's and Infant's Specialty Hospitals (CWISH). Driven to facilitate excellence in providing health care services to women and infants, CWISH member hospitals collaborate and share information about programs, practices and national policy.

Natalie Cercone, BSN, RN, CPHON, Children's Hospital of Pittsburgh of UPMC, currently serves as the president of the Greater Pittsburgh Three Rivers Chapter of the Association of Pediatric Hematology Oncology Nurses (APHON). The organization was created for nurses to exchange information and share advice in their unique role caring for children with cancer.

Susan Hoolahan, RN, MSN, NEA-BC, chief nursing officer, UPMC Passavant, began her one-year tenure as president of the Pennsylvania Organization of Nurse Leaders (PONL) in January 2014. PONL drives excellence in nursing leadership, particularly in shaping healthy communities.

Michele Ondeck, RN, Med, IBCLC, LCCE, Magee-Womens Hospital of UPMC, proudly serves as president of Lamaze International's Board of Directors. The mission of Lamaze is to "promote, support, and protect natural, safe, and healthy birth through education and advocacy."

Patricia L. Giampa, RN, BSN, MPM, CHPQ, Children's Hospital of Pittsburgh of UPMC, serves as president of the Southwestern Pennsylvania Organization of Nurse Leaders (SWPONL), a group committed to excellence in the practice of nursing leadership.

Pam Cupec, RN, UPMC Passavant, serves as president of the National Association of Orthopaedic Nurses, a 6,100 member organization.

Tammy Flemming, MSN, ACNP-BC, serves as president of the American Society of Pain Management Nursing (ASPMN), a national group of nurses with a focus on pain management. ✚

Communication is the Key to Patient Satisfaction

By Jennifer Burfield, RN

When you think about what makes a patient feel satisfied, several different ideas come to mind. Examples would be a patient being satisfied with their improvement in function, a heal-ing wound, their understanding of medications, or they now understand whatever disease pro-cess brought them to us in the first place and can manage it independently under the care of their physician. All of these are wonderful outcomes, but none of them are possible without effective and open communication.

Communication facilitates the "flow" of healthcare across the continuum. We need to consider the patient as part of the healthcare team. Being included in the decision making process is vital to the success and overall satisfaction of the patient.

We have to keep communication at the forefront, constantly striving to improve how we keep our patients informed and updated on treatment plan changes, schedules, discharge plans, and how they can contribute to their own success. In Philipsburg, we try to make our patient the "master of their own universe". We don't want them to be totally dependent upon us. That's not why we are here. We are here to teach them how to care for themselves or their loved ones. They are in charge and we are here for guidance. If they fall apart after we are no longer in their homes, then we have failed to do our part.

At our monthly meetings we are always discussing how to improve communication among all of the disciplines involved in the patient's care.

We have made many changes and in our electron-ic age communication is much quicker, but nothing will ever replace the sense of satisfaction a patient gets when they have their nurse communicate directly with them whether by phone or in person to include them in planning their own care.

I recently read a quote that said, "The basic building block of good communication is the feeling that every human being is unique and of value."(unknown author) If we can convey that feeling to our patients then everybody wins. ✚

Jennifer Burfield is a RN with Conemaugh Home Health in Philipsburg. For more information, visit www.conemaugh.org.

Leading the Way for Nurses and Education

By Meigan Robb and Teresa Shellenbarger

The nursing profession today has evolved from the days of Florence Nightingale and domestic service. Nurses now lead front-line developments that influence the health outcomes of patients and ultimately the health of the nation. The traditional view of the nurse as bedside caregiver has evolved. Nurses now play a pivotal role in addressing the demand for safe, high-quality, and effective health care as nurse scientists, nurse researchers, and expert clinicians. Nurses are leading the way to advance health initiatives on a national level with specialty skills directed towards leadership, administration, education, and informatics. This array of skilled nursing professionals contributes in meaningful ways to positively influence patient outcomes.

While exciting opportunities lie ahead for nursing, the profession faces some serious challenges. Now is the time for leaders to focus on developing a diverse group of professionals who are adequately prepared to address the changes that will result from the reform of our nation's health care delivery system. Without considering the infrastructural changes that need to occur, nursing may not be able to continue this forward development of the profession. Ultimately having an appropriate array of qualified skilled nursing providers helps to ensure enhanced patient safety, lower mortality, and improved patient outcomes. Numerous research studies reported by the American Association of Colleges of Nursing (AACN) provide evidence that nursing education levels impact patient outcomes. A recent international report authored by Linda Aiken and colleagues suggests that quality patient care hinges on a well- educated nursing workforce and that an increased emphasis on bachelor's prepared nurses may reduce preventable hospital deaths. Nurse leaders need to embrace the findings that suggest that a better educated and adequate sized nursing workforce will help to keep pace with health care demands and help to ensure the quality of care provided to patients.

Nurses should be encouraged to develop lifelong learning practices. Many within the profession should consider pursing education that will prepare them to assume advanced practice roles. The recent transition to the Doctorate of Nursing Practice as the advanced terminal degree in nursing is important to the advancement of the profession. These advanced practice nurses prepared at the doctoral level are experts in population-based practice. Many are filling the gaps in the health care delivery system by providing care to the elderly, chronic ill and those in rural and underserved areas.

Even though enrollments in these advanced degree programs continue to grow, graduations still remain inadequate to meet the growing workforce demand. Employers and those in higher education need to re-examine factors that impede as well as facilitate continued education. Working collaboratively it is important to ensure that education is seamless, accessible, affordable, reasonable, and appropriate. A sense of community should be promoted and enhanced resources should be offered to help individuals develop professionally. Financial support may be needed to assist nurses who want to continue their education. Additionally, those working with nurses need to devise creative and innovative approaches that will assist nurses in gaining access to continued education while meeting the multiple role demands they face.

To meet the growing demand for further education, academia faces some challenges that also must be addressed. The ongoing faculty shortage threatens the educational infrastructure by placing unrealistic demands on the overburdened available faculty educators. Recently released data from the American Association of Colleges of Nursing suggest that schools of nursing face a national nurse faculty vacancy rate of over 8 percent. This vacancy, coupled with the aging educator workforce, if unaddressed, may lead to even greater obstacles in meeting education needs of nurses. More educators need to be prepared to assume faculty positions in the future and fill these critical roles.

Given the changes expected in health care and patient demographics, leaders need to consider the educational preparation of the nursing work force. Collaboration needs to occur amongst all members involved in the nursing profession to develop effective ways to ensure nurses can successfully obtain continued education. While the essential characteristics and goals of nursing remain unchanged, the vision and future contributions of the profession will be dynamic.

Dr. Meigan Robb is an Assistant Professor of Nursing at Chatham University, Pittsburgh, PA. She can be reached at mrobb@chatham.edu

Dr. Teresa Shellenbarger is Professor and Doctoral Program Coordinator, Department of Nursing and Allied Health Professions, Indiana University of Pennsylvania, Indiana, PA. She can be reached at tshell@iup.edu

Creating the Wow Factor

By Robert Dobis, RN

We all strive and do what we can to ensure our patients have an ideal experience while in the hospital.

Today, not only is that required because it is our job and profession, but it is integral for the survival of our hospital through HCAHPS scores.

So what can we do to ensure that our patients are satisfied and well cared for?

On Conemaugh Memorial's Good Sam 5 we try to give our patients a relaxed, friendly atmosphere.

The first time you meet somebody you can almost perceive what kind of personality they have and how to subsequently approach that individual.

Are they serious, demanding, humorous, sad, scared, quiet, etc? We can use this to determine how the patient likes to interact and be cared for. Every patient requires us to adapt and change to properly meet his or her needs.

However, respect is one universal attribute all patients expect.

After you establish a rapport with the patient they are going to expect you to keep them well informed about their care. I'm sure you all can agree that sometimes an hour seems like five minutes to us, but to a patient time moves very slowly.

They are eagerly awaiting the results of labs, stress tests, echo's, ultrasounds, etc. Update your patients often to detract some of their worries.

Another area patients prioritize is how quickly things are done. The entire unit must operate equally and efficiently to provide prompt service to our patients.

Through teamwork we can relieve pain, answer call bells, and discharge our patients at a pace that satisfies them.

Ultimately, when all of things are done, and done correctly, it creates the "WOW" factor that gives our patients the ideal patient experience.

Robert Dobis is an RN with Good Sam 5, Conemaugh Memorial Medical Center in Johnstown, PA. For more information, visit www.conemaugh.org.

Decreased Screenings Improve Health Care for Veterans

by Brenda Shaffer, DNP, RN-BC, NE-BC

A "Do No Harm" focus of medicine is critical to avoid unintended consequences associated with unnecessary screening tests. There is convincing evidence that such screening as Prostate Specific Antigen (PSA) based screening programs result in the detection of many cases of asymptomatic prostate cancer. Additionally, a substantial percentage of men who have asymptomatic cancer detected by PSA screening have a tumor that either will not progress or will progress so slowly that it would have remained asymptomatic for the man's lifetime. As a result, leaders at VA Pittsburgh Healthcare System's (VAPHS) Health Promotion and Disease Prevention (HPDP) program were tasked with evaluating the use of clinical preventative services related to inappropriate Prostate Specific Antigen (PSA) screenings. This team was chosen to review this issue as the HPDP program is designed to ensure that veterans receive comprehensive health education, appropriate clinical preventative services, coaching for health behavior change and support for self-management of chronic disease.

The focus of unnecessary PSA testing was identified as veterans under 50 as well as those age 75 and above without symptoms, a strong family history, or a past diagnosis of cancer. It was recognized that PSA testing sometimes results in false-positive PSA results leading to unnecessary biopsy testing and work-up. In addition, increased worry and concerns over potential health problems ensue with the benefits of PSA screening being few.

The HPDP group met to plan how to tackle the problem of unnecessary PSA testing as they felt that this testing actually did more harm than good. They determined that basic knowledge regarding how many PSA tests were ordered annually was necessary to determine the severity of the problem at VAPHS as well as the demographics related to the veterans receiving the tests. Also, possible contributing factors related to why these inappropriate tests were ordered needed to be identified. The first step of this analysis involved the HPDP team collaborating with Health Informatics and Technology to design a database related to the number of PSA tests being completed in 2011-2012.

