Achieving EXCELLENCE

“The very first requirement in a hospital is that it should do the sick no harm.”

— Florence Nightingale
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VALUES
Putting patients and families first through:
- Quality and Safety
- Dignity and Respect
- Caring and Listening
- Responsibility and Integrity
- Excellence and Innovation

VISION
To become the world leader in pediatric nursing.

NURSING MISSION
Nursing at CHP is dedicated to improving the health and well-being of children through excellence in nursing care, professional and educational advancements, evidence-based practice and nursing research.
DEAR COLLEAGUES,

It is with great pride that I encourage you to take a few moments to review the significant accomplishments that are presented in the following pages of this 2013-2014 Nursing Outcomes Report. During this time, Children’s Hospital’s nursing staff has grown to nearly 1,400 nurses providing care, teaching, and performing research in countless ways. Our shared leadership model has flourished, whereby decisions impacting patient care and the work environment are made by our front-line nurses through staff nurse-led councils. Additionally, nurses continue to be instrumental in assuring we continue to grow our business strategically, as we have seen significant growth in neonatal, cardiac, and transplant services. Our most recent new program, whereby nurses have demonstrated true transformational leadership, has been the opening of the new Children’s Rehabilitation Unit.

One of the key initiatives nursing has embarked upon is the Institute of Medicine’s recommendation to have 80% of our nurses BSN prepared by 2020 given the significant evidence of the relationship to improved patient outcomes. I am proud to say that Children’s has reached 72% of our nurses with a baccalaureate degree or higher with a goal of 90% by 2020. During the past two years, our nurses have gone beyond the walls of Children’s Hospital to demonstrate their care and commitment to the community in many ways. Nurses have partnered and volunteered their time to numerous community initiatives in an effort to say thank you back to our Pittsburgh community.

It is truly an honor and privilege to lead a group of nurses whose expert knowledge, innovative thinking, exemplary practice, and research have led to so many positive outcomes for our patients and families. I applaud our nurses and am excited to showcase our recent accomplishments.

Sincerely,

Diane S. Hupp, DNP, RN, NEA-BC
Vice President, Patient Care Services and
Chief Nursing Officer
MAGNET® RECOGNITION  In July 2012, Children’s Hospital earned Magnet® Recognition status from the American Nurses Credentialing Center (ANCC). Magnet® is the highest honor an organization can receive for excellence in nursing making Children’s among only 7 percent of hospitals nationwide to have achieved this prestigious designation. ANCC’s Magnet Recognition Program® recognizes health care organizations for quality patient care, nursing excellence, and innovations in professional nursing practice.

U.S. NEWS HONOR ROLL  Children’s Hospital of Pittsburgh of UPMC was named to the U.S. News & World Report’s 2014-15 Honor Roll of Best Children’s Hospitals, ranking 9th in the nation overall. This is the 5th consecutive year Children’s Hospital has been named to U.S. News’ Honor Roll. The Best Children’s Hospitals rankings highlight the top 50 U.S. pediatric hospitals in each of 10 specialties: cancer, cardiology and heart surgery, diabetes and endocrinology, gastroenterology and GI surgery, neonatology, nephrology, neurology and neurosurgery, orthopedics, pulmonology, and urology. Children’s ranked in the top 25 of all 10 specialties and met the criteria for honor roll by earning a high ranking in at least five specialties. Children’s ranked 5th in diabetes and endocrinology, 6th in gastroenterology and GI surgery, 6th in pulmonology, 8th in neonatology, and 9th in neurology and neurosurgery.

PARENTS MAGAZINE’S 10 BEST CHILDREN’S HOSPITALS  Children’s Hospital of Pittsburgh of UPMC was named one of the 10 Best Children’s Hospitals in the country for 2013 by Parents magazine. Children’s Hospital ranked 6th on the list overall, while also ranking 6th in emergency care and 9th in pulmonary care. In selecting Children’s and the other nine hospitals in the 10 Best Hospitals list, Parents cited treatment success, groundbreaking research, and family-friendly facilities as its focus.

ELECTRONIC MEDICAL RECORD  Children’s leads the way in advanced technology and a fully integrated electronic medical record:

- HIMSS 7  
  In 2009, Children’s was the first pediatric hospital in this country to achieve Stage 7 recognition from HIMSS (Healthcare Information and Management Systems Society) Analytics for achieving a virtually paperless patient record environment and the most comprehensive use of electronic medical records. Only 0.5 percent of more than 5,000 hospitals in the United States have achieved Stage 7 recognition.

NIH FUNDING  Children’s has one of the fastest growing, National Institutes of Health (NIH)-funded pediatric research programs in the country. Pediatric research programs at Children’s and the University of Pittsburgh School of Medicine ranked seventh in funding dollars from the NIH for NIH fiscal year 2013.

MOST BEAUTIFUL HOSPITALS  HealthExecNews.com ranked Children’s as one of the “25 Most Beautiful Hospitals in the World.” HealthExecNews is a daily publication focusing on trends and issues facing executives working in the health care industry.
EXECUTING A SHARED LEADERSHIP MODEL

Through Nursing Shared Leadership Councils, empowered nurses embrace decision-making and change to improve the nursing work environment and clinical practice, as well as advance evidence-based practice, research, and innovation. The councils and committees, led by direct care nurses, engage interdisciplinary members across the continuum of care. Children’s Shared Leadership Model incorporates seven main councils that collaborate, share ideas, and develop initiatives to drive higher levels of excellence in our delivery of care.

SHARED LEADERSHIP COUNCILS
1. Patient Care Leadership
2. Evidenced-Based Practice and Research
3. Education and Professional Development
4. Professional Practice Council
5. Patient Experience
6. Nurse Advisory
7. Quality and Safety
NURSING LEADERSHIP

CHIEF NURSING OFFICER
Diane Hupp, DNP, RN, NEA-BC
  Vice President Patient Care Services  
  and Chief Nursing Officer

SENIOR NURSING LEADERSHIP
Heather Ambrose, DNP, RN, CPON, CPN
  Director, Organizational Development,  
  Nursing Education, and Nursing Research
Paula Eicker, MSN, RN
  Clinical Director, Transplant Services
Jennifer Iagnemma, MSN, RN
  Clinical Director, Cancer, and Neuroscience Center
Deborah Lesniak, MS, RN
  Clinical Director, Emergency Department, Trauma,  
  and Acute Surgical Care
Kristen Straka, DNP, RN, CPN, NEA-BC
  Senior Director, Heart Institute and  
  Rehabilitation Services
Cynthia Valenta, MSN, RN, CNRN
  Clinical Director, Critical Care Services
Durae Vincze, MSN, RN
  Clinical Director, Acute Medical
Hope Waltenbaugh, MSN, RN, CNOR
  Clinical Director, Perioperative Services

NURSE LEADERS
Annette Chaplik, BSN, RN
  Unit Director, PICU
Diane Cancilla, MSN, RN
  Manager, Radiology Nursing
Michele Carlson, MSN, RN, CPN
  Unit Director, 7C Medical/Surgical  
  and Nursing Services
Heather Dawn Cooper, BSN, RN
  Administrator on Duty
Stacey Cote, MSN, RN, CPN
  Unit Director, 7B Transplant
Michele DiLucente, MSN, RN, CNOR
  Director, North Surgery Center
Charles Guthrie, MSN, RN, CPN
  Unit Director, 6B Surgical and Admissions Team
Pam Hackett, BSN, RN
  Manager, Dialysis/Infusion Center
Marnie Kaminski, BSN, RN
  Administrator on Duty
Bradley Kuch, MHA, RRT-NPS, FAARC
  Director, Respiratory Care Services and  
  Transport Team
Margaret Lamouree, MSN, RN, CCRN
  Unit Director, NICU
Kim Lipinski, BSN, RN
  Administrator on Duty
Carol May, MSN, RN
  Manager, Support Care Program
Melissa McIntyre, BSN, RN
  Administrator on Duty
Chris McKenna, MSN, RN
  Manager, Trauma
David Rausch, MSN, RN
  Unit Director, 8A NICU
Frank Ricci, MSN, RN, CCRN, NEA-BC
  Unit Director, PICU
Ann Spence, DNP, RN
  Unit Director, 9B Hematology/Oncology/BMT
Ann Terzis, BSN, RN, CPN
  Unit Director, 6A Orthopedic/  
  Neuro Surgical/Trauma
Dawn Thomas, MSN, RN, CPN, VA-BC
  Unit Director, 8B Medical/GI, and IV Team
Carrie Vincett, MSN, RN
  Unit Director, CICU, 7A, and Acute Cardiac Care
Chris Vitale, BSN, RN
  Manager, Injury Prevention
Susan Wible, MSN, RN
  Unit Director, 9A Adolescent
Melissa Wilson, BSN, RN
  Administrator on Duty
Children’s Hospital Rehabilitation Unit Opens

As the premier provider for children’s healthcare in Western Pennsylvania, Children’s Hospital of Pittsburgh of UPMC identified a need for more intensive pediatric rehabilitation. The hospital already had established services in the ambulatory settings including Physical Therapy (PT), Occupational Therapy (OT), Speech Language Pathology (SLP), and Audiology. Identifying rehabilitation patients earlier and more often required the hospital to establish an inpatient unit. Working in a collaborative effort with the Children’s Home of Pittsburgh and Lemieux Family Center, the Children’s Hospital Rehabilitation Unit (CHRU) opened on November 19, 2013.

The opening of the unit was not an easy task. Not only was this the first true multidisciplinary inpatient unit, it was located offsite less than one mile from the main hospital. To be successful, strong leadership was needed.