The findings were astounding: a total of 32, 379 PSA tests were done. More than 7,517 tests were completed on patients over the age of 75 with 1,536 being completed for those under the age of 50, along with three women. Because of these findings, the team wanted to determine why PSA tests were being ordered so routinely. They decided to conduct retrospective chart reviews that revealed PSA tests were ordered at many sites within VAPHS, including the Community Based Outpatient Clinics (CBOCs), although no clinical indications were identified. This was attributed to the fact that PSA tests were embedded in the providers' order sets and were often ordered arbitrarily. Based on the findings, the team had the PSA order removed from the order sets. However, removing the PSA from the quick orders made little impact on the overall rate of testing.

The HPDP team then reconvened and strategized a more effective method to decrease PSA testing. A literature review was conducted to determine whether the use of multi media education for medical staff would result in decreased PSA screening. Following the review, the group sensed that delivering provider-education would possibly decrease the number of tests ordered. The team developed several educational interventions. With the assistance of a urinary specialist, the creation of provider and patient education videos resulted. A power point was also developed along with a short lecture regarding appropriate PSA testing. HPDP team members then traveled to CBOCs and VAPHS outpatient sites to present the video education as well as provide face to face education to the providers. After these interventions, data was reevaluated and revealed a 37% decrease in inappropriate PSA screenings.

Curious to see if this measure resulted in sustained improved practice, the number of PSA screening tests was again evaluated from February 2013 to February 2014. Findings concluded that the number of total PSA tests ordered was 19,838 with 659 tests for veterans under 50 and 3,373 tests for those over 75. Compared to the original data from 2011 to 2012, a 39% reduction in total tests was identified with a 47% reduction in tests under age 50 and a 55% reduction in tests over age 75.

This initiative has saved numerous veterans from unwarranted testing with biopsies.

Additionally, a cost savings of approximately $72,000 related to the decrease in the amount of tests being done has been recognized. Perhaps the greatest result of this change in practice is that a majority of veterans are no longer being exposed to both the physical and psychological pain associated with unnecessary PSA screening. ✚

Brenda Shaffer is the associate chief nurse for primary care at VA Pittsburgh Healthcare System. She has been a nurse for almost 34 years and a VAPHS employee for almost 27 years. Learn more about health care for Veterans at www.pittsburgh.va.gov.

Magee-Womens' Maribeth McLaughlin Named Chair-Elect of Maternal and Child Health Governing Council

Maribeth McLaughlin, chief nursing officer and vice president of patient care services at Magee-Womens Hospital of UPMC, has been named chair-elect of the American Hospital Association's (AHA) Maternal and Child Health Governing Council. She will assume the role of chair in 2015.

The governing council is comprised of 14 senior executives from the nation's top women's and children's hospitals and health care providers. As a council member, Ms. McLaughlin will advise the AHA on public policy, advocacy and new issues in maternal and child health.

"The AHA leadership position will offer a tremendous opportunity to examine and analyze trends in women's health across the nation," said Ms. McLaughlin. "We'll share experiences with other members on everything from nurturing a healthier workforce – to specific clinical information, such as the elective induction of births."

"Passion for women's health is key to this role," said Leslie Davis, president and chief executive officer of Magee. "Maribeth is incredibly knowledgeable, well-positioned, and clearly viewed as someone to turn to for examples of best practices."

In addition, Ms. McLaughlin recently assumed the presidency of the Council of Women's and Infants' Specialty Hospitals, comprised of 13 non-competing hospitals with high-volume obstet-rical care, which collaborate and share information about programs, best practices and national policy.

In her role at Magee, Ms. McLaughlin has been instrumental in promoting interdisciplinary partnerships, developing evidence-based policies and procedures and standards of care, facili-tating continuing quality improvement programs and ensuring patient safety and compliance.

Maribeth McLaughlin

Ms. McLaughlin received her nursing degree from Duquesne University and her Master of Pub-lic Management from Carnegie Mellon University.

Magee-Womens Hospital of UPMC is a full-service women's hospital and includes a range of services for women and men: diagnostic imaging including CT and MRI, a Heart Center, bariatric surgery, orthopaedics, digestive disorders, comprehensive breast and gynecologic cancer ser-vices, pulmonology, thoracic surgery, minimally invasive abdominal surgery, vascular surgery, and a full-service emergency department. For more information, visit www.upmc.com/locations/hospitals/magee/. ✚

Duquesne University Nursing Students Spend Spring Break Volunteering in Nicaragua

Since 1995, Duquesne University nursing students have spent their Spring Breaks traveling to Nicaragua to participate in global service learning opportunities, encompassing a broad spectrum of volunteer work. From extremely urban to the utmost rural areas, the students provide health assessments, nursing care and health education to lower-income Nicaraguans and their families.

The students work with people of all ages in a variety of settings, including public clinics, homes, schools and neighborhood health centers. Prior to departure, the students are questioned about their expectations. Most respond about overall fears but also about their eagerness to share their wealth of materials and knowledge with those less fortunate. When they return to the U.S., they realize this was the least important aspect of the trip.

The following accounts are from Lisa Patel and Amanda Watts, two nursing students, asked to describe their most meaningful experience during the 10 days spent volunteering in Nicaragua.

Lisa Patel and Amanda Watts

Lisa Patel:

My experience at the Barrio was unlike any other. I was paired with another student and we worked with a family of 12 ranging in age from 2 to 76. While I was expecting this family to have health issues and other needs, I was not prepared for what I was about to experience.

I was shocked to see that their home was made out of scrap metal and wood. The dirt floor extended throughout the interior of the house and into the yard. There were a number of beds in poor conditions in the house — some had gaping holes in them, cardboard on top of metal springs and most had unstable bed frames. I learned that three to four people slept in the same bed at a time. Although there was electricity, there were no light sockets or light bulbs. Because there are no windows, keeping the front door open during the day provided necessary light, and when the sun would go down, they would just "deal with it." The kitchen had a small table and cement sink overflowing with dirty dishes and fruit. An open fire was located in the house near the back door — a definite hazard for small children and a 2-year old with asthma. A crib in the backyard served as a trashcan. A hammock served as a resting place for adults and a napping area for the baby. In a corner of the yard, there was a latrine and an outdoor shower/washing area. Scrap construction materials and other trash items were scattered in the yard. In another corner was a rusting, uncovered water barrel, with mosquitoes and eggs lying on the surface — a potential malaria risk. I was shocked to learn this water was for drinking, washing dishes and bathing. To them, some water is better than none, regardless of the condition.

The family shared 2 towels amongst themselves and had no toothbrushes, toothpaste or soap. The toddler with asthma hadn't visited the Centro de Salud for healthcare and had no medication to treat his condition. The 2 teenage boys no longer attended school because they lacked the required school uniforms, shoes, books and supplies. It wasn't unusual for them to eat only 1 meal a day, often bread, fruit and occasionally rice and beans for dinner. We discovered that the grandma with diabetes and hypertension hadn't eaten for over 24 hours when she collapsed in the midst of our visit. She also hadn't received healthcare attention in over a year. The family just doesn't think the Centro de Salud is necessary. They stated that they had gone there a few times by foot but hadn't been back in awhile — I was overwhelmed when I heard this.

Despite the overwhelming issues, this family welcomed us every day, making us feel at home. We performed assessments on the individuals and environment, and provided guidance and education regarding identified issues. Visiting the Centro de Salud was stressed as key to providing the family with ongoing attention to their health problems.

Bringing donated clothing and shoes as well as utilizing money from our Nicaraguan Health Fund, we provided the family with necessary clothing and supplies including school shoes, uniforms, clothing, beds and mattresses, medications and food. This by far was the most rewarding part of the entire trip.

From the experience I had in the Barrio and with this family, I not only learned more about nursing, I learned appreciation. This family, regardless of the poverty and lack of essential resources, was extremely happy every single day. The children didn't cry or complain because they did not have books or toys. The elders in the family always laughed and talked to one another. I am most grateful for the opportunity to work with them, to be welcomed into their home and to provide some small amount of assistance. I received an experience unlike anything I have ever seen in U.S. They opened my eyes to the world in countless ways.

Amanda Watts:

I learned so much about the healthcare system and the people of Nicaragua from my experience working in the Centro de Salud (Health Ministry public clinic). Patients received care in clinics including immunization, oral rehydration, prenatal care and gynecology, communicable diseases, integrated care and urgent care. Everything was fast-paced, and there was very little privacy. The lines wrapped around the building, and there was never an empty seat in the hot, crowded waiting rooms.

In the urgent care observation area, there were 4 beds in one room and a bench where 5 patients sat receiving IV therapy. At first, the lack of patient privacy was alarming. Having HIPAA drilled into our brains throughout nursing school, I was speechless, but then thought maybe there are benefits to having patients in the room together to provide a support system and opportunity to talk to others. I was struck by how open and willing the patients were to us as minimally Spanish speaking U.S. nursing students. Working alongside Nicaraguan healthcare providers, we gave injections, performed assessments and pap smears, removed sutures, inserted IVs and provided health education. The patients were open, understanding and patient with us and the healthcare system in general.

The Nicaraguan nurses' emphasis on patient education was remarkable. They took the time to explain health teaching, stressing the importance of what they were saying. The clinic hallways featured bulletin boards of health education topics such as breastfeeding, immunizations, HIV/AIDS and tuberculosis — all prepared by medical students! During my preparation for this trip, I thought I was going to contribute to the Nicaraguan healthcare system and teach the people I worked with all about health promotion. And maybe I did, however, after those few short hours there, I walked away with more lessons learned and insight into a different healthcare system and a different patient population. The attitudes of the people and staff were remarkable, despite the lack of resources, long waits and brutal heat. It was fascinating to see such an incredible resiliency and is something I will incorporate into my everyday life from this point forward. ✚

Using the SAWD Effect to Treat Patients

By Vicki Fischenich

The chronic wound epidemic is growing uncontrollably. Over six million Americans suffer from chronic wounds and nearly $25 billion is spent every year to treat them.

The elderly are particularly at risk ... and with this a growing population, the need for a different, more cost-effective, approach is increasingly critical.

Because wounds are dynamic and non-uniform objects, changes are unpredictable while dressings are worn.

Yet we keep expecting optimal results despite choosing static products for a dynamic environment.

When any of today's static dressings are applied to an area, they're only performing one function.

Once the area and its needs change, the dressing is no longer optimally aiding wound healing.

On the contrary, a static dressing may actually impede healing, since it is no longer creating an ideal wound-healing environment.

The growing number of deteriorated and non-healing wounds we see as healthcare professionals suggests this contraindication.

Can One Size Truly Fit All?

It's hard for many clinicians to accept the idea that a one-size-fits-all dressing can provide multiple functions; e.g., hydrating, absorbing and adjusting to wound beds as needed.

This attitude isn't surprising, as we have been all taught to be become "dressing-ologists" — of over 450 brand names currently available.

I myself had a one-hour wet-to-dry class throughout my nursing and grad school education.

One report, examining fifty American medical schools, shows the mean hours of education in physiology of tissue injury are 0.5 hours and 0.2 hours in the first year and second years respectively, and zero in both the third and fourth years.

The mean hours of directed education in the physiology of wound healing are 2.1 hours and 1.9 hours in the first and second years.

Clinicians are overwhelmed by the wide array of products; dressing selection is complicated and error-prone, making effective outcomes problematic.

The SAWD Effect

The main obstacle to effective healing with currently available products lies in the fact that all are single-function products.

For years this was fine.

Indeed, I'm part of the generation that was taught emphatically that no one dressing could work for all wounds ... especially not for long-term use.

I was accustomed to ordering either daily or every-other-day dressing options, especially in acute or long-term facility settings. The home health setting was the only one that forced extended-wear consideration due to issues like changes in health coverage.

That limited visits allowed, often necessitating the lowest out-of-pocket expenditures for many patients.

I was fortunate to be one of the earliest users of the Self-Adaptive dressing (SAWD), as part of a study at Southwest Regional Wound Care Center under Dr. Randall Wolcott.

With this "smart" dressing, health professionals finally got a product that made feedback-driven adjustments as needed.

The novel concept is of a dressing being able to change its function while accommodating any wound, in any stage of healing, regardless of type and etiology, including the most complex wounds.

The SAWD hydrates dry areas and absorbs excessive fluid from exuding areas while protecting peri-wound skin from maceration ... all at the same time.

That means any type of wound can be much more effectively treated.

Diabetic, leg, and pressure ulcers; surgical wounds; burns; graft sites, and lacerations are just a few of the chronic and acute treatment needs that can be addressed with SAWD.

With this technology we've seen tremendous results healing even the oldest chronic wounds; e.g., from 12 years to only weeks.

Addressing Patient Pain

The patient experience is redefined with SAWD, which effectively supports the body's natural autolytic debridement.

It can reduce the need for sharp debridement — a dreadful procedure for patients in general, and virtually impossible in elderly patients and others using blood-thinners.

The dressing material is non-adherent, allowing easy, painless, removal and wear.

Additionally, due to high-absorption rates (over 50 percent more than leaders on the market) it can be left on for up to 10 days (depending on drainage level) in comparison to twice-daily dressing changes necessary with other products.

All of this decreases pain remarkably. I've seen patients indicate immediate pain reduction, from 8-9 to 1-2 level on a 10-scale upon application.

This not only makes it easier for clinicians to do their job, but to do those jobs in ways that better serve their patients.

Preserving Jobs, Enhancing Care

We are all facing payment cuts in the coming years, including up to 14% in home health care.

We have to look at the benefits of every tool at our disposal, including Self-Adaptive dressings, which will allow us to move to a sole treatment option.

I've seen SAWDs help decrease the number of negative pressure days for a patient.

SAWDs can allow us to cut individual visits by at least two times, but professionals can service more patients and be more time-efficient ... without decreasing quality of care.

Since it is covered by Medicare and Medicaid, available through many distributors and DME services, we could still see profits despite Medicare cuts.

In Pennsylvania, an area I happen to know very well, implementation of self-adaptive technology could mean hundreds of millions of dollars in savings for institutions such as home health care agencies, LTCs, nursing homes and skilled nursing facilities.

West Penn Nurse's Success with SAWD

One of the most remarkable success stories comes from Western Pennsylvania. Renetta Winkler is a wound, ostomy, continence, and foot care field nurse at VNA of Western PA.

Due to the fast-moving progression of multiple sclerosis and deep chronic ischial pressure wounds, her patient (let's call her "Kathy") suffered from pressure ulcers, malnourishment, increasing loss of mobility, among other issues.

With SAWDs, Kathy dramatically improved her physical well-being, emotional outlook and overall quality of life.

Among other milestones, she went back to sharing a bed with her husband, became more compliant with offloading and became more active in the life of her 9-year-old son.

In this age of innovation it is important for health professionals to stay open-minded and embrace new technologies, especially when it's clear it will enable us to treat patients more efficiently, with consistently better results, while lowering material and labor costs.

After all, it's why I, and others like me, become nurses. ✚

In Vicki's 25+ years in the medical field, she has developed expertise in the clinical management of wounds, new product studies, and in the development of wound care prevention and treatment protocols. Vicki is an author of several articles on wound care as well.

Vicki received her Bachelor of Science in Radiology Technology from Midwestern State University, and her Bachelor of Science and Master of Science degrees in Nursing from Texas Tech Health Science Center in Lubbock, Texas under Dr. Randall Wolcott.

Improving Health Care for Veterans

By Brenda Shaffer, DNP, RN-BC, NE-BC

In 2010, the Department of Veterans Affairs (VA) transformed traditional care to a patient-centric model of care. Teams known as Patient Aligned Care Teams (PACT) with focus on the person rather than the disease were formed to provide timely and coordinated care ensuring that the patients' wants, needs and preferences are at the core of decision-making. This practice change has enhanced the patient experience by involving veterans in medical decision making and self-management. As a result, PACT has allowed patients to take on more active roles in managing their health care.

During 2013, a symposium was held to determine what veterans liked and disliked about this new type of patient-care delivery. Veterans and team members gathered together to discuss the transformation of care. Veterans expressed that they appreciated having a consistent health care team that included the same provider, care manager, Licensed Practical Nurse (LPN) or Health Care Technician (HCT) and medical support assistant. However, they expressed that they wanted to spend more time with their providers during visits in order to discuss their health concerns.

Following the meetings, PACT teams gathered to review the veterans' requests. Consequently, it was decided that phone calls made prior to scheduled appointments would result in several potential benefits to patient visits. One is that the calls would allow more time to be spent face to face with the veterans' providers. The calls would be made by members of the patients' PACTs who would ask questions based on clinical reminders related to individual health concerns. As a result, veterans would feel comfortable providing information to staff members that they know. Secondly, the calls would act as reminders of appointments for the veterans, who may have forgotten about the visits.

Phone calls made prior to scheduled times were initiated on April 29, 2013, with LPNs and HCTs making the calls. This initiative required them to change practice allowing for enough time in their schedules to make calls. The staff members were challenged to contact veterans when telephone numbers were not always accurate. They found that often several calls to the veterans were required in order to successfully reach the patients. The percentage of veterans who are successfully called prior to their scheduled appointments is approximately 49%.

Prevention calls have become a sustained practice at VA Pittsburgh Healthcare System. Pre-visit calls have improved various measures that PACT teams are evaluated on. For example, telephone access to patients by PACT staff is considered an effective component of patient-centered care. Since inception of prevention calls, the percentage of telephone care has continued to improve to a high of 38.4% of patient encounters. Additionally, access to available appointments for other veterans has occurred when a veteran who has been contacted via the telephone cannot make his appointment.

As requested by veterans, pre-visit calls have allowed more time spent with providers. Instead of utilizing an average of fifteen to twenty minutes to complete clinical reminders during PACT visits with LPNs or HCTs, these visits have been reduced to five to ten minutes of clinical reminders, permitting substantially more time spent with providers resulting in more time to fully participate in medical decisions with their providers. Additionally, providers and patients have had the opportunity to form partnerships in order to develop treatment plans that lead to improved adherence by the veterans. This change has involved the transformation of the practices of team members who now focus on veterans' goals and needs facilitating for veterans to take on more active roles in managing their health care. ✚

Brenda Shaffer is the associate chief nurse for primary care at VA Pittsburgh Healthcare System. She has been a nurse for almost 34 years and a VAPHS employee for almost 27 years. Learn more about health care for Veterans at www.pittsburgh.va.gov.

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Others may want to join for the continuing education and access to scholarship publications. Networking and career assistance is also a heavily weighted reason to participate. There are also various explanations why a lack of participation exists such as a deficiency of information about the specific benefits of belonging to an organization, limited time due to work and family commitments and the restrictions due to cost.

The future of healthcare is uncertain, but what is certain is that nurses have to be actively engaged with current healthcare trends and issues so they can better lead patients locally, nationally and globally to better health. Being active in a professional nursing organization is one way to gain the necessary skills for becoming a change agent. The reasons to join far outweigh the reasons for not joining if the nurse wants to be a voice for the profession.

One nursing organization encouraging nurses to continue to advance the field is Sigma Theta Tau International (STTI) Nursing Honor Society. STTI focuses on advancing world health and nursing academic excellence. The membership is by invitation to baccalaureate and graduate nursing students who exhibit excellence in scholarship, and to nurse leaders demonstrating achievements in the nursing field. The Nursing Programs of Chatham University saw the value of participation in professional organizations created a virtual nursing honor society in preparation for applying for STTI chapter status in February 2013. The STTI Chi Zeta Chapter of Chatham University was chartered on March 26, 2014 during an on-site ceremony with representation from inductees, university leadership, nursing programs faculty and staff, and community leaders. Dee Welk, PhD MSN, RN, and STTI Past Board of Directors presided over the ceremony and induction.

Choosing a professional organization to associate with takes some minor investigation. The key to gaining valuable knowledge is to choose the right organization, with the right focus and associated mission. A great idea for new members is to take on a leadership role early on so that they can gain insights on how to leverage the benefits. The experiences should assist to develop the skill set necessary to acquire similar leadership roles in the practice setting. In conjunction, the access to up-to-date research and evidence-based studies enables nurses to take research and implement it where they work immediately. A leadership role in the organization will put the nurse into a position to be an influencer of policy as these organizations often play important roles in the creation of new health policies.

All nurses can be leaders regardless of the nurse's position at a healthcare agency. For example, a unit staff nurse can empower peers by sharing information learned through the professional organization's resources. The unit staff nurse can implement a bottom-up approach to change supported by the knowledge base of the professional organization. Over time these small changes locally can lead to a wider adoption. The agency's middle management and executive leadership can use a top-down approach to improve system-wide processes through the gathering of information published by the professional organization's thought leaders or through the participation in committees and groups within a professional organization.