Criteria for patient admission included the need for 24-hour nursing care, daily physician monitoring, two of the three services (PT/OT or Speech), and the patient would need to tolerate at least three hours of therapy a day five days a week. Therefore, structure and processes that would guide the daily practices for this unit needed developed. In addition, emergency preparedness procedures, and quality metrics for shared services, as well as nurse sensitive indicators and patient outcome reports were imperative to benchmark the success of the unit. Nursing quickly emerged in this leadership role. Communicating with other pediatric rehabilitation units and nurse leaders throughout the country, the nursing leadership of the CHRU collaborated with the not only the multidisciplinary team, but services such as pharmacy,
“If you would have told me that he would be able to dress and skate in January, after his stay in November, I would not have believed it. You all do excellent work. Thank you”
— Parent

laboratory, radiology, and a courier to ensure a seamless transition from acute care to rehab. To ensure this transition, processes to transfer patients to the main hospital for testing, arranging and scheduling technicians, and sonographers to provide testing on the unit, as well as identifying when to transfer patients to a higher level of care were coordinated.

Care coordination of the daily patient therapy and care schedule was initiated by nursing. This schedule was developed electronically and on a white board in the main area that allowed each discipline to schedule the necessary time to treat the patient. The schedule was then printed and hung in each patient room so the patient and family were aware of the daily plan. The coordination of care does not stop with the daily schedule. Upon admission to the CHRU, each patient receives evaluations by the various disciplines. Under the leadership of nursing, an initial family meeting is held within 72 hours of admission where patient and family goals are determined and mutually collaborated upon. Weekly, the patient’s progress is reviewed, including the scoring and improvements on the WeeFIM tool to determine patient progress. To ensure care coordination through discharge, two weeks prior to discharge, a meeting is held led by nursing in which resources, appointments, and supplies are set up for the family, as well as any identified equipment and resources needed to support the patient and family after they leave the CHRU. Each patient once discharged, leaves with their appointments set up, home medications filled, and receive a follow up “thank-you” card and phone call for allowing them to choose to continue their medical treatment on the CHRU.

Prior to any admission to the CHRU, the identified patients in the main hospital receive a visit from the nursing rehabilitation coordinator who provides information on the CHRU, as well as coordinates a tour of the unit. The role is instrumental, as the Coordinator serves as a liaison for the patient and families, and works with the insurance companies to receive authorization for admission.

The benefits of the CHRU are many, but the success of the unit would not be possible if not for a collaborative effort under the leadership of nursing.
Structural EMPOWERMENT
Engaging and elevating nurses at the bedside to participate on decision-making councils is instrumental to influencing their practice and work environment.

KEY STRATEGIES FOR STRUCTURAL EMPOWERMENT

- Eight staff nurses have a seat on the Patient Care Leadership Council and are voting members of the council.
- Majority of all councils are led by professional staff nurses.
- Chief Nursing Officer (CNO) breakfast roundtable occurs every other week for staff to attend and openly engage with the CNO on issues and ideas for change.
- Professional staff nurses own their professional practice of nursing. Policies and procedures are driven by evidence-based practice and research.

- Organization supports and encourages specialty certification for all staff nurses. In 2014, the No Pass, No Pay program, through the Pediatric Nursing Certification Board, was implemented to assist nurses to earn a pediatric nursing certification, eliminating the need for nurses to pay for the exam and reducing the pressure of successfully passing the exam the first time.
AT CHILDREN’S HOSPITAL OF PITTSBURGH OF UPMC, our vision is to become a world leader in pediatric healthcare through attracting, retaining and empowering our nurses to positively impact patient care. The success of achieving our vision is through professional development programs that provide opportunity to our nursing staff to advance their knowledge and influence patient outcomes.

Nursing fellowships are developed to allow nurses from all levels and settings to obtain advanced knowledge and skill in a specialized area. Participation in the Fellowships is through an application process and interested applicants must have at least two years of nursing experience. Curriculum that ranges from six months to one year includes: didactic learning, hands-on skills, shadowing, and project completion.

NURSING FELLOWS

Cassidy Hauck, RN (2013)
Christina Shearer, BSN, RN, CPN (2013)
Emily Bryan, BSN, RN (2014)
Kerri McDaniel, MS, BSN, RN, CPN (2013)
Patricia Brandt, BSN, RN, CPN (2013)
Danielle Harold, BSN, RN, CPN (2013)
Shanon Janzef, BSN, RN (2013)
Michelle Kamnikar, BSN, RN, CPN (2013)
Patty Munk, BSN, RN, CNOR (2014)
Christina Bokor, BSN, RN (2014)
Kristen Claassen, BSN, RN (2014)
Katie Decato, BSN, RN, CCRN (2013)
Amy Gildea, RN, CCRN (2013)
Dana Krandel, BSN, RN, CCRN (2013)
Christy Moriarty, BSN, RN, CCRN (2014)
Melissa Murphy, RN (2014)
Kathy Plansinis, BSN, RN, CCRN (2013)
Lauren Riordan, BSN, RN, CCRN (2013)
Katie Scalise, MSN, RN, CCRN (2013)
Elizabeth Shields, BSN, RN, CCRN (2014)
Jessica Stevenson, BSN, RN (2014)
Breonna Tomon, RN (2014)
Sarah Angelilli, BSN, RN, CPN (2014)
Katherine Gaughan, BSN, RN, CPN (2013)
Amy Lukanski, MSN, RN, CPN (2013)
Linda O’Rourke, BSN, RN, CPN (2014)
Amanda Petrill, BSN, RN, CPN (2014)
Sherri Rosato, BSN, RN, CCRN (2014)
Carrie Rubino, BSN, RN, CCRN (2014)
Ann Terzis, BSN, RN, CPN (2013)
Tara Work, MSN, RN, CPN (2013)
Amy Ankrom, BSN, RN, CCRN (2013)
Melissa Brown, BSN, RN (2014)
Carrie Brunner, RN, CPN (2014)
Anne Engel, BSN, RN (2014)
Rebecca (Cales) Lavezoli, BSN, RN, CCRN (2014)
Leighann Koch, BSN, RN, CCP, CCRN (2013)
Cheryl Martin, BSN, RN, CEN (2013)
Regina Moudy, MSN, RN (2014)
Philip Pasterick, RN (2013)
Ashley Stough, BSN, RN (2014)
Bessy Tsai, RN (2013)
Larissa Zeli, MSN, RN, CPEN (2013)
MY NURSING CAREER

CHILDREN’S HAS AN EXTRAORDINARY NURSING TEAM, that are an integral part of our patient and family focused environment in which nurses themselves create, design, support, and transform care. The foundation of innovation, clinical experts driving nursing practice, and evidenced-based practice is well-established and recognized for our nurses. To recognize and support the significant contributions that nurses make to our success, nurses have the opportunity to advance their career through My Nursing Career clinical ladder program.

SENIOR PROFESSIONAL NURSES

Susan Debacco (2013, 2014)  
Renee Dellaera (2013, 2014)  
Maria De Leori Ramirez (2014)  
Monica DeRiggi (2013, 2014)  
Denise Dewick (2013, 2014)  
Diane Dering (2013, 2014)  
Jen Dickman (2013)  
Kelly Dix (2013, 2014)  
Joan Doerr (2013, 2014)  
Adrienne Domanico (2014)  
Julie Donnelly (2013)  
Ashley Duke (2013, 2014)  
Mary Jo Dunn (2013, 2014)  
Kathryn Dunn (2013)  
Alicia Duss (2014)  
Darla Eggert (2013, 2014)  
Shana Eppinger (2013, 2014)  
Jan Eswein (2013, 2014)  
Melissa Evans, RN (2014)  
Traci Eytcheson (2014)  
Adrianne Farley (2013, 2014)  
Lea Ferguson (2013)  
Mark Ferrare (2013, 2014)  
Gina Fischer (2013, 2014)  
Annette Fleck (2013, 2014)  
Sandra Fleck (2013, 2014)  
Sherry Floyd (2013, 2014)  
Debra Franks (2014)  
Mary Gancia (2014)  
Nicole Gargarella (2013, 2014)  
Katherine Gaughan (2013, 2014)  
Diana German (2014)  
Amanda Geyser (2013, 2014)  
Grace Giannettino (2014)  
Stacy Gibson (2013)  
Marissa Gingras (2014)  
Kristin Glaser (2013, 2014)  
Kristen Good (2013, 2014)  
Kimberly Haberman (2013)  
Diane Hake (2013, 2014)  
Danielle (Davison) Harold (2013, 2014)  
Tara Hartle (2014)  
Heather Harris (2014)  
Sheila Hastings (2013, 2014)  
Peggy Herold (2013)  
Jessica Higgins (2013, 2014)  
Lindsey Hogue (2013, 2014)  
Holly Hollenbaugh-Fogle (2013, 2014)  
Emily Hreha (2013, 2014)  
Clara Hirschmann (2014)  
Jessica Huber (2013, 2014)  
Lorren Hudson (2014)  
Patrice Hundley (2013, 2014)  
Dawn Imes (2013)  
Audrey Imhof (2013, 2014)  
Susan Jackson (2013, 2014)  
Tamika Jeffries (2013, 2014)  
Alexandra Johnston (2014)  
Karen Kachinko (2013)  
Kimberly Kaloz (2013, 2014)  
Andrew Katlubeck (2013)  
Karen Kern (2013)  
Carolyn King (2013)  
Leslie Kisow (2013)  
Cindy Knesl (2013)  
Kimberly Kobal (2013, 2014)  
Lisa Kolodziejski (2013, 2014)  
Leslie Konyk (2013, 2014)  
Kylie Kostie (2013, 2014)  
Dana Krandel (2014)  
Ericka Kubia (2013, 2014)  
Lindsay Kunkle (2013, 2014)  
Tammy Kurta (2013, 2014)  
Kelly Kuziak (2013, 2014)  
Bonnie Landgraf (2013)  
Shari Lang (2013)  
Karen Larkin (2013, 2014)  
Jessica Lasaniach (2014)  
Suzanne Lauterbach (2013)  
Megan Law (2013, 2014)  
Blair Martin (2013, 2014)  
Ashleah Martinez (2014)  
Kelly Marynychak (2013, 2014)  
Staci May (2013, 2014)  
Jaime McBride (2013, 2014)  
Kerri McDaniel (2013)  
Amy McMillian (2013, 2014)  
Jennifer McFoy (2013)  
Sara McGinnis (2014)  
Jamie McGough (2013)  
Coleen McStein (2013, 2014)  
Michael McStein (2013, 2014)  
Jennifer McWilliams (2013)  
Amber Merulli (2013, 2014)  
Paola Michelangeli (2013, 2014)  
Pamela Milteif (2013, 2014)  
Branee Miller (2013, 2014)  
Carrie Miller (2014)  
Donna Marie Miller (2014)  
Phillip Mitchell (2013, 2014)  
Rebecca (Cales) Lavezoli (2014)  
Melinda Lenhart (2014)  
Amy Lindbloom (2013, 2014)  
Mary Ann Loerlein (2013, 2014)  
Ashley Lubinski (2013, 2014)  
Julie Lyle (2014)  
Christine Madden (2013, 2014)  
Tracey Magrini (2013, 2014)  
Rebecca Maiers (2013, 2014)  
Amy (Palivoda) Malloy (2014)  
Mary Lynn Mancuso (2013, 2014)  
Rosemarie Margiotta (2013, 2014)  
Amanda Marn (2013, 2014)  
Jessica Marson (2013)
EDUCATION AND PROFESSIONAL DEVELOPMENT COUNCIL