The bottom line is that nurse engagement in a nursing organization leads to professional growth. It leads to increased knowledge and ultimately leads to improved health outcomes of populations. Ownership in the form of membership and the investment of time in a professional organization will allow the nurse to take active steps in the formation of our future healthcare delivery system. Chatham University Nursing Programs looks forward to supporting the voice of nursing through the power of a professional nursing organization. ✚

Jennifer J. Wasco, MSN, BSN, RN is the clinical coordinator for the MSN and DNP Nursing Programs at Chatham University, the Web Editor and Chair of the Chartering Ceremony Committee for the Sigma Theta Tau International (STTI) Honor Society of Nursing Chi Zeta Chapter. She has more than 20 years' experience in healthcare and project management specializing in engagement solutions and improved operational outcomes. She can be reached at jwasco@chatham.edu.

New Roles for Nurses in Patient-Centered Medical Homes

By Sandra McAnallen

The profession of nursing has evolved significantly over the years, much as medicine itself has evolved.

Today, many nurses are still in traditional patient-care-related roles, but career opportunities continue to expand and evolve.

For example, nurses today provide professional services through an enhanced role in the care coordination process.

This includes placing a unique focus on population health management.

UPMC Health Plan currently employs more than 300 registered nurses.

Many of our nurses perform tasks that may have been relatively unfamiliar to many nurses a generation ago.

Foremost among those new roles is that of the practice-based care manager, a core team member who can be vital to the success of the patient-centered medical home.

The concept of the patient-centered medical home focuses on the primary care physician practices, and involves a team approach to care coordination.

One of the team members is the practice-based care manager, who coordinates care transitions in coordination with the physician and the team in the delivery of patient-oriented primary care.

Care managers interact with members/patients in a number of ways, based on provider support/direction or directly to members who request support.

The role of the nurse as a care manager has evolved to offer direct contact with members in the provider's office, in the hospital, and, if necessary, in the member's home.

Face-to-face interactions have demonstrated an increase in the effectiveness of member education regarding medications, identifications of barriers to management of chronic illness, and promotion of preventive measures, including lifestyle changes needed to support improved health.

At UPMC Health Plan, our practice-based care managers work in high-volume primary care practice sites and serve as a direct link between the primary care physician and the health plan member.

In some cases, there is a need for community-based care managers.

The community-based care managers are nurses who work with complex and fragile members who need additional support in order to access health care services.

In those cases, the nurse may visit the member in their home and may also accompany them for visits to the primary care physician or specialist, to assist in implementing and developing a plan of care.

UPMC Health Plan care managers also connect a member with needed community resources.

Learning what it means to be part of a care process that focuses on individual members but delivers results that go well beyond individuals is another new experience for many nurses.

But, it is one that they will become more familiar with in the years ahead as they assist the members in their care. ✚

Sandra E. McAnallen is senior vice president for Clinical Affairs and Quality Performance for the UPMC Insurance Services Division. The UPMC Health Plan has been an industry leader in the successful implementation and development of the medical home concept. The concept has been implemented at all UPMC-owned primary care practices, as well as at numerous independent community practices.

Using Creative Simulation Scenarios to Prepare Senior Nursing Students for Leadership Roles

The American Association of Colleges of Nursing (AACN) (2008) has identified the leadership skills expected of baccalaureate prepared nurses. These include communication, collaboration, delegation, prioritization, and caring for a group of clients. Limitations in the clinical setting such as patient acuity, high student to faculty ratios, patient turnover, and facility restrictions may prevent students from having the opportunity to delegate or provide care for a group of clients. Opportunities to communicate with physicians or collaborate with members of the health care team may also be restricted. Students are unable to transcribe physician orders and may not participate in interdisciplinary rounds. These limitations may leave the new graduate nurse with minimal experiences and inadequate preparation for leadership roles. Yet, the AACN recognizes these skills as necessary to provide safe care in a complex environment and to achieve desirable outcomes (Chunta & Edwards, 2013). Nurse educators can use simulation to provide learning experiences for students to develop these skills and prepare them for a more successful transition to practice.

Simulation scenarios can be used to assist students to communicate with the patient, family, or members of the health care team. This can be achieved by developing a scenario that specifically focuses on communication. For example, a scenario that requires the student nurse to call the physician for a patient problem provides rich learning opportunities. Students must gather the necessary patient information prior to making the simulated call, use the SBAR (Situation, Background, Assessment, and Recommendation) tool to guide the conversation, and then read-back orders to the physician. Student nurses are unable to obtain a verbal order from a physician, yet expected to do so as a new registered nurse (RN). This type of simulation scenario provides an excellent opportunity to develop these necessary communication skills in a non-threatening environment. Other examples include scenarios that involve patient and family teaching, providing discharge instructions, dealing with a difficult family member, or communicating with other members of the health care team.

Delegation and prioritization of care are other leadership skills expected of baccalaureate nurses. Simulation scenarios can focus on these areas and provide students with opportunities to practice these skills. Developing scenarios that involve multiple patients or even two patients requires the student to prioritize care. When multiple patients are used the student must prioritize patient assessments, medications, and other aspects of care. This can also be achieved by using other creative approaches. Students can prioritize what should be done first when caring for even one patient. For example, a scenario could be designed to have a patient scheduled for a diagnostic test and experience pain/discomfort when the patient is prepared to leave the unit for the test. This scenario requires the student to prioritize the patient's needs, and provides a learning experience that may not typically occur during clinical.

Similarly students may not delegate care or feel uncomfortable delegating to staff members in the clinical setting. Including the option to delegate care to a nursing assistant (NA) when caring for one patient during simulation can provide this opportunity. Implementing a multiple patient scenario can allow students the opportunity to prioritize care and delegate care to other team members so that the care of a group of patients is shared and mimics clinical practice.

Developing interprofessional education (IPE) scenarios provides learning experiences related to collaboration and can involve various members of the health care team. This can be done by involving other disciplines in a college or university. Smaller schools that lack these resources can accomplish this by role playing members from other disciplines. The overall objective is to develop scenarios that include other disciplines in the patient's care. For example, a simulated patient admitted with a stroke diagnosis or after experiencing a motor vehicle accident would require interdisciplinary care. Scenarios like this introduce students to the roles of the health care team and the need to work collaboratively with others.

Providing adequate clinical learning opportunities for student nurses can be challenging for the nurse educator. Simulation scenarios can focus on communication, collaboration, delegation, prioritization, and caring for a group of patients to prepare the student for leadership roles and assist them to successfully transition to practice. ✚

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Project Golden Eagle: A Project to Improve Veterans' Mental Health

By Rose Seibert, RN, BSN and David Lynch, RN, BA

The 21st century has seen American military involvement in wars in Iraq and Afghanistan. Thousands of combat veterans continue to serve on active duty while many others have made the transition to civilian life.

Exposure to combat and other deployment stressors has resulted in a myriad of mental health problems, including generalized anxiety, depression, and Post-Traumatic Stress Disorder (PTSD) (McGuire, 2012).

The diagnosis of Post-Traumatic Stress Disorder (PTSD) among veterans is increasing, partly due to the changes in the nature of warfare increasing chances for injuries that affect mental health.

Additionally, the Operation Enduring Freedom/Operation Iraqi Freedom conflicts are different than previous wars.

This combat environment is characterized by roadside bombs, improvised explosive devices, suicide bombers, handling of human remains, high heat, insurgencies that hide among civilians, longer and repeated deployments, and shorter rest periods between deployments.

These conditions can have lasting effects on our service members' mental health.

PTSD can affect all aspects of a veteran's life, including when they are undergoing surgery.

PTSD patients are more likely to experience delirium with general anesthesia. Emergence Delirium (ED) is defined as any occurrence in which the patient awakens in a violent or thrashing manner with attempts to self-extubate, hold breath, displace intravenous line, assault operating room staff, and/or flee.

The veteran is also at risk for falling from the narrow operating room table (Wilson & Pokorny, 2012). ED can occur at any time from the end of surgery until discharge from the recovery room. Emergence Delirium is associated with poor outcomes.

Statistics show that patients who develop delirium during their hospitalization have higher six month mortality in comparison with patients who do not develop delirium (Ely et al., 2004).

As nurses in the post-anesthesia care unit, we identified that the lack of awareness among surgical staff, especially Operating Room (OR) staff, of a patient's history of PTSD was a problem.

To address the mental health needs of PTSD-prone veterans undergoing surgery, we devised Project Golden Eagle: A Project to Improve Veterans' Mental Health.

The project helps surgical staff and VA Pittsburgh Healthcare System accomplish the high priority performance goal to improve veterans' mental health.

Patients undergoing surgery with a history of PTSD or those exhibiting PTSD behaviors are identified prior to admission and their charts are marked with a "Golden Eagle" sticker to cue the staff to put interventions in place.

Rose Seibert, RN, BSN and David Lynch, RN, BA

This action triggers multiple visual cues to alert the staff of the patient's history of PTSD. These include a golden-yellow chart folder, a golden-yellow OR hat, and an eagle emblem placed on their chart.

Subsequent interventions for the project were multidisciplinary, including anesthesia personnel, perioperative surgical staff, and the music therapy department.

During the perioperative time period, identified veterans are placed in a quiet room with dimmed lights to promote a calm atmosphere.

Warming measures also facilitated a slower, quieter emergence from anesthesia.

Patients are also given the unique opportunity to listen to evidence-based music therapy using the Bonny Method, which was provided with the help of our music therapy department.

The Bonny Method of Guided Imagery and Music (GIM) is a music-centered depth approach to transformational therapy.

The music generally selected for therapy contains selected sequences of classical music, has no words, has a tempo of 60-80 beats/minute, and has a relaxing quality.

References to the healing power of music can be found in the writings of Plato and Aristotle. The earliest known music therapy in the U.S. was in 1789 in an article in the *Columbia Magazine* titled "Music Physically Considered."

Scientific and anecdotal validation happened in the 19th century when it became a treatment modality in hospitals due to the support of renowned psychiatrists such as Karl Menninger.

Interestingly, music therapy was widely used with the veterans of both World Wars at rehabilitation facilities such as Walter Reed Hospital. Since the start of the Golden Eagle Project, statistical analysis has shown that veterans with PTSD and those exhibiting PTSD-like behaviors have had a much quieter wake-up from anesthesia. Also, the project helped to enhance communication across services proactively for early identification of the PTSD patient.

The project has been a great success. The will be expanded throughout the entire VA Pittsburgh Healthcare System in the near future. ✚

Rose Seibert, a former Air Force Reservist, and David Lynch are both front-line nurses at VA Pittsburgh Healthcare System. Seibert has worked at VAPHS for 16 years and Lynch for five. Learn more about health care for Veterans at www.pittsburgh.va.gov.

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Nurses and Medical Malpractice

By Bari Faye Siegel

To err is human, right?