ENHANCING PROFESSIONAL DEVELOPMENT THROUGH INCREASING CERTIFIED NURSES AND SENIOR PROFESSIONAL STAFF NURSES.

FY2013

Jan Eswein  
MSN, RN, CCRN, CPAN, CPN, Clinical Leader – PACU

Paula Patterson  
BSN, RN, CPN, Clinical Leader – CHRU

FY2014

Pamela DeGeorge  
MSN, RN, ONC, Clinical Education Specialist – SDS/PACU

Rebecca Cales  
BSN, RN, CCRN, Senior Professional Staff Nurse – PICU

SENIOR PROFESSIONAL STAFF NURSES

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<th>FY2013</th>
<th>FY2014</th>
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<tr>
<td>NEW</td>
<td>45</td>
<td>60</td>
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<tr>
<td>RENEWAL</td>
<td>158</td>
<td>162</td>
</tr>
<tr>
<td>TOTAL</td>
<td>203</td>
<td>222</td>
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PERCENT OF CERTIFIED NURSES

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<tr>
<th>Year</th>
<th>Percent</th>
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<tbody>
<tr>
<td>FY09</td>
<td>24%</td>
</tr>
<tr>
<td>FY10</td>
<td>27%</td>
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<tr>
<td>FY11</td>
<td>36%</td>
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<tr>
<td>FY12</td>
<td>40%</td>
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<tr>
<td>FY13</td>
<td>40%</td>
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<tr>
<td>FY14</td>
<td>41%</td>
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In 2010, the Institute of Medicine released the report *The Future of Nursing: Leading Change, Advancing Health*. Children’s Nursing Division has embraced the recommendation that “Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.” The recommendation goes further to state health care organizations should strive to establish a workforce of 80% BSN prepared nurses by 2020.

Each year, we continue to increase our percentage of BSN nurses. Our goal at Children’s is to reach 90% baccalaureate prepared nurses by 2020. We plan to achieve this through:

- Recruit and hire BSN prepared nurses new to the organization
- Promote utilization of tuition reimbursement
- Encourage and support nurses enrolled in higher education

### PERCENT RNS WITH BSN DEGREE OR HIGHER

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<thead>
<tr>
<th>Year</th>
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<td>FY09</td>
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<td>FY10</td>
<td>63%</td>
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<tr>
<td>FY13</td>
<td>70%</td>
</tr>
<tr>
<td>FY14</td>
<td>72%</td>
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Institute of Medicine Call to Action – 80% BSN by 2020
EVIDENCE-BASED PRACTICE COUNCIL

THROUGH EVIDENCE-BASED PRACTICE AND NURSING RESEARCH, nurses are empowered to improve patient care, enhance clinical outcomes and drive changes in nursing practice.

Community Project and Educational Event

Council members provided breakfast for parents and families at Ronald McDonald House in February 2013. They also created a wheel that featured parental misconceptions about child care including button battery ingestion, burn care, and car seat laws. Prizes were given to families and children. The fair served approximately 50 individuals.

Central Line Review

The EBP group was able to critique evidence directly related to a policy change for the Central Line Policy. The council was able to provide rationale and evidence to support recommendations. Policy was approved at the Practice Council, which contributed to the reduction in central line infections.
MAINTAINING EUTHERMIA IN THE PERIOPERATIVE PERIOD FOR NEONATAL PATIENTS
Teresa Mingrone, MSN, RN, CCRN, Project lead NICU, Darcie Opalko, MS, RN, CNOR, Project lead OR, Adrienne Farley, RN, Adrienne Marcinick, RN, Karen Prilla, RN, Stephanie Disilvio, CRNP, and the entire NICU/OR/Anesthesia staff

Interventions:
• Implementation of grade hats
• Implementation of chemical warming mattresses
• Increasing OR room temperature for neonatal patients
• Use of adjunct warming devices during surgery
• Education to all staff on hypothermia prevention

Results: Reduction from a baseline of 7% to the current rate of 2.9%.

HYPOTHERMIA P-CHART

EUTHERMIA PROCESS MEASURES
WITH THE RESPONSIBILITY OF REVIEWING OVER 400 POLICIES, A NEW COLLABORATION WITH THE EVIDENCE-BASED PRACTICE AND RESEARCH COUNCIL WAS DEVELOPED to ensure that sound evidence supports policy. The Professional Practice Council also provides a forum for practice issues and projects to be discussed. The council has had a major voice in the selection of IV catheter brands, safe handling and storage of breast milk, and frequency of IV site assessments. Safe hand-off, change of shift admissions/transfers, and bedside report has also been very important topics. The council presented a Nursing Grand Rounds about the importance of bedside report on July 7, 2013 that was entertaining and informative.

The Professional Practice Council continues to incorporate input from many disciplines along with the bedside nurse. Regularly attending meetings are representatives from Quality, Informatics, Pharmacy, Surgical Services, Radiology, Education, and Outpatient. When their expertise is appropriate to the policy or practice issue being discussed, many other disciplines are involved. These have included industry educators, physicians, biomedical engineers, respiratory therapists, and feeding specialists. Personnel from public safety, information technology, child life, health information management, and laboratory services have also been involved.

Just a few practice improvement outcomes accomplished through the work of the Professional Practice Council are highlighted below:

- Emergency Department to Acute Care hand-offs
- Changed Intravenous Policy #855 to reflect q 1 hour assessment for running IV’s based on best evidence
- Breast milk storage and misappropriation input
THE NURSE ADVISORY COUNCIL FOCUSES ON IMPROVING THE WORK ENVIRONMENT FOR NURSING. Teamwork is instrumental in delivery of safe, effective, and quality care. The council has implemented strategies to improve teamwork with patient care technicians, physicians, and other colleagues as demonstrated in the improved NDNQI scores.

### Collegial Nurse-Physician Relationships

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<tr>
<th>CHP Response</th>
<th>Magnet Hospital Mean</th>
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<tr>
<td>Collegial Nurse-Physician Relationships</td>
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### Perception of Practice Environment

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<th>CHP Response</th>
<th>Magnet Hospital Mean</th>
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<td>Perception of Practice Environment</td>
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### Staffing and Resource Adequacy

<table>
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<tr>
<td>Staffing and Resource Adequacy</td>
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</table>
QUALITY AND SAFETY COUNCIL

THE QUALITY AND SAFETY COUNCIL (QSC) oversees and ensures quality patient clinical care and patient safety throughout the organization. The council aims to expand the group to other disciplines outside of nursing, as the assurance of safe and quality care is dependent on the entire team of caregivers.

Quality and Safety Outcomes

1) A downward centerline shift in the rate of CLABSIs.
2) An upward shift in the centerline for hand hygiene compliance on the inpatient-nursing units.
3) An upward trend in hand hygiene compliance on the inpatient-nursing units.
4) Maintained a minimum of 90% compliance for Bedside Handoff (measured by surveillance) since August of 2013. In addition, families have reported that, since September 2013, our nurses on the inpatient units, complete handoff at the bedside at least 90% of the time.

CLABSI RATE

BEDSIDE HAND-OFF COMPLIANCE
Collaboration With Schools of Nursing

In addition to encouraging our nurses to return to the classroom for higher education, Children's partners with a multitude of undergraduate and graduate nursing programs to establish the future of nursing. Students from 33 schools of nursing spend time training at Children's developing their pediatric nursing skills. As we continue to increase the number of schools of nursing at Children's, the number of nursing students trained also increases. Children's nurses have partnered with schools as faculty to serve as pediatric experts and serve as clinical instructors.

NUMBER OF NURSING STUDENTS AT CHILDREN'S HOSPITAL

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Students</th>
</tr>
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<td>FY2013</td>
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</tr>
<tr>
<td>FY2014</td>
<td>1433</td>
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</table>

CHILDREN'S HOSPITAL NURSES THAT SERVE AS NURSING FACULTY

Amy Bridgman, MSN, RN, CPN – Community College of Allegheny County
Marnie Burkett, MSN, RN, CCRN – University of Pittsburgh
Dawn Cardone, MSN, RN, CPN – Robert Morris University
Carolyn Fedorchak, BSN, RN – University of Pittsburgh
Ashley Fisk, MSN, RN – Duquesne University
Debbie Glatz, BSN, RN – Franciscan University
Breanne Gray, MSN, RN, CCRN – Robert Morris University
Sheila Hahner, MSN, RN, CPN – Carlow University and Community College of Allegheny County
Crystal Hatfield, MSN, RN, CPN – Franciscan University and Community College of Allegheny County
Jessica Huber, MSN, RN, CCRN – Carlow University
Shannon Janzef, BSN, RN – La Roche College
Amanda Liegal-Held, MSN, RN – Community College of Allegheny County
Brittany Long, BSN, RN – University of Pittsburgh
Amy Lukanski, MSN, RN – University of Pittsburgh
Heather Margonari, RN – University of Pittsburgh
Shareen Milligan – University of Pittsburgh
Teresa Mingrone, MSN, RN, CCRN – Robert Morris University
Regina Moudy, MSN, RN – Community College of Allegheny County
Gabriella Perri, BSN, RN – Carlow University
Katie Scalise, MSN, RN, CCRN – Robert Morris University
Deanna Schneider, MSN, RN – Carlow University
Emily Shawley, MSN, RN, CPEN – Community College of Allegheny County
Tawana Smith, MSN, RN – Robert Morris University
EDUCATIONAL ACHIEVEMENTS

DOCTOR OF NURSING PRACTICE
Tracy Pasek, DNP, RN

MSN DEGREE
Renee Bischoff, MSN, RN
Dawn Burke, MSN, RN
Carrie Brunner, BSN, RN
Jessica Claus, MSN, RN
Michele DiLucente, MSN, RN
Charles Gurhtrie, MSN, RN, CPN
Sheila Hahner, MSN, RN, CPN
Melina Handley, MSN, RN
Jessica Higgins, MSN, RN, CPN
Alysia Inglis, MSN, RN
Shannon Janzef, MSN, RN
Margaret Lamouree, MSN, RN, CCRN
Traci Lasapina, MSN, RN
Caterina LoGalbo, MSN, RN
Kerr McDaniel, MSN, RN
Alexis Oskin, MSN, RN
David Rausch, MSN, RN
Cassandra Rennick, MSN, RN
Katie Scalise, MSN, RN, CCRN
Kristen Schurer, MSN, RN
Emily Shawley, MSN, RN
Jessica Smith-Amara, MSN, RN
Casey Smulick, MSN, RN
Kristen Tokarski, MSN, RN
Carrie Vincett, MSN, RN
Hope Waltenbaugh, MSN, RN
Larissa Zeli, MSN, RN

BSN DEGREE
Emily Elizabeth Ankrom, BSN, RN
Amber Barr, BSN, RN
Laruen Beggs, BSN, RN
Melissa Brown, BSN, RN
Jena Bujak, BSN, RN
Lisa Campbell, BSN, RN
Erin Dedig, BSN, RN
Erin Deveaney, BSN, RN
Alicia Duss, BSN, RN, CCRN
Carol Faytol, BSN, RN
Lauren Fye, BSN, RN
Sherry Gardner, BSN, RN
Katherine Gaughan, BSN, RN
Melissa Isacco, BSN, RN
Carrie Jeffery, BSN, RN
Tracee Kirkland, BSN, RN
Bonnie Landgraf, BSN, RN
Katybeth McClelland, BSN, RN
Janice Mills, BSN, RN
Patricia Munk, BSN, RN
Erinn Parks, BSN, RN
Julie Paul, BSN, RN
Rebecca Piazza, BSN, RN
Elizabeth Plack, BSN, RN
Amy Popies, BSN, RN
Scott Rebarchak, BSN, RN
Megan Rueflle, BSN, RN
Linda Schueler, BSN, RN
Brenda Spencer, BSN, RN
Jessica Smith, BSN, RN
Ismeldy Taveras, BSN, RN
Sherry Taylor, BSN, RN, CPN
Pamela Ventorini, BSN, RN
Holly Warmus, BSN, RN
Dana Weiss, BSN, RN
NURSES ARE ENCOURAGED TO OBTAIN THEIR PROFESSIONAL NURSING CERTIFICATION. Certification demonstrates a nurses’ expert knowledge in a specialty beyond the scope of nursing license. The nursing division goal is to increase certified nurses 3% annually.

### CERTIFIED CRITICAL CARE NURSE (CCRN)
- Amy Ankrom, RN, CCRN
- Tamara Bentley, RN, CCRN
- Allison Blatnick, RN, CCRN
- Jamie Capone, RN, CCRN
- Devin Corboy, RN, CCRN
- Katherine DeCato, RN, CCRN
- Alicia Duss, RN, CCRN
- Melissa Evans, RN, CCRN
- Amy Gildea, RN, CCRN
- Amber Grinnel, CCRN
- Aline Haag, RN, CCRN
- Heather Harris, RN, CCRN
- Alexandra Johnston, RN, CCRN
- Eve Kavanaugh, RN, CCRN
- Ashley Knapil, RN, CCRN
- Leighann Koch, RN, CCRN
- Nicole May, RN, CCRN
- Brittani Miller, RN, CCRN
- Susan Murray, RN, CCRN
- Abby Mysels, RN, CCRN
- Kelsy Onder, RN, CCRN
- Katie Scalice, RN, CCRN
- Kristen Schurer, RN, CCRN
- Todd Spencer, RN, CCRN
- Jerome Spinnato, RN, CCRN
- Erin Starks, RN, CCRN
- Ashley Stefanko, RN, CCRN
- Amanda Stasiowski, RN, CCRN
- Shaina Thomas, RN, CCRN

### CERTIFIED PEDIATRIC NURSE (CPN)
- Alissa Adams, RN, CPN
- Jessica Adams, RN, CPN
- Shea Anderson, RN, CPN
- Julia Beese, RN, CPN
- Deanna Bellville, RN, CPN
- Rene Bischoff, RN, CPN
- Melissa Blackburn, RN, CPN
- Sherri Boone, RN, CPN
- Tracy Brandwene, RN, CPN
- Lisa Brinton, RN, CPN
- Holly Burke, RN, CPN
- Megan Clapp, RN, CPN
- Daniel Cofojohn, RN, CPN
- Ann Falcona, RN, CPN
- Maria Falcone, RN, CPN
- Grace Giannettino, RN, CPN
- Rachelle Gish, RN, CPN
- Courtney Gregory, RN, CPN
- Maria Guisbert, RN, CPN
- Clara Hirschmann, RN, CPN
- Heather Holt, RN, CPN
- Amy Jacobson, RN, CPN
- Carrie Jeffery, RN, CPN
- Leslie Kapsar, RN, CPN
- Jessica Lasanich, RN, CPN
- Susan Legge, RN, CPN
- Rebecca Maiers, RN, CPN
- Staci May, RN, CPN
- Kelly McGill, RN, CPN
- Gemma Munson, RN, CPN
- Victoria Parry, RN, CPN
- Taryn Price, RN, CPN
- Mallory Pruitt, RN, CPN
- Yevgeny Semenko, RN, CPN
- Jessica Smith, RN, CPN
- Brenda Spencer, RN, CPN
- Amanda Springer, RN, CPN
- Kayla Stayer, RN, CPN
- Erin Vollberg, RN, CPN

### CERTIFIED CRITICAL CARE NURSE (CCRN)
- Amy Ankrom, RN, CCRN
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- Mallory Pruitt, RN, CPN
- Yevgeny Semenko, RN, CPN
- Jessica Smith, RN, CPN
- Brenda Spencer, RN, CPN
- Amanda Springer, RN, CPN
- Kayla Stayer, RN, CPN
- Erin Vollberg, RN, CPN

### EXTENDED CERTIFIED CRITICAL CARE NURSE (CCRN)
- Amy Ankrom, RN, CCRN
- Tamara Bentley, RN, CCRN
- Allison Blatnick, RN, CCRN
- Jamie Capone, RN, CCRN
- Devin Corboy, RN, CCRN
- Katherine DeCato, RN, CCRN
- Alicia Duss, RN, CCRN
- Melissa Evans, RN, CCRN
- Amy Gildea, RN, CCRN
- Amber Grinnel, CCRN
- Aline Haag, RN, CCRN
- Heather Harris, RN, CCRN
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- Kristen Schurer, RN, CCRN
- Todd Spencer, RN, CCRN
- Jerome Spinnato, RN, CCRN
- Erin Starks, RN, CCRN
- Ashley Stefanko, RN, CCRN
- Amanda Stasiowski, RN, CCRN
- Shaina Thomas, RN, CCRN

### CERTIFIED PEDIATRIC EMERGENCY NURSE (CPEN)
- Brooke Bojtos, CPEN
- Nicole Bryne, CPEN
- Sara McGinnis, CPEN
- Melony Wilhelm, CPEN
- Larissa Zeli, CPEN

### CERTIFIED PERI ANESTHESIA NURSE (CPAN)
- Jeanine Eswein, CPAN

### NURSING PROFESSIONAL DEVELOPMENT (RN-BC)
- Christin Cooper, RN-BC
- Darci Del Vecchio, RN-BC
- Melissa Rae, RN-BC

### REGISTERED NURSE CERTIFIED (RNC-NICU)
- Melina Handley, RNC-NICU
- Katherine Small, RNC-NICU

### NURSING EXECUTIVE ADMINISTRATION – BOARD CERTIFIED (NEA-BC)
- Kristen Straka, NEA-BC

### NIH STROKE SCALE
- Katrina Gallagher
NURSES GIVING TO THE COMMUNITY

Ronald McDonald House  Sandra Fleck, BSN, RN, CPN, Clinician – 9B

Approximately two years ago, A and B volunteered to serve breakfast at Ronald McDonald House (RMH) in hopes of it being a team-building experience where staff from the 9A and 9B units could get together and improve relationships while providing a community service. The two units share some of the same patient populations and many of these families at RMH. Sandra Fleck, BSN, RN, CPN is the coordinator and chooses the date, creates a menu and coordinates the donations from both staffs. If every person gives only a dollar, that is adequate to cover costs of the food to serve 60 people. They have progressed to providing and serving dinners every three months. Those who are available on that date help transport the food to RMH and then help cook and serve. It has turned in to an extremely rewarding project as we serve many of families that are also the population taken care of on 9A and 9B. Families often comment that it's so nice to see caregivers outside of the hospital room. Families we serve are so incredibly appreciative. Relationships between A and B have improved and staff feels that this is a wonderful volunteer opportunity to be a part of. Meal preparation has expanded to include 9C and Child life from those three units as well as a housekeeper. Six to seven volunteers help prepare the food, serve the meal, and clean up. “We love doing it!”