We all make mistakes, apologize and, hopefully, learn from our failures.

However, some mistakes result in irreparable consequences.

Nurses know this all too well. In a healthcare facility, when the best intentions are overshadowed by a simple error, even the most sincere of apologies won't stop a patient from legally pursuing compensation for pain and suffering, medical bills and future care, and lost pay.

For a nurse, who may have only been following doctor's orders, a medical malpractice charge can be a nightmare.

A negligence lawsuit can result in loss of professional license, hefty fines, possible civil penalties, and even jail time.

Assess the Damages & Refuse to Incriminate Yourself

First things first: you have to know what you are up against.

Call it legal triage.

A qualified criminal defense attorney with significant experience representing healthcare professionals accused of medical malpractice will determine the scope of the charges, the potential legitimacy of the claims, all of the people who bear responsibility for the errors (because it's highly unlikely you were the only person involved!) and what consequences, if any, you may be facing.

Further, nurses are known for their amazing ability to work well under pressure. If you've been slapped with a med mal lawsuit, you would be well-served to call on that skill as soon as possible.

It's important to realize that when someone says, "lawsuit," everyone immediately begins to play the blame game. If you find those fingers pointing straight at you, Boston criminal defense attorney Jeff Denner (dennerlaw.com) advised that you "protect yourself."

A nurse has the right to decline to speak with his or her employer or their representatives (the healthcare facilities administrators, lawyers, or insurance carriers), anyone else on the staff and even the patient alleging negligence.

Denner cautioned: "The healthcare facility, be it a hospital, nursing home or doctor's office, will be looking to minimize their own liability. They will immediate try to blame you for any mistakes that were made. Protect yourself. Your attorney is the only person who is looking out for your best interests."

Jeff Denner

Denner added that a charge of medical malpractice against a nurse can turn into a labor issue, a civil case, a criminal issue, and even a medication-related issue that would get the attention of the U.S. DEA.

"A good defense attorney will define the scope of your problem before they do anything else. Everyone else's agenda shouldn't be yours. Your destinies are not the same."

What if your employer threatens to fire you if you don't talk?

"What's worse? Being unemployed or in prison? You can answer their questions, at some point," Denner noted, "with your lawyer present."

Look at the Bigger Picture; Negligence Isn't About One Moment in Time

Paul Weber, partner at Hyatt & Weber, P.A. (hwlaw.com) in Annapolis, MD, is a plaintiff's attorney who, from the other side of the table, offered some advice for nurses.

He said the most significant medical malpractice cases do not result from just one situation.

"Negligence arises out of a cascading set of events. At any point, one person can stop the problem from getting worse. A nurse's failure to pay attention, however, can make the situation go from bad to disastrous."

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Therefore, as a nurse, it's your duty to make sure you understand the doctor's orders and not be afraid to question something that doesn't sound right or that you don't understand.

For example, Weber pointed to a case where the nurse on duty noticed the patient's blood pressure was dropping. She alerted the doctor, who told her not to worry about it. Regular blood pressure checks revealed the problem was persisting, but the nurse took an "I did my job and told the doctor" approach. She didn't tell anyone else on the floor about the problem. The result?

The patient is now blind because the decreasing blood pressure caused permanent damage to her optic nerve.

"As a nurse, your duty is to the patient, not to make sure you don't step on anyone's toes," Weber said. "If you feel the patient is not responding to doctor's orders and, in spite of your best efforts to alert the doctor to the problem, they put you off (or tell you they will check in on the patient later or on rounds), you have a duty to take the problem up the chain of command. A nurse doesn't work in a vacuum. Don't be afraid to step up, especially before it's too late. If you see a problem, or know that an error has been made, say something as soon as possible."

Document Everything. Always. Every Day.

Roy Konray of Team Law in Clark, NJ (teamlaw.com), began his career as a defense attorney and now represents people who have been injured by the negligence of healthcare practitioners. As a plaintiff's lawyer, when he's investigating a case of alleged medical malpractice against a nurse, he heads straight to the medical charts.

If real estate is all about "location, location, location," the three most important things in the practice of good medicine are "documentation, documentation, documentation," Konray said.

"As a nurse, you are usually the team's first line of defense when a problem arises. You know when something unusual is going on," Konray noted.

"Your first duty is to protect the patient. To do that properly, you need to document everything. Take notes on every doctor's order and document every conversation with anyone involved in the care of that patient."

A mistake in a chart, Konray said, is the "Holy Grail of evidence in a medical malpractice case."

When a nurse keeps accurate records, there's a paper trail (or electronic data record with timestamp) of every single thing that was done with regard to each patient.

The records can never be too complete.

Konray recalled: "I had a case where a baby was born and there was an apparent birth injury. When we compared the baby's documentation with the same sheet in the mother's chart, we saw that information was added after the fact. That's great evidence of negligence."

Paul Weber

Documenting each order and every single conversation will help you, the nurse, protect yourself, as well.

"You need to be able to recall, at a moment's notice, what the doctors asked for, what they said, and how they reacted to something," Konray cautioned. "As the nurse, it's part of your job to document everything. If you don't, liability for a mistake may fall on you."

Roy Konray

The bottom line: while it's not necessarily the nurse's job to make decisions, it is their job to communicate information and document everything.

Errors made in the operating room, errors made with regard to medication, or failure to properly monitor a patient, can all have life-altering — even deadly — consequences for people who rely on nurses to do no harm. ✚

Bari Faye Siegel is the director of content strategy at NextLevel Web Strategies. Based in Princeton, NJ, NextLevel is a boutique digital marketing and website development firm dedicated to helping professional service providers in the healthcare, legal and financial sectors grow their businesses through a vibrant online presence. She can be reached at bari@nextlevelmail.com.

When You Think of a Nurse

When you think of a nurse, what comes to mind? Most likely, it's an image of a competent, caring professional who is knowledgeable, educated, highly skilled and dedicated.

That description perfectly fits Amy Carbonara, R.N., B.S.N., a St. Clair Hospital nurse who exemplifies the very best qualities of her profession. As a charge nurse/coordinator in St. Clair's Intensive Care Unit, she cares for critically ill patients and assists the nurse manager in making sure the busy ICU is functioning at its best at all times, offering the highest quality, most efficient care to patients and their families.

Carbonara knew from an early age that she was going to become a nurse.

"I have an old childhood photograph with my younger sister, Jessy, who was just a baby; I have Jessy's arm in a makeshift sling and I am tending to my 'patient.' Even then I was practicing nursing!"

Nursing has not disappointed the Finleyville native, who was the first person in her family to graduate from college. She started out at Indiana University of Pennsylvania, but the pull of home brought her back to Pittsburgh and eventually to Duquesne University School of Nursing, where she excelled and showed promise of an exceptional capacity for leadership.

"I was active in the nursing program at Duquesne," she recalls. "I helped create the Duquesne University Student Nurses Association, a local chapter of the National Student Nurses Association, and served as publicity director. I attended state and national conventions representing Duquesne through-out my years there. I was a member of the nursing fraternity, Alpha Tau Delta, and served as secretary." Carbonara was nominated by an associate professor, her faculty advisor Suzanne Collins, for the Student Government Association Senior Award for being an inspiration to her fellow students.

After graduating from Duquesne in 2005, Carbonara came to St. Clair to launch her professional career, and has chosen to remain at St. Clair. "St. Clair won me over when I completed a nurse

Amy Carbonara

internship here. There's something special about this hospital; the warm friendliness of everyone here, the amazing teamwork, the excellent patient care and the community-oriented philosophy appeal to me. I was fortunate to get a position as a staff nurse on the same medical-surgical unit, 6E, where I did my internship. I loved helping my patients post-surgically with their recovery and rehabilitation, and the patient/family education that went along with it."

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As much as she loved her work with post-operative patients, Carbonara knew that she wanted to advance in her career. She believes that one of nursing's most exciting features is the versatility and opportunity the profession offers, and she was ready for something new. "I transferred to the ICU in 2006, and I found my passion there. Critical care nursing is amazing; it's fast paced with never a dull moment, keeping you constantly challenged and thinking. You can never know enough in the critical care world; there is always something new to learn. As a critical care nurse, you have many roles. You may spend your day up to your elbows hanging medication drips and completing the puzzle of what is compatible. You may hold the hand of a dying patient that has no family or friends and be the last person they remember or hold a conversation with before they take their last breath. You work so hard together as a team to stabilize patients, and the care is far more complex than most people realize. Professionally, I've grown up in the ICU."

Although the work is demanding on a mental, emotional and physical level, Carbonara says that the rewards are endless. One of her favorite moments occurred when a patient returned to the ICU to personally thank the staff for their lifesaving care. "None of us recognized the patient, even though we had cared for him every day for weeks. When he was in ICU, he was so sick and covered with lines and tubes. When he introduced himself to us, we couldn't believe it was the same person. On difficult days, the memory of that keeps me going."

Growing up on a family farm in Finleyville, Carbonara learned the value of hard work and says she has always had abundant energy – traits that serve her well today as she juggles a demanding job, family time and volunteer work. She has volunteered at Baptist Homes and St. Thomas More Church, doing blood pressure screening and stroke awareness teaching, and is involved with a non-profit organization called Three Rivers Adaptive Sports (TRAS), a chapter of Disabled Sports USA. "This organization provides quality year-round sports and recreation opportunities for people with disabilities. I became involved after my dad had surgery in 1994 and required extensive physical therapy. During his rehab, a therapist told him about TRAS. The following year, my dad, who loves snow skiing, inspired my family to become members of TRAS. Both of my parents are deeply involved and even became certified adaptive ski instructors. I've volunteered with TRAS for most of my life; we've enjoyed bike riding on the Montour Trail, snow skiing at Hidden Valley, kayaking and water skiing on the Mon River and much more. TRAS has taught me about positive thinking, gratitude and overcoming barriers of all types."

Working with TRAS, Carbonara says, has inspired a mindset in her that she applies throughout her life. "You push yourself and tell yourself there are no limits. I don't take anything for granted, and I always remind myself, 'I'm perfectly healthy so I should be doing everything I possibly can in my life.'" That includes taking on extra projects at work, plus training for triathlons, half marathons, biking and hiking events, and helping out at the farm for special events. She is married to "the love of my life," her husband Matt, and are expecting their first child in late summer.

Carbonara was honored by her co-workers as "Cameo of Caring Nurse" nominee in 2009. The award honors excellence in nursing. Jana Wetzel, R.N., ICU Manager, is Carbonara's supervisor.