Habitat for Humanity  Christine Angeletti, BSN, RN, CCRN, Clinician – PICU

Be a good neighbor! The PICU is a large, densely populated unit, which thrives on teamwork, at the bedside and beyond. Brittany Nard, RN, PICU coordinated a Habitat for Humanity community event for the PICU to share their teamwork beyond the walls of the 5th floor. Below are some terrific photos of PICU staff lending a hand to community neighbors by giving back some of their time to Habitat to Humanity in local area neighborhoods.

Jeremiah’s Place  Diane Ankney, MSN, RN – Unit Director, 6A and Admission Team

Jeremiah’s Place is a nonprofit organization advocating for the safety and well-being of young children during times of family emergencies. Their mission is to provide a therapeutic refuge of rest, health, safety and psychosocial renewal for children and their families during times of crisis. Children’s Hospital of Pittsburgh of UPMC is supporting the community and the mission of Jeremiah’s Place through their involvement with this organization in a variety of ways. Diane Ankney, MSN, RN and Su Lauterbach, BSN, RN are both members of the working board Jeremiah’s Place. The 6A unit and Trauma Department staff have contributed monetary donations and participated in the JP5K walk/race held in North Park in April. In addition, the Trauma Department and Nursing Leadership Team collected pajamas, clothing, toys and diapers for Jeremiah’s Place this past holiday season.
Community Involvement Beyond Children’s

Nurses at Children’s Hospital are dedicated to giving back to the community.

**SHERRY TAYLOR, BSN, RN, CPN**
6B Clinical Leader and Senior Professional Staff Nurse

For Sherry, a purposeful focus of giving back to the community has been integral to her successes along her 28 years at Children’s Hospital of Pittsburgh.

Beginning her career as a Health Unit Coordinator, Sherry’s now 15 years as a pediatric general nurse has been guided by her active involvement in communities both inside and outside of Children’s Hospital. Internally, Sherry is on numerous hospital and system-wide councils including: Skin Care Council, Nursing Informatics Council, UPMC Corporate Nursing Inclusion Council, and Children’s Hospital of Pittsburgh Nursing Inclusion Council where she serves as Council Chair. It was no surprise when Sherry’s commitment to our patients was recognized with the Oasis Award for implementing evidence-based best practice for prevention of pressure ulcers in the pediatric surgical patient population.

Outside of Children’s Hospital, Sherry is active with several professional organizations including the National Black Nurses Association, Pittsburgh Black Nurses in Action, American Pediatric Surgical Nurse Association, Gateway Medical Society, and the Sigma Theta Tau International Nursing Honor Society (Sigma Nu - Waynesburg University Chapter). Sherry’s external reach goes well beyond the walls of professional organizations.

With equal dedication and passion, Sherry has been actively involved in several community health outreach initiatives such as the Pittsburgh Black Nurses in Action Community Health Fair, Gateway Medical Society’s Health Symposium, and the Annual African American Heritage Day Parade. During collaborative work with these organizations, Sherry has educated and provided healthcare interventions such as blood pressure screenings in order to prevent and reduce other health complications in at-risk populations.

Sherry embodies the mission of Children’s Hospital by improving the health and well being of our collective community through excellence in patient care, teaching and research.

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**KRISTEN L. STRAKA, DNP, RN, CPN, NEA-BC**
Senior Director, Heart Institute and Rehabilitation Services
Vice President, Society of Pediatric Nurses, 2012–2014

As the landscape of healthcare is changing, emphasis is placed on vulnerable populations and service to improve the health to these groups. As pediatric nurses, it is our obligation to be an active part in advocating for children. It is for this reason that I made the decision to not only stay active within the Society of Pediatric Nurses (SPN), but also run for office of Vice President and successfully fill that role for a two-year term.

The vision of SPN is to be the premier resource for nurses caring for children and their families. Part of this vision includes listening to members and their challenges in providing care to the pediatric population and developing resources that can promote positive patient outcomes. These tactics include toolkits for evidence-based practice, resources for research, statements on childhood obesity, and collaborating with other national organizations to support and promote best practice including the National Association for Pediatric Nurse Practitioners and the Emergency Nurses Association.

Attending events such as the Nursing Alliance Leadership Academy afforded the opportunity to network with members from American Nurses Association and other leaders in nursing.

In serving as a Board member of a professional organization, I was able to collaborate and gain knowledge to serve the population of pediatrics, and advocate for a bright future.
EXEMPLARY Professional Practice
Improving the patient and family experience through exemplary professional practice involves effective and efficient care services, interprofessional collaboration, and high-quality patient outcomes. The unique needs and attributes of each patient and family is met through autonomous nursing practice.
NICVIEW IMPLEMENTATION

NEW PARENTS AND FAMILY MEMBERS CAN CHECK IN on their infants any time of day and from anywhere in the world — as long as they have an internet connection — thanks to a new camera system installed in the neonatal intensive care units (NICUs) at Children’s Hospital of Pittsburgh of UPMC and Magee-Women’s Hospital of UPMC. Children’s Hospital and Magee-Women’s Hospital are two of only three hospitals in the state to have implemented this password-protected webcam system called NICVIEW, which gives parents and other family members a virtual connection to their newborns.

The early hours and days after having a newborn are critical for the parents, the baby, and the family. Having a newborn in the NICU can cause separation for everyone involved and can occur for many reasons — a mother may not see her newborn for a few days if she remains in the hospital after delivery, a sibling might not meet his new brother or sister, and a grandparent may be long distance. The NICVIEW system allows family and friends who are given a unique username and password to log in and visit the baby from anywhere in the world. “A baby that is hospitalized in the NICU can be a very stressful and frightening time for families and is even more difficult when they can’t be at the hospital with their baby,” said Beverly Brozanski, MD, clinical director, Children’s Neonatal Intensive Care Unit. “Being able to view their newborn on the camera is very reassuring and helps parents stay connected with their loved ones as well as the medical team.”

“It’s pretty amazing!” A total of 31 cameras are installed in Children’s NICU. The cameras are mounted above the baby’s incubator, which provides families access to a live video stream that they can watch from a computer or mobile device. Since the program was launched three weeks ago, the Children’s NICVIEW cameras have had 2,500 logins from 25 states, and even some from London. “This system helps to maintain the connection and unity between the baby and the family,” said Margaret Lamouree, unit director, Children’s Neonatal Intensive Care Unit. “Parent-infant bonding is important for an infant’s growth and development.”

The NICVIEW system is designed to comply with the Health Insurance Portability and Accountability Act (HIPAA), which requires confidential handling of patient information. Children’s received funding for the NICVIEW system from the Snee-Reinhardt Foundation.

“Being able to view their newborn on the camera is very reassuring and helps parents stay connected with their loved ones as well as the medical team.”
Neonatal Intensive Care Unit (NICU): CLABSI Decrease

The NICU has been participating in a national collaborative to reduce central line associated bloodstream infections since 2010. The project aim was to work collaboratively with NICU staff to decrease central line associated infections to 0.5 or less line infections per 1000 line days over a 12-month period. In FY 2013, the project moved to sustain and spread phase. Our central line bundle has been fully enculturated into our practice. The bundle includes: good hand washing, best practices in line care, and daily discussion of lines. We chose a full-immersion approach to staff education: signs were posted at bedsides; CLABSI prevention was discussed at every staff meeting, a hand hygiene video for families was added to the patient education channel and we also held a central line fair for staff education was focused on areas known to have significant impact on CLABSI prevalence: hand hygiene, central line insertion practices, central line care and maintenance, and central line removal, along with a root-cause analysis whenever a CLABSI is identified. We continue to monitor our central line days and CLABSI rates. For FY 2013 the NICU’s CLABSI rate was 0.46/1000 line days. Our Clinical leader’s spot check compliance with central line care and staff were asked to monitor each other for compliance with best practices. A root cause analysis is completed with any line infection and the information is disseminated to the staff. To maintain momentum for this project we have a “Days since last” reminder board and recently celebrated 100 days without a CLABSI. We have a goal of achieving 365 days without a CLABSI and with our whole team on board it is achievable. In 2014, the NICU was recognized by the Jewish Healthcare Foundation with a Silver Fine Award for Teamwork Excellence in Health Care for Creating a Culture of Excellence in Central Line Care.
Nicu Clabsi Rate
With 65-month Trend Line

Goal: < 1.0 Infections/1000 line days

- Jan 2011 Initiation of CLABSI Reduction Project

Clabsi Rate - Critical Care
Goal: ≤ 0.99

- Dec 2012 collaboration between Critical Care Units to standardize central practices.
CHILDREN DESERVE COMPLIANCE CAMPAIGN

Terri Roberts, BSN, RN, CIC, Infection Prevention Coordinator

CHILDREN’S DESERVE COMPLIANCE CAMPAIGN was established in 2011 to increase isolation awareness and compliance with the use of isolation barriers. Education was provided for all staff including the various types of personal protective equipment (PPE), when to wear the different forms of PPE, the types of precautions that require the utilization of PPE, and how to properly don and doff PPE. Outcomes demonstrated an increase in isolation compliance and the sustainment or decrease of infectious disease.