"Amy is a well-rounded nurse: strong clinically, strong in emergencies, and best practices oriented. She's great with the staff as a manager and educator. There is a quiet confidence in her that earns her respect from patients, co-workers and physicians. Amy puts a lot of time into volunteer work but she isn't self-promoting about it. She also has good business sense, with an understanding of budgets and productivity that she learned from her family's business. She definitely has a future in management or another leadership role."

For now, Carbonara is content in her role in the ICU. "I love my work. It's intense and difficult, and the hours are long and sometimes exhausting. But one patient can make it all worthwhile. My patients have changed me, taught me and given me valuable life lessons. When people thank me for being a nurse, I always thank them for allowing me to do my job... it's just what we nurses do. Everybody has a role in life, mine is being a nurse."

For more information, visit www.stclair.org. ✚

How One Nurse's Compassionate Heart and Eye for Waste found a Surprising New Role for Clean Plastic Bags

By Hayley Brugos

"I hate waste," says nurse Nancy Griffith. "I really do. And I love the fact that Global Links puts so many materials that would otherwise be discarded to such good use."

Nancy has been working at UPMC Hillman Cancer Center since 2006. There, she happened to notice that due to stringent regulations, chemotherapy medications are double bagged, with the outer zip-closure bag never touching the containers of drugs inside the inner bag. The outer bags were discarded when the drugs were delivered.

Nancy has also been at Global Links and knew that all of the supplies the organization sends are packed in zip-closure plastic bags, which keeps them clean and separated by size and type. She had heard staff members lamenting a lack of clean, sturdy bags to send supplies to hospitals all over the world.

Purchasing bags would be expensive for this non-profit organization, which has been recovering medical surplus to improve health and save lives since 1989. And Nancy herself has been on nine medical service trips, has seen firsthand the health inequities that Global Links addresses, and understands that a way to store supplies that keeps them clean and organized would be very valuable.

Surplus here, need there — another example how two problems can have one solution, one of the founding principles of Global Links. Nancy organized her fellow nurses and other staff members and they began setting aside the bags for Global Links, where they are a valued commodity in the organization's packing and sorting center. Hillman donates many unused medical materials which could not be put back into its system due to liability and other regulations — IV supplies, wound dressings, tracheostomy care kits. When a patient's treatment plan changes, materials like these can become unnecessary. But it took creativity and an understanding of the needs that arise both in the Global Links sorting process and in the field to realize that the simple plastic bag could improve the quality of medical donations.

Hayley Brugos
Nancy Griffith

Nancy is one of many nurses in western Pennsylvania and beyond who play a role in improving health not just for their own patients, but for patients in all the communities with which Global Links works. By setting aside unneeded surplus items, large and small, for Global Links, our region's nurses are supporting their colleagues in resource-poor areas around the world and helping them provide the best care possible. Global Links Suture Donation Program and Medical Service Trip Program are worldwide and provide life-saving medical materials that are usually packed into plastic bags and then hand-carried in luggage. Global Links also sends 40-foot containers on cargo ships to the poorest countries in this hemisphere.

Nancy's own experiences make her especially aware of health conditions in limited resource communities around the world. She recently returned from a trip to Haiti that was led by Pittsburgh physician Dr. Phil Lenko. The group worked in Ouanaminthe to provide surgical services to the community, and Nancy served as a pre- and post-operative nurse for many of the procedures performed. A nurse since 1981, she has worked in San Francisco, Colorado and New Mexico, as well as Pittsburgh.

This nurse's global viewpoint, compassionate heart, and keen eye for unnecessary waste led her to see what no one else had — that a simple, clean plastic bag could improve medical donations. ✚

Hayley Brugos is Medical Outreach Manager at Global Links, www.globallinks.org. You can contact her at hbrugos@globallinks.org.

Banish the Workplace Bully

Bullying doesn't always end on the playground. How small nurses can recognize and eliminate workplace bullying

By Tara Fishler

Nurses certainly have their hands full these days. Amid the many economic and regulatory issues, it's easy to overlook what sounds like a vague, not-in-my-backyard threat like workplace bullying. But workplace bullies are a very real and common drain on productivity and morale in many medical settings.

In fact, according to a 2010 study by the Workplace Bullying Institute, 35 percent of workers have experienced bullying firsthand.

Men and women are culprits as well as victims. Sixty-eight percent of bullying is same-gender harassment. When women are the bullies, they target other women in 80 percent of cases.

Workplace bullying can come in many forms, but the goal of bullies is generally to gain power or elevate their status by belittling or putting down others. Many children who were bullied become bullies as adults. In the workplace, bullies may try to humiliate targets, spread rumors or gossip, or in extreme cases, stalk or threaten targets or attempt to steal or damage property or work products. Much like children and teens, adult bullies also may recruit "secondary" adults who don't want to be on the bully's "bad side" and will support the bully's efforts to harm targets, thus further isolating victims. Adult bullies often have had decades to develop their patterns of behavior.

The impact of bullying can be deep and long lasting on the victims and their employers.

In the short-term, targets of bullies may experience health problems such as headaches, difficulty concentrating, depression, and sleep and anxiety issues. They are also more likely to abuse alcohol and drugs. Victims may fear meetings, office activities or even going to the workplace. Their work performance often suffers. Even after the bullying has ended or the target changes jobs, the damage remains. Former targets may remain fearful, have difficulty forming trusting relationships and often lack confidence.

The effects of bullying can have large financial repercussions for the victims' employers. Costs associated with turnover, lost productivity, absenteeism and potential litigation can add up to hefty sums.

So what can targets and medical facilities do?

Adults who are being bullied at work should document all incidents in detail and report bullying behavior to a supervisor or human resources department. They also can report it to other authorities, such as their local Human Rights Commission. Other tactics for dealing with bullies are to avoid or ignore the bully. As a harsh last resort, if the situation isn't improving and the strain on their health or work performance becomes too much, victims may need to consider changing jobs.

Healthcare facilities need to promote and maintain a healthy, productive workplace, which means being aware of anything jeopardizing the safety and morale of their employees — including bullying. Implementing organizational-wide systems to educate employees and management about how to spot and eliminate workplace bullying is crucial. Safe processes to report bullying also should be in place, and any concerns need to be documented and taken seriously. Time and funds allocated to address and prevent workplace bullying will always be well spent; your business will avoid potentially large losses and your workforce will feel protected and valued. ✚

Tara Fishler is a conflict resolution specialist and founder of Customized Training Solutions, a New York-based provider of conflict resolution, training and strategic management services. Vis-it www.tarafishler.com to learn more.

They Can Hear You Now!

By Betsy M. Snook, MEd, RN, BSN

Year after year, the daily scene at Third and State Street in Harrisburg repeats with few interruptions. On any day the legislature is in session, lobbyists huddle around the State Capitol Rotunda's thick marble pillars, staffers fast walk to committee meetings and the legislators themselves, eyes down or ear to the phone, sprint to the House or Senate floor.

In 2014, the cigarettes, spittoons and shoeshine stands of yesteryear are largely gone, but the trademark drub of state government continues. Change comes slow to Harrisburg.

For citizens, the pace of business can be dizzyingly intimidating and frustrating. For the organization representing nurses and their patients, the environment can feel fully disconnected from real life realities — where each of us lives and works.

The Pennsylvania State Nurses Association's (PSNA) commitment to educate lawmakers and hold them accountable is the substance of what we do. With rapid changes coming to healthcare, this mission is increasingly critical.

Grading the Legislature

On March 31, some 150 uniformed nursing professionals interrupted the State Capitol's rinse-and-repeat cycle with a headline-grabbing Townhall Meeting in the Rotunda. Standing before a battery of news cameras, curious lawmakers, and rows of students and nursing veterans in white coats, PSNA transformed the space into a conversation about issues that matter to patients and their families. The visual was powerful, the effect profound.

This year, PSNA awarded two friends of nursing with our coveted "Standing with Nurses Award" — an embroidered white lab coat stitched with the recipient's name and the official PSNA logo. Senate Pro Tem Joe Scarnati (R-25) and Representative Steve Barrar (R-160) accepted the annual honor with praise for PSNA and its membership.

The event was a triumph rivaled by few professional organizations in Pennsylvania.

While this year's legislative grades didn't fall below a "B," the message was clear — there's plenty of room to improve. From passing an essential Safe Staffing law to securing our profession's voice in the coming state and national changes to healthcare, PSNA has been the nurse's champion. There's no stronger voice in Harrisburg.

In large part due to the strength of our membership numbers and the accessibility of our full-time, on-duty government relations team, our combined voice is being heard — firmly, loudly and consistently. Because of PSNA, the nursing profession has become a sought after, top-tier, advocacy organization in the State Capitol.

Voluntary Membership? Yes, That's a PSNA Difference

There's one, major difference in the way PSNA does business on behalf of nursing professionals, patients and their families. It's a significant distinction.

PSNA is a made up of men and women who chose to join our ranks. Membership in PSNA is completely voluntary. No required membership as a condition of employment, no dues used to fund political causes or candidates, and no automatic deduction of renewal dues. PSNA members make the decision when they want to join or leave. It's that simple.

And unlike organizations whose primary focus is on electing or defeating political candidates, a PSNA membership connects nurses and nursing students to a wide menu of enriching professional development tools, ongoing educational opportunities and dozens of new ways to connect with peers.

Our advocacy is tough and strategic but never political. It's an important value of PSNA.

Fifty years from now, lobbyists will still huddle, staffers will still run at the beck and call of their bosses, and politicians will still move through the Capitol with some form of technological distraction.

After helping to lead over a century of meaningful change, it's a safe bet that PSNA will still be on site to break the routine, interrupting on behalf of people who matter.

Be part of our work. Join us at www.TheyCanHearUsNow.org to begin your path to membership.

Receive 10% of ANA/PSNA membership Nurses Week through June. E-mail member-ship@psna.org for details.

Betsy M. Snook is CEO of the Pennsylvania State Nurses Association.

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Nurses practice in diverse roles, such as clinicians, administrators, researchers, educators and policymakers.

"All nurses are leaders, whether they are in direct patient care, administrative roles, or meeting consumers' needs in new roles such as care coordinators or wellness coaches," said ANA President Karen A. Daley, PhD, RN, FAAN.

"This week, we acknowledge nurses' vast contributions and how they are leading the way in improving health care and ultimately, the health of the nation."

Nurses are leading initiatives to increase access to care and improve outcomes by focusing on primary care, prevention, wellness, chronic disease management and the coordination of care among health care providers and settings.