PERCENTAGE COMPLIANCE: UTILIZATION OF PPE

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<th>60%</th>
<th>82%</th>
<th>85%</th>
<th>94%</th>
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MRSA INFECTION RATES

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<td>0.10</td>
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<td>FY2014</td>
<td>0.10</td>
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VRE INFECTION RATES

<table>
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<td>0.03</td>
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<td>FY2014</td>
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THROUGH PATIENT SAFETY OCCURRENCE REPORTING we focused on our highest report of errors related to continuous infusion medications. While the double check process occurs at shift change or administration time, there failed to be a process for a double check when titrating continuous infusions. After numerous medication events from October 2011 through January 2012, “Time Outs” were implemented.

Through a retrospective review, opportunities were noted to improve safety processes related to medication administration. “Time Outs” were implemented. This process requires nurses to perform a double check with another RN every four hours on all continuous infusions.

Time out sheets were developed and placed in each bedside chart and reviewed every 24 hours to monitor compliance of the process and collected every week. The following results demonstrate a significant decrease in events related to administration errors and administration of High alert errors.

- Fiscal Year 2012 rates
  ADE Administration Error Rate 0.30
  ADE High Alert Error Rate 0.69
- Fiscal Year 2013 rates
  YTD ADE Administration Error Rate 0.18
  YTD ADE High Alert Error Rate 0.09

The above exemplifies a significant decrease in both Administering errors and high-alert medication errors following the implementation of the “Time Out” process.

NUMBER OF ERRORS PER YEAR

<table>
<thead>
<tr>
<th>Year</th>
<th>Errors</th>
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<tbody>
<tr>
<td>FY2012</td>
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<td>FY2013</td>
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<tr>
<td>FY2014</td>
<td>3</td>
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</table>
Jodi and Tracy collaborated with Child Advocacy Center expert Jamie Mesar MSW, Teresa Mingrone, RN (NICU), and Kelly Bricker, RN (Informatics) to 1) design the magnet; 2) create an electronic documentation prompt linked to discharge and 3) coordinate distribution to the families of infants (birth through one year of age) in the Neonatal and Pediatric Intensive Care Units. The Safety Center generously funded the magnets.

While the first phase of the BREATH magnet community service project included two ICUs, the second phase targeted pediatric primary care practices. Five thousand magnets were distributed to thirty-five Children’s Community Pediatric (CCP) offices where they are being distributed to families of newborns at well visits. Jodi continues as a liaison to CCP practice managers who wish to sustain an ongoing supply of magnets for their infant patient populations.

Jodi and Tracy report, “We may never know if the magnet we designed actually prevents child maltreatment, but if a simple and practical gift such as a picture frame at discharge or at a pediatrician visit helps a parent take a deep breath before harming his or her baby, it’s wonderful thing.”
New KNOWLEDGE, INNOVATIONS, and IMPROVEMENTS
EVIDENCE-BASED PRACTICE AND RESEARCH

The Evidence-Based Practice Program was developed based on the belief that staff nurses can be empowered to make changes that improve patient care. This starts with asking the clinical question. Through class and program development, staff nurses are now positioned to make that change through Shared Leadership. The following two EBP projects demonstrate nurses using evidence-based practice to change the delivery of care to improve patient outcomes.

NEONATAL EVIDENCE-BASED PRACTICE PRESSURE ULCER PREVENTION USING MEPILEX® LITE

Christy Moriarty, BSN, RN, CCRN

DURING PATIENT ROUNDS IN THE NEONATAL INTENSIVE CARE UNIT (NICU) at a large urban pediatric facility, it was noted that an increasing number of newly trached babies were experiencing various stages of wound breakdown around the surgical site. With their immature immune systems, infants and neonates are at an increased risk of a nosocomial infection following an invasive surgical procedure and additional wound breakdown further complicating that risk. Because of the limited information regarding neonatal wounds, a project was implemented to evaluate the breakdown around the tracheostomy site postoperatively in the Neonatal Intensive Care Unit (NICU). Preliminary data was collected on twenty newly trached patients. The breakdown rate was assessed at 55% overall and 100% of the breakdown occurred with the use of DuoDERM® only. DuoDERM®, which is a hydrocolloid, is a non-breathable dressing that absorbs water and swells, preventing exudate on the skin. Although designed for wound care and management, this product was deemed ineffective for this population. A search for an alternative product was done and Mepilex® lite, which is a thin foam dressing that absorbs wound exudate, was implemented for use under the fresh tracheostomy sites as an alternative product. After using a combination of DuoDERM® and Mepilex® lite, data was then reacquired from twenty patients. The overall breakdown rate decreased from 55% to 20%. Of the patients using only Mepilex® lite, the breakdown rate was 0%. Our direct outcome showed that Mepilex® lite was effective in decreasing the skin breakdown in our patient population after a tracheostomy procedure. This project demonstrated that good skin assessment, in addition to the use of Mepilex® lite, led to better nursing practices and better outcomes for the neonatal and infant population.
PALLIATING MORE THAN OUR PATIENTS: ACKNOWLEDGING THE CHALLENGES OF CARING FOR SICK CHILDREN

Ann Spence, DNP, RN, Unit Director – 9B, Maggie Kuhnlein, Palliative Care, Melissa Bender, RN, CPON

TO PALLIATE MEANS TO RELIEVE SUFFERING. As healthcare professionals, we enter into the world of our chosen discipline with the intention and hope of relieving the suffering of our patients and families. We study hard, learn our trade, and set out to make a difference in the lives of those we serve. Unbeknownst to many of us, the role of a nurse is not only physically exhausting, but mentally exhausting as well. This additional stress can cause emotional exhaustion, depersonalization, and lack of personal accomplishment often described as burnout.

On 9B at Children’s Hospital of Pittsburgh of UPMC, Melissa Bender, RN, CPON has dedicated her “My Nursing Career Project” to improvement in staff morale and decreasing stress in the workplace. Working in an environment that has consistent exposure to tragedy, loss, and death may lead to not only more sick time being taken, but also a high turnover rate for employees. In a specialty such as Oncology and Bone Marrow Transplant, these stressors occur constantly. Off-site retreats will take place for staff every 3 months in the hope that staff will become more cohesive as a team and exhibit less stress and fatigue. Yoga, meditation, massage, and motivational speakers will be provided in an effort to promote self-care at the retreats. Success of the project is measured by the professional quality of life survey. This survey was administered in May 2013 and again in May 2014 and revealed a slight increase in compassion satisfaction, a slight decrease in secondary traumatic stress and a slight increase burnout. Turnover data based on exit interviews revealed that 6/9 or 66% of the nurses who left in 2013 left due to unit dissatisfaction while only 1/6 or 16% of nurses who left in 2014 left the unit due to dissatisfaction. Post retreat surveys reveal that 100% of the attendees find the retreats useful and would like to see them continued.

NURSE TURNOVER COMPARISON

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<thead>
<tr>
<th></th>
<th>FY13</th>
<th>FY14</th>
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<tr>
<td>Total RN Left</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>From Work-related Stress</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Other Reasons</td>
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<td>5</td>
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PROFESSIONAL QUALITY OF LIFE SCREENING

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<thead>
<tr>
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<th>2013</th>
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<tr>
<td>Compassion Satisfaction</td>
<td>58%</td>
<td>60%</td>
</tr>
<tr>
<td>Secondary Traumatic Stress</td>
<td>81%</td>
<td>70%</td>
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</tbody>
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PRESENTATIONS

FY2013 AND FY2014 INTERNATIONAL PRESENTATIONS


FY2013 AND FY2014 NATIONAL PLATFORM PRESENTATIONS


Aumer, M., MSN, RN, CPEN – Nursing Satisfaction and Meal Breaks: Changing the Culture and Improving Nursing Satisfaction. Children's Hospital Association Forum Series. Chicago, IL. October 2013

Bender, M., RN, CPON; Spence, A., DNP, RN and Kuhnlein, K., LCSW – Palliating More than Our Patients Acknowledging the Challenges of Caring for Sick Children. 5th Annual Children's Hospital of Pittsburgh of UPMC Pediatric Nursing Conference. Pittsburgh, PA. October 2013


DeGeorge, P., MSN, RN, ONC and Bryan, A., BSN, RN, CPN – Interdisciplinary Behavior Awareness Team in Same Day Surgery. Society of Pediatric Nurses 23rd Annual Convention. Nashville, TN. April 2012

DeGeorge, P., MSN, RN, ONC and Bryan, A., BSN, RN, CPN – Interdisciplinary Behavior Awareness Team in Same Day Surgery. 5th Annual Children's Hospital of Pittsburgh of UPMC Pediatric Nursing Conference. Pittsburgh, PA. October 2013

DeGeorge, P., MSN, RN, ONC – Panel on Readmission Rates: Patients with Total Hip and Knee Replacement. National Association of Orthopedic Nurses Congress. Las Vegas, NV. May 2014


Etzel-Hardman, D., MSN, MBA, RN, CPN – You Want Me to be a Pediatric Radiology Nurse? Association for Radiology and Imaging Nursing 6th Annual Fall Symposium, Pittsburgh, PA. September 2012


Gaughan, K., BSN, RN, CPN – Developing and Implementing a Tool to Improve the Transition of Patients and Families from a Critical Care Setting to an Acute Care Setting. Children's Hospital of Pittsburgh of UPMC's 4th Annual Pediatric Nursing Conference. Pittsburgh, PA. October 2012