These are areas in which nurses excel given their education and experience.

As the Affordable Care Act is fully implemented, nurses will be more crucial than ever, leading efforts to expand primary care at community-based clinics and deliver more efficient and cost-effective care as members of collaborative health care teams.

Consider that:

• Nursing is the nation's largest health care profession, with nearly three million employed professionals.

• Nursing is projected to grow faster than all other occupations: The federal government projects more than one million new RNs will be needed by 2022 to fill new jobs and replace RNs who leave the profession.

• Demand for nursing care will grow rapidly as Baby Boomers swell Medicare enrollment by 50 percent by 2025 and millions of individuals obtain new or better access to care under the health care reform law.

Nurses are rapidly creating and expanding new job roles — such as nurse navigators, care coordinator specialists, and nurse wellness coaches — to help patients secure resources, obtain seamless comprehensive care, and develop healthy lifestyle practices.

Wherever health care is provided, a nurse is likely to be there — hospitals, ambulatory care centers, private practices, retail and urgent care clinics, nurse-managed health centers, homes, schools, nursing homes, and public and nonprofit agencies.

Increasingly, nurses with advanced degrees, such as nurse practitioners, are providing primary care services and managing chronic illnesses. Studies show patients are highly satisfied with their services and are experiencing outcomes comparable to those of physician services. ✚

Nurse-Physician Collaboration is Critical

By Debbie Tamilin, MSN, RN, NEA-BC

The presence of nurse/physician collaboration has never been more critical than it is today. We want to assure patient safety and achieve the best possible patient outcomes and to do this re-quires a team effort.

To facilitate nurse/physician collaboration at Saint Vincent, a Medical Operations Cabinet (MOC) was established. The MOC consists of dyad partners (a nurse and physician team) who identify opportunities that enhance both patient safety and the quality of care we provide to our patients at Saint Vincent, as well as improve nurse/physician collaboration.

I have been very fortunate to work with William Betz, MD, as my dyad partner. Dr. Betz, a champion for patient safety, is also a strong advocate for nurse/physician collaboration and teamwork.

Our first collaborative project was to install patient white boards in all patient rooms. These boards were specifically designed to keep the patient and family members completely informed during a hospital stay.

Together, Dr. Betz and I solicited input from various organizations, nurses and physicians and researched best practice to design the boards. We recognized that the design must allow all members of the team — including physicians, nurses, patients, and families — to utilize it.

The board we designed allows patient and family members to write down questions and identifies goals with the health care team. We have seen steadily increasing use of the board as a means of communication and collaboration among the disciplines and patients.

The white board is becoming a tool to improve physician/nurse communication and to involve patients and their families in care. We believe when all parties are working together, the patient out-come will see immediate improvements.

As a dyad, Dr. Betz and I continue to discuss patient care concerns from both our perspectives and identify processes that impede delivery of patient centered care.

Dr. Betz addresses these identified concerns at the Saint Vincent Medical Executive Committee and I share them at the Saint Vincent Nursing Leadership meetings.

Based on the feedback we receive from both groups, we will then be able to propose a solution to whatever the concern.

I truly believe this partnership has demonstrated that, while physicians and nurses may each play a different "role" in delivering patient care, it is through respect for each other's roles and willingness to collaborate that patients will truly receive safe care. ✚

Debbie Tamilin is Vice President of Patient Care Operations for Saint Vincent Hospital.

No Pass Zone: See a Light, Make it Right

The "No Pass Zone" was developed and implemented by the nursing operations council. This council consists of and is led by staff nurses from across Forbes Hospital.

Every call light represents a patient need. Upon admission, patients are informed that their call light will be answered within 5 minutes. "No caregiver, regardless of job classification, should walk past a ringing or blinking call light. It is important that every employee be empowered to and expected to respond to a patient need, especially when the need is perceived as urgent to the patient," said Beth Griffith, RN, Manager Inpatient Nursing. The "NO PASS ZONE: See a Light, Make it Right" encompasses all nursing units in the hospital.

Responding to call lights are service attributes on the Press Ganey standard inpatient and HCAHPS surveys.

The nursing operations committee educated all departments on this initiative and continues to monitor progress monthly by direct observations. Press Ganey scores will also be a metric monitored in regards to responsiveness of staff.

The No Pass Zone continues to grow. The committee is working on signage for the hallways. They do monthly audits, recognizing those individuals that were observed utilizing the no pass zone.

The committee continues to attend departmental meetings promoting the, answering questions and alleviating fears associated with answering call lights. "We believe that every patient is the responsibility of every employee," said Forbes Chief Nursing Officer, Amber Egyud.

Expedited Care Improves Patient Experience

Forbes Hospital Emergency Department, nursing staff implemented a throughput initiative "Direct Back Triage" to improve patient flow and satisfaction.

Patients in the ED are now escorted to a room upon arrival to expedite assessment and care. This initiative has allowed the ED to improve satisfaction scores and throughput times in regards to door to provider metrics.

The Charge nurses in the ED under the direction of, Melissa Barr RN, BSN, TNCC, Trauma Department, Performance Improvement Coordinator; Therese Justus RN, MSN, CEN, TNCC Education and Development Specialist, Trauma Educator and Janine Nguyen, RN, CEN Manager Emergency Department led the direct back triage implementation.

"Our staff drove the process to change the culture, looking at every barrier as an opportunity to improve," said Nguyen. Teaming up with registration to complete a quick registration all the time and going direct to room was key to the team's success. The team monitored improvements daily and kept track of the increase. The direct back triage implementation drove our rise of patient satisfaction score to the 90th percentile and we improved our door top physician times dramatically from more than one hour average to less than thirty minutes.

New Process Lowers Infections

The nursing education department in conjunction with the STAR center led an initiative to reduce the number of Catheter-associated urinary tract infections (CAUTI) at Forbes Hospital.

"CAUTI is the most common type of hospital acquired infections and is associated with in-creased morbidity and mortality, as well as prolonged length of stay and cost. Asepsis during catheterization and quality catheter care are supported by evidence to decrease the incidence of CAUTI. When the hospitals number of CAUTI increased last year, the department of nursing implemented a plan to address these care practices," says Denise Ratkiewicz MSN, RN Education and Development Specialist at Forbes.

A 3 week "Foley Festival" was held during which all nursing staff demonstrated the insertion and care of a Foley catheter using simulation. Simulation helped educators identify incorrect techniques and opened the door for the education of the staff on best practice.

Ancillary staff in transport, physical therapy, and radiology was included in education process to ensure all team members were knowledgeable in proper care and prevention of CAUTI.

With this training, Forbes was able to significantly reduce the number of CAUTI, improving the care of our patients. The nurses continue to monitor our progress on a monthly basis and the educators continue to train all new nurses on the process.

This included mandatory education for all providers that were involved with Foley care including ancillary departments. Revisions to the current policy and procedures were adjusted based on feedback from nursing staff.

Foley rounds were completed daily to monitor compliance and care. Ratkiewicz said that Forbes has reduced its CAUTI rates by nearly 60% from the previous year. ✚

Pictured left to right: Kim Kiley, RN, Manager, Short Stay Unit, Registry, Agency, Staffing and Bed flow; David Begler, RN, BSN, Nurse Manager ; Amber Egyud, MSN, RN, Vice President of Nursing, Chief Nursing Officer, Forbes Hospital; Kelly Buchinsky, RN, Nurse Manager; Beth Griffith, RN, BSN, Inpatient Nurse Manager; Denise Ratkiewicz, MSN, RN, Education and Development Specialist; Lesley G. Rehak, BSN, RN, CCRN-CSC, Manager, CTICU, ICU, and IV Team; Reese Jackson, President & CEO, Forbes Hospital

Care Coordination Services Make the Difference for Patients

By Jeanine M. Tome, MSN, RN-BC, ACM, CPHQ

Our hospital patients are whole beings with different parts impacting their recovery and return to health. Health systems also are whole entities with many different parts acting together or separately, which can impact a patient's return to health.

At Saint Vincent Hospital and throughout the Allegheny Health Network we want that impact to be a positive one! To do so requires that all of the caregivers act not as individual entities, but connected with a goal to insure safe, quality care in a complex and rapidly changing environment.

One of the largest efforts underway at Saint Vincent involves Care Coordination Services. The-se efforts have had a significant impact, especially on caring for patients who do not have a primary care physician.

With the implementation of the Affordable Care Act, it is important to transition a patient's care to better ensure they, too, will take part in their overall health.

Our Care Coordination Services works to match a patient with a primary care physician (PCP) in the Saint Vincent Medical Group for any follow up care. This effort began in the Emergency Department (ED) where many patients seek care because they do not have a PCP. A care coordinator is able to work with the patient to identify a PCP and then schedule a follow up appointment prior to their discharge from the ED. We have found that we have impacted about 60 patents per month that are now seeing a PCP.

Our care coordination teams have focused also on our hospital in-patients where we have assisted more than 250 patients per month transition to a primary care office for follow up care. For patients that have a PCP, we work to schedule the follow-up appointment with the physician.

This now insures that all patients being discharged from Saint Vincent are referred to a Primary Care Physician who can follow their care in the way more closely required by the Affordable Care Act.

We have expanded the Care Coordination services to prevent many other patients from falling through the health care cracks.

• The Saint Vincent Family Practice Residency program has established a Transition Care Clinic to see patients weekly after transition from acute care.

• Our Regional Home Health has worked with Care Coordination to establish a Transition Home Visit (THV) for patients who may need some extra care onsite when leaving the hospital. If appropriate, after this one- time visit, a patient can be referred for home care services.

• Transfer Center Nurses have relocated to the hospital to join Care Coordination to work 24/7 to evaluate medical necessity for patients transferred from our regional sites. In addition, three Saint Vincent physicians expanded their Physician Advisor role to 7 day coverage to support the Care Coordination team in determining medical necessity.

• Care Coordination Services implemented a "Lay Navigation" program in July to work with Community Health Net (CHN) and the Saint Vincent Emergency Department to support follow-up care and assist with many real barriers to care such as transportation and child care. The Lay Navigators are part of a research study to examine how these roles can impact care in our community.

Our primary goal has always been the health and wellbeing of our patients. Our focus to-day, however, must include coordinating that care across the full healthcare spectrum in order to better ensure the health of all of our patients. ✚

Jeanine M. Tome, is Vice President, Continuum of Care, for Saint Vincent Hospital.

WPH Nurses Handle the Pressure!