Harris, P., DNP, CRNP, OCTC, OCTN – Pediatric Intestine Transplant: Exploring the Psychosocial Needs of the Caregiver and Experience across the Transplant Continuum. 5th Annual Children's Hospital of Pittsburgh of UPMC Pediatric Nursing Conference. Pittsburgh, PA. October 2013

Iurlano, K., BSN, RN, CCTNC – Lung Transplantation. Penn State/Hershey Medical Center 13th Annual Pediatric Nursing Conference: Touching the Future of Children. Hershey, PA. March 2013


Opalko, D., MS, MBA, RN, CNOR and Farley, A., MS, BSN, RN, CPN – Nursing Process Improvement during EX Intrapartum Treatment (EXIT) Procedures. 5th Annual Children’s Hospital of Pittsburgh of UPMC Pediatric Nursing Conference. Pittsburgh, PA. October 2013

Pasek, T., DNP, RN, CCNS, CCRN, CIMI – The Development of an Electronic Headache Diary for Children who Experience Headache as a Symptom of Concussion. 5th Annual Children’s Hospital of Pittsburgh of UPMC Pediatric Nursing Conference. Pittsburgh, PA. October 2013

Rausch, D., MSN, RN – Break out of the ED. Children’s Hospital of Pittsburgh of UPMC’s 4th Annual Pediatric Nursing Conference. Pittsburgh, PA. October 2012


Vincze, D., MSN, RN and Flok, D., MSN, RN, CPN – Hospital Based Initiatives to Improve Safe Sleep Education and Compliance. Third National Cribs for Kids® Conference. Pittsburgh, PA. June 2013

Weyant, D., MSN, RN, CPN and Straka, K., DNP, RN, CPN, NEA-BC – EBP Rounding: Encouraging the Nurses to Ask the Clinical Question. Society of Pediatric Nursing 24th Annual Conference. Scottsdale, AZ. April 2014


Ambrose, H., DNP, RN, CPON, CPN – Magnet Recognition: A Journey Not a Destination. UPMC Shadyside, Pittsburgh, PA. August 2012

Clougherty, M., MSN, RN, CDE – Insulin Pumps, Reports, and Case Study. Diabetes Update: Technology and Data for Advancing Inpatient and Outpatient Diabetes Management. Erie, PA. October 2012

Clougherty, M., MSN, RN, CDE – Panel Discussion Regarding State Bill in Support for Diabetes Education in Schools. Harrisburg, PA. October 2012

Flook, D., MSN, RN, CPN – Project Management. UPMC Evidence-Based Workshop. Allison Park, PA. April 2013


Harold, D., BSN, RN, CPN – My CHP Adventure. UPMC’s 2nd Annual PFCC Summit at UPMC Nursing Grand Rounds, Pittsburgh, PA 2013 and St. Margaret’s Nursing Innovations Summit, Pittsburgh, PA 2014


Martinez, A., BSN, RN, CCRN – Peer Review Committee. UPMC Nurse Week 2013. Pittsburgh, PA. May 2013

Pasek, T., DNP, RN, CCNS, CCRN, CIMI and Tharp, M., MSN, RN, CCRN – Making Nursing Research a Treat in the PICU: Journal Clubs that Go Bump in the Night. Nursing Innovation Summit Fall 2012: Hot Topics in Nursing. Pittsburgh, PA. October 2012

PRESENTATIONS


Smith, T., MSN, RN – Decreasing Unnecessary Monitors through Effective MD/RN Communication. UPMC Nurse Week 2013. Pittsburgh, PA. May 2013

Ullman, F., BSN, RN, BCLC, RLC – BFF: A Limited Education Program for NICU Nurses. UPMC Evidence-Based Workshop. Allison Park, PA. April 2013

Valenta, C., MSN, RN, CNRN – Unit Director Finance Workshop: Capital Budget and Expense Analysis. UPMC Presbyterian. Pittsburgh, PA. September 2012

FY2013 AND FY2014 NATIONAL POSTER PRESENTATIONS

Ambrose, H., DNP, RN, CPON, CPN; Tonya Evangelista, MSN, RN, CPHON, CPN – The Effectiveness of Pediatric Chemotherapy and Biotherapy Provider Program. Association of Pediatric Hematology/Oncology Nurses’ 37th Annual Conference and Exhibition. Louisville, KY. September 2013

Biernesser, J., BSN, BASHA, CPC and Klodowski, H., BSN, RN – Improving Patient and Family Cardiology Clinic Experience at Children’s Hospital of Pittsburgh of UPMC. Children’s Hospital of Pittsburgh of UPMC’s 4th Annual Pediatric Nursing Conference. Pittsburgh, PA. October 2012

Bostwick, A., MBA, MSN, RN, CPN; Bricker, K., BSN; Burkett, M., MSN, RN, CCRN; Croyle, K., BSN, RN, CCRN; Mingrone, T., MSN, RN, CCRN; Moore, M., RRT; Rhea, M., MSN, RN, CCRN; Siwula, J., MS, RN, CPHQ; Valenta, V., MSN, RN, CNRN; Venkataraman, S., MD; and Vaccett, C., MSN, RN – Preventing Ventilator Associated Pneumonia: Innovative Strategies Beyond the Bundle. ANA Quality Conference. Phoenix, AZ. February 2014

Bostwick, A., MBA, MSN, RN, CPN; Bricker, K., BSN; Burkett, M., MSN, RN, CCRN; Croyle, K., BSN, RN, CCRN; Mingrone, T., MSN, RN, CCRN; Moore, M., RRT; Rhea, M., BS, RN, CCRN; Siwula, J., MS, RN, CPHQ; Valenta, V., MSN, RN, CNRN; Venkataraman, S., MD; and Vaccett, C., MSN, RN – Preventing Ventilator Associated Pneumonia: Innovative Strategies Beyond the Bundle. Society of Pediatric Nurses 24th Annual Conference. Scottsdale, AZ. April 2014


Cashdollar, A., MSN, RN, CMPE; Rommes, H., BA; Rice, C.; Koulouris, W., BSN, RN, CCRN; Lamouree, M., MSN, RN; and Kuch, B., MSN, RN, BS-RRT – Reuniting Patients and Families Following Inter-Facility Transport: Implementing a toll for Process Improvement. 4th Annual Patient and Family Experience: Empathy and Innovations Summit. Cleveland, OH. May 2013

Cashdollar, A., MSN, RN, CMPE – Ambulatory Pediatric Cardiology Dashboards. Pediatric Cardiology Section Meeting ACC Midyear Summit. Las Vegas, NV. January 2014


Coleman, A., BSN, RN; Kuch, B., MSN, RN, BS-RRT; Brozanski, B., MD; Mahmood, B., MD; Potoka, D., MD and Wearden, P., MD – Descriptive Analyses of Transport Variables Associated with ECMO and In-hospital Mortality in Infants with CDH. 30th Annual CNMC Symposium: ECMO and the Advanced Therapies for Respiratory Failure. Washington, DC. February 2014

Clougherty, M., MSN, RN, CDE – College to Clinic to Prepare Young Adults for their Future. American Association of Diabetic Educators. Philadelphia, PA. August 2013

DeGeorge, P., MSN, RN, ONC; Miller, B., RN, CPN; and Visoiu, M., MD – Use of an Elastomeric Ambulatory Pump for Home Use in the Pediatric Patient. Society of Pediatric Nurses 23rd Annual Convention. Nashville, TN. April 2013

DeGeorge, P., MSN, RN, ONC – The Impact of Musculoskeletal Disorders in Pediatric Patients with Down Syndrome. National Association of Orthopedic Nurses Congress. Las Vegas, NV. May 2014


Evangelista, T., MSN, RN, CPHON, CPN and Zwier, K., BSN, RN, CPON – Positive Patient Identification in the Hematology/Oncology/Bone Marrow Transplantation Outpatient Clinic. Association of Pediatric Hematology/Oncology Nurses' 36th Annual Conference and Exhibit. Pittsburgh, PA. October 2012

Eytcheson, T., RN, CCRN – Clinical Care Conferences: M & M's in the NICU. Children's Hospital of Pittsburgh of UPMC's 4th Annual Pediatric Nursing Conference. Pittsburgh, PA. October 2012

Gaughan, K., BSN, RN, CPN – Developing and Implementing a Tool to Improve the Transition of Patients and Families from a Critical Care Unit to an Acute Care Unit. Society of Pediatric Nurses 23rd Annual Convention. Nashville, TN. April 2013

Gibson, S., MSN, RN, CPN and McMichael, D., BA – Pediatric Abdominal Transplant Outpatient Clinic: Improving Workflow and Increasing Patient Satisfaction. 5th Annual Children's Hospital of Pittsburgh of UPMC Pediatric Nursing Conference. Pittsburgh, PA. October 2013


Kern, K., BSN, RN, CPON; Lang, S., RN; and Spence, A., DNP, RN – Creating a Culture of Excellence through Unit Based Shared Governance. Association of Pediatric Hematology/Oncology Nurses’ 36th Annual Conference and Exhibit. Pittsburgh, PA. October 2012

Lukanski, A., MSN, RN, CPN – The Impact of Promoting Professional Nursing Certification in a Pediatric Hospital. 5th Annual Children's Hospital of Pittsburgh of UPMC Pediatric Nursing Conference. Pittsburgh, PA. October 2013


Miller, B., RN, CPN and DeGeorge, P., MSN, RN, ONC – Use of an Elastomeric Ambulatory Pump for Home Use in the Pediatric Patient. 5th Annual Children's Hospital of Pittsburgh of UPMC Pediatric Nursing Conference. Pittsburgh, PA. October 2013


Milligan, S., DNP, RN, CCRN – Improving Critical Thinking Using High Fidelity Simulation to Reduce Nursing Errors. Northeast Pediatric Cardiology Nurses Association Fall Conference. Washington, DC. October 2012

Mingrone, T., MSN, RN, CCRN – Preventing Ventilator Associated Pneumonia: Improving Strategies Beyond the Bundle®. 24th Annual Society of Pediatric Nursing Conference. Scottsdale, AZ. April 2014

Mingrone, T., MSN, RN, CCRN and Tharp, M., MSN, RN, CCRN – A Clinical Day in the Intensive Care Unit: A Worthwhile Student Experience. 24th Annual Society of Pediatric Nursing Conference. Scottsdale, AZ. April 2014

Moriarty, C., BSN, RN, CCRN – Neonatal Evidence-Based Practice Pressure Ulcer Prevention Using Mepilex Lite®. 5th Annual Children's Hospital of Pittsburgh of UPMC Pediatric Nursing Conference. Pittsburgh, PA. October 2013


Roberts, T., RN, CIC; Pokrywka, M., MS, CIC; Croyle, K., BSN, RN, CCRN; Giampa, P., BSN, BPM, CPHQ; and Green, M., MD – Improving Isolation Compliance at Children’s Hospital of Pittsburgh: The Children Deserve Compliance “CDC” Campaign. Association for Professionals in Infection Control and Epidemiology. Fort Lauderdale, FL. June 2013

Scalise, K., MSN, RN, CCRN; Mingrone, T., MSN, RN, CCRN; Macurak, S., BSN, RN; McClelland, K., BSN, RN, CCRN; Warner, J., RN, CCRN; Kish, M., DNP, NNP-BC – NICU Nurses put the “Cool” in Cooling. 1st Annual UPMC Neuroscience Conference. Pittsburgh, PA. February 2014

Shields, A., MSN, RN, CCRN – Clinical Effectiveness Pathways. Northeast Pediatric Cardiology Nurses Association Fall Conference. Washington, DC. October 2012

Smarto, S., BSN, RN, CPN and Bagay, J., MSN, RN, CPN – The Effectiveness of Parent CPR Instructions for Hospitalized High Risk Pediatric Infants. Society of Pediatric Nurses 23rd Annual Convention. Nashville, TN. April 2013

Smarto, S., BSN, RN, CPN and Mingrone, T., MSN, RN, CCRN – Planting the Seeds of Knowledge: A Patient and Family Education Fair. 2013 Healthcare Education Association Conference. Cincinnati, OH. October 2013

Smarto, S., BSN, RN, CPN and Bagay, J., MSN, RN, CPN – The Effectiveness of Parent CPR Instructions for Hospitalized High Risk Infants. 5th Annual Children’s Hospital of Pittsburgh of UPMC Pediatric Nursing Conference. Pittsburgh, PA. October 2013

Taylor, J., MSN, RN, CPN – Using Low-Fidelity Simulation to Maintain Competency in Central Line Care. Association for Vascular Care Annual Scientific Meeting. San Antonio, TX. October 2012

Tharp, M., MSN, RN, CCRN and Mingrone, T., MSN, RN, CCRN – A Clinical Day in an Intensive Care Unit, a Worthwhile Nursing Student Experience. Children’s Hospital of Pittsburgh of UPMC’s 4th Annual Pediatric Nursing Conference. Pittsburgh, PA. October 2012

Thomas, Dawn, MSN, RN, CPN, VA-BA – Utilizing Non-Licenses Personnel on Vascular Access Teams. LITEVAN. Nemacolin Woodlands, April 2014


Vincett, C., MSN, RN; Cashdollar, A., MSN, RN; and Martinez, A, BSN, RN, CCRN – Peer Review in the Cardiac Intensive Care Unit. Northeast Pediatric Cardiology Nurses Association Fall Conference. Washington, DC. October 2012

Work, T., MSN, RN, CPN – Implementing New Pain Management Strategies at the Bedside for Adolescents with Sickle Cell Disease. Association of Pediatric Hematology / Oncology Nurses’ 37th Annual Conference and Exhibition. Louisville, KY. September 2013

**FY2013 and FY2014 LOCAL POSTER PRESENTATIONS**


Ankrom, A., BSN, CCRN; Koch, L., BSN, RN, CCP; Messenger, C., BSN, RN, CCRN; Pasterick, P., BSN, RN; and Tsai, B., MS, BA, RN – Practice for Zeroing Arterial Line in Traumatic Brain Injury Patients to Obtain Accurate Cerebral Perfusion Pressure. UPMC Trauma Symposium. Pittsburgh, PA. October 2012

Aumer, M., MSN, RN, CPEN; Schenkel, K., MSN, RN, CPEN; and Rausch, D., MSN, RN, CPN – Nursing Satisfaction and Meal Breaks: Changing the Culture and Improving Nursing Satisfaction Scores. Southwestern Pennsylvania Organization for Nurse Leaders (SWPONL). Farmington, PA. August 2013


Bowers, K., MBA; Kammenzid, L., BS; Melnnick M.; Schenkel, K., MSN, RN, CPEN; Schuelke, M.; and Sears, M. and Thomas, T. – Improving the Emergency Room Department Waiting Experience. Dr. Loren Roth UPMC Quality and Patient Safety Symposium. Pittsburgh, PA. October 2013


Cashdollar, C., MSN, RN, CMPE; Rommes, H., BA; Rice, C.; Koulouris, W., BSN, RN, CCR; Lamouree, M., MSN, RN; and Kuch, B., MSN, RN, BS-RRT – Reuniting Patients and Families Following Inter-Facility Transport: Implementing a Tool for Process Improvement. Children’s Hospital of Pittsburgh of UPMC Quality Week. Pittsburgh, PA. October 2013


Davidson, D., BSN, RN, CPN; Garcia, E., BSN, RN; Hatfield, C., MSN, RN, CPN; Bair, C., RTR; Och, E., MS, CCLS; and Lasko, J. – My CHP Adventure Pilot Project. PFCC Rapid Fire Expo. Allison Park, PA. February 2013


DeGeorge, P., MSN, RN, ONC and Waltonbaugh, H., MSN, RN – iBAT. PFCC Rapid Fire Expo. Allison Park, PA. February 2013

DeGeorge, P., MSN, RN, ONC and Waltonbaugh, H., MSN, RN – The IBAT Team in Same Day Surgery at Children’s Hospital of Pittsburgh of UPMC. Dr. Loren Roth UPMC Quality and Patient Safety Symposium. Pittsburgh, PA October 2013

Eicker, P., MSN, RN; Gibson, S., MSN, RN; and McMichael, D., BA – Pediatric Abdominal Transplant Outpatient Clinic: Improving Workflow and Increasing Patient Satisfaction. Children’s Hospital of Pittsburgh of UPMC Quality Week. Pittsburgh, PA. October 2013

Evangelista, T., MSN, RN, CPHON, CPN and Spence, A., DNP, RN – Continuous Glucose Monitoring for the Bone Marrow Transplant Patient. Children’s Hospital of Pittsburgh of UPMC Healthcare Quality and International Infection Prevention Week. Pittsburgh, PA. October 2012

Evangelista, T., MSN, RN, CPHON, CPN and Zwier, K., BSN, RN, CPON – Positive Patient Identification in the Hematology/Oncology/Bone Marrow Transplantation Outpatient Clinic. Children’s Hospital of Pittsburgh of UPMC Healthcare Quality and International Infection Prevention Week. Pittsburgh, PA. October 2012
PRESENTATIONS

Folan, A., BSN, RN; Maiuri Moudy, R., BSN, RN; and Cales, R., BSN, RN, CCRN – Vicarious Traumatization of Healthcare Workers in the Hospital Setting. UPMC Trauma Symposium: Exploring the Spectrum of Trauma. Cranberry, PA. October 2013


Janzef, S., MSN, RN – Promoting Quiet Time Overnight on a Pediatric Acute Care Unit. St. Margaret’s 8th Annual Clinical Research Forum. Pittsburgh, PA. May 2013


Martin, C., BSN, RN, CEN; Beveridge, J., BSN, RN, CPEN; Rennick, C., MSN, RN, CPEN; and Zeli, L., MSN, RN, CPEN – Improving Patient Trauma: An Introduction to Role-Tagging and Role Based Coordination within the Trauma Bay. UPMC Trauma Symposium. Pittsburgh, PA. October 2012


Miller, D., BSN, RN, CPEN and Pasek, T., DNP, RN, CCNS, CCRN, CCRN – Buzzy in the Emergency Department. LITEVAN. Farmington, PA. April 2013

Miller, M., MSN, RN, CCRN – Perceptions of Novice Trauma Nurses Following a Simulation Experience. UPMC Trauma Symposium. Pittsburgh, PA. October 2012

Miller, M., MSN, RN, CCRN – Perceptions of Novice Trauma Nurses Following a Simulation Experience. Greater Pittsburgh 24th Annual Nursing Research Conference. California, PA. October 2012

Mingrone, T., MSN, RN, CCRN; Nguyen, P., BSPharm; Giron, B., MSN, RN, CCRN; Mullen, E. BSN, RN, CPHQ; Lamouree, M., MSN, RN; Ankrom, L., RN; and Carey, R., RN – Parental Nutrition/Lipid Failure Mode and Effects Analysis. Children’s Hospital of Pittsburgh of UPMC Healthcare Quality and International Infection Prevention Week. Pittsburgh, PA. October 2012

Moudry, R., BSN, RN; Cales, R., BSN, RN, CCRN; Folan Engel, A., BSN, RN; Brown, M., BSN, RN; Brunner, C., RN, CPN; and Stough, A., BSN, RN – Trauma Nurse Fellowship: A Nursing Experience. Templeton Trauma Symposium. Philadelphia, PA. March 2014

Munk, P., BSN, RN, CNOR – Increasing OR Utilization: Bridging the Gap Between Clinic and OR. St. Margaret’s Hospital Clinical Research Forum Pittsburgh, PA. May 2014

Powell, W., RN, CCRN; Mingrone