At West Penn Hospital (WPH), a part of Allegheny Health Network, nurses are leading innovative quality care initiatives to push the hospital's pressure ulcer rate even farther below the national average.

The Pennsylvania Hospital Engagement Network (PA-HEN) goal is reducing hospital-acquired pressure ulcers by 20%. "WPH's rates are already below the national average, so further reduction is a special challenge," notes Jacqueline Collavo, MA, BSN, RN, NE-BC, Director of Nursing Operations and the Magnet Recognition Program® at WPH.

"But as the region's first facility designated a Magnet® hospital for nursing excellence by the American Nurses Credentialing Center, we've embraced the opportunity to continue to meet challenges and remain focused on quality as we journey toward our third Magnet® designation."

To lead the challenge, Collavo brought Enterostomal Therapist Julia Warner, BSN, RN, CWON, on board in October 2012. Warner quickly partnered with nursing and other disciplines to develop evidence-based best-practice programs for pressure ulcer reduction, patient safety and quality care.

"Camp Zero" education for nursing assistants

Warner's "Camp Zero" program (after the PA-HEN's "Chasing Zero") increases nursing assistants' awareness of pressure ulcer prevention, educates them about ulcers and prevention, and engages and empowers them as integral members of the prevention team.

All WPH NAs completed Camp Zero training (average post-test scores: 90.0%) in 2013 and raved about the experience. The program has garnered wide recognition - Warner presented a webinar to 125 nurses from 24 organizations across Pennsylvania on March 20 and will make her first national presentation in June.

"Turning Up the Heat" in the burn unit

A first-quarter 2013 up-tick in pressure ulcer incidence on WPH's Burn Unit led Warner and the unit's nurses to "turn up the heat" on ulcer prevention.

Unit Coordinator Kathleen Elliott, RN, conducted a retrospective chart review and in collaboration with burn surgeons, Warner and unit nurses identified patient risk factors and assessed healthcare providers' current knowledge and use of prevention and treatment practices and products.

Armed with these findings, the nurses developed evidence-based best-practice skin care guide-lines and gained access to advanced skin/wound care products. Tom Culley, BSN, RN, MBA, educated all members of the interdisciplinary team. The quick interventions brought the next quarter's pressure ulcer count back to the unit's typical "zero".

"What Would 'Flo' Do?" in the stepdown unit

WPH's E7 Progressive Care Unit Manager Maria Buchko, MSN, RN, and Clinical Nurse II Kimberly McLaughlin, RN, advocated for the purchase of a pump-equipped air mattress - an innovative "pressure redistribution support surface" – for each of the newly opened unit's beds.

Due to acute health conditions and decreased mobility, this unit's patients are at particular risk for pressure ulcers.

With the special mattresses, bedside nurses can intervene immediately if they identify a skin issue simply by attaching the pump and pushing a button to start air flowing in the pressure redistribution system.

Using the pumps, nurses have kept their unit's pressure ulcer rate at zero – validating Buchko and McLaughlin's prediction that the higher cost of the mattresses will be offset by superior quality outcomes. ✚

AGH's "Five Alive" Mock Code Simulation Improves Crisis Response

Kathy Delac, MSN, RN, CNS and Diane Blazier, MSN, RN, CES, nurse educators at Allegheny General Hospital (AGH), a part of Allegheny Health Network (AHN), know that what happens in the first five minutes after cardiac or pulmonary arrest is crucial to the patient's outcome.

When they observed nurses responding with anxiety and confusion that delayed cardiopulmonary resuscitation, they created "Five Alive" — a highly effective performance improvement education program that uses manikins as simulated patients to improve nurse performance in those crucial first five minutes of a patient's actual or impending arrest — before the Code Blue or rapid response team arrives.

They based their program on three findings: A nurse's number one fear is not knowing what to do if a patient arrests.

A survey of AGH nurses found they wanted to participate in mock codes.

Mock code training using simulation and video debriefing is an effective tool in performance improvement.

To design and deliver the education, they partnered with the STAR (Simulation, Teaching and Academic Research) Center, now part of AHN's Interprofessional Education and Collaborative Practice (IPEC) Department, headed by AHN Vice President Donamarie N-Wilfong, DNP, RN.

Michele Prior, MSN, RN, Advanced Practice Nurse at AGH, developed a similar Pediatric Code Blue simulation program for pediatric care givers.

Both programs' objectives are for participants to quickly identify a patient's declining health status, initiate appropriate first-responder interventions, effectively and competently use appropriate emergency equipment, and express improved confidence in responding to patient health crises.

The educators regularly hold one-hour simulated crisis situations with video debriefing on adult telemetry and medical-surgical units or the Pediatric Unit at AGH.

Responders find a manikin (adult or child/infant) in a patient bed/crib in a patient room, in actual or threatened cardiac/pulmonary arrest. Their response, using the unit's resuscitation equipment, is videotaped.

On adult units, a second scenario is presented and the videotapes and differences in times to CPR and defibrillation between the first and second scenarios are analyzed.

For Pediatric Code Blue simulations, a pediatrician participates in the crisis scenario, simulating a condition such as unstable supraventricular tachycardia. Response videotapes are reviewed during the debriefing.

AGH nurses Michele Prior, Diane Blazier and Linda Delac.

Participants also complete pre- and post-code surveys about their confidence in performing response tasks.

For the first 103 nurses who participated in adult Five Alive programs, Delac and Blazier saw an average of:

- 65% improvement in time to CPR from the first to the second scenario
- 67% improvement in time to defibrillation from the first to the second scenario
- 20.4% increase in confidence recognizing declining patient health, initiating appropriate first-responder interventions, and providing appropriate hand-off report to the rapid response or code team

Pediatric Code Blue simulation training has effectively improved participants' level of confidence in initiating appropriate first-responder interventions and in using emergency equipment for life support until the rapid response or Pediatric Code Blue team arrives.

The nurses have implemented their successful education programs at other AHN facilities and presented their results at both regional and national conferences. ✚

Canonsburg Hospital Nurses Recognized For Their Training as Faith Community Nurses

Two Canonsburg Hospital nurses, Karen Rowley, RN, BSN, and Cassie Lenco, RN, BSN, are now commissioned as Faith Community Nurses to serve church communities in the Canonsburg service area.

Ms. Rowley and Ms. Lenco completed a specialized Faith Community Nursing course through the Sisters of Mercy at Mercy Hospital.

Faith Community Nursing is a recognized nursing specialty through the American Nurses Association.

It is defined as the specialized practice of professional nursing focusing on the intentional care of the spirit as part of the process of promoting holistic health and preventing or minimizing illness in the faith community.

There is no substantive difference between the title of faith community nurse and a parish nurse. The title, "faith community nurse" is a generic term used to describe a community-based nursing practice, which can be done in the context of any form of faith community, including Christian and other faiths.

Faith Community Nurses serve in several roles including:

- health advisor
- educator on health issues
- visitation in homes or in the hospital
- providing assistance in obtaining needed health services
- making referrals to community resources
- developing support groups
- training and coordinating volunteers
- providing health screenings.

Faith Community Nurses work in a variety of settings. One nurse may work through one or more churches as a health minister, as part of a group of nurses supporting several churches, or as a nurse connected to a hospital or clinic working with churches to improve the health of the community through organizing health screenings or other out-reach activities.

Faith Community Nurses are not home health nurses, but rather nurses who provide their support and resources as a caring healthcare professional to the church and the community. ✚

Why Our Healthcare Environments Can Reduce Workplace Injury

By Alan Rheault

As the wave of changes shifts our healthcare system from diagnosis and treatment to prevention and wellness, clinicians and nurses play a key role in shaping the healthcare environment and the patient experience. Yet this group is highly susceptible and vulnerable to work place injuries. While we look to advance our healthcare model, experience and environment overall, we need not only think of the patient but also the professional caregiver.

Statistics from the American Nurses Association actually shows registered nurses (RNs) ranked fifth of all occupations in the number of work days missed due to occupational injuries and illnesses. In a recent survey titled the 2013 State of Clinician & Nurses Report, undertaken by Nurture by Steelcase, 35% of clinicians and nurses report being injured at least once on the job while 24% had to modify activity or movement during at least one shift. Significant shifts are adding complexity to the healthcare system, as new challenges interface with new opportunities. Nurse to patient ratios, the expectation to provide "guidance and leadership", the integration of technology, diversity and specialization and expanding responsibilities are all at play.

However, among the top issues identified from this study and other sources, is safe patient handling in an effort to prevent injury such as musculoskeletal disorders in clinicians that can come with lifting patients. According to the above report the bulk of injuries are due to patient transfers, where one in three clinicians and nurses have experienced an injury in moving patients from bed to chair. 47% of those surveyed perform patient transfers more than once a week.

Reducing injury risk and ensuring greater wellbeing amongst clinicians is a common and shared goal within many healthcare systems, but how to achieve it remains a focus of continuing talk and debate.

The State of Clinicians report revealed the following findings that clinicians themselves have resorted to in an effort to find a solution:

1. Personal fitness was identified as key in successfully avoiding personal or patient injury.

65% of respondents say they maintain their physical fitness in order to perform tasks that are physically risky.

2. More than half of clinicians cite the use of assistive devices in patient transfers.

This ranges from specialized tools like beds and recliners to makeshift solutions like using a pad or sheet as a wedge.

3. 74% of respondents report they regularly call on their colleagues for assistance in per-forming physically risky tasks.

Clinicians also highlighted that their spaces and equipment have room for improvement, and there is an appetite for this change. When asked what is the one thing they would change about their work environment, 48% referred to updating furniture or rethinking the design or layout of the space as most important. There is a significant opportunity to strategically rethink how healthcare spaces can dramatically improve the experiences of clinicians which in turn will create greater patient outcomes overall.

With all the pressing demands on healthcare leaders today, it is understandable that the consideration of how the physical space can have a significant impact on patient behavior and in-deed on their staff behavior is placed lower in the ranks of priority. But reimagining healthcare starts with insights about what people want and need and healthcare spaces intentionally de-signed can have a significant effect on how fast we move towards a better quality of care for everyone involved in the care continuum.

Focused on research and design intent, Alan Rheault has been Director of Industrial Design of Nurture since 2005. He is part of the core team that launched the Nurture brand. Under his leadership, Nurture has developed a number of innovative, award-winning products, including Regard, Empath, Opus™ Over Bed Table, modular caregiver station solution Sync™, and mobile workstation solution Pocket™. Rheault is among HealthCare Design Magazine's top 10 product designers of the year (2009). He has more than 17 years of experience with Steelcase. ✚

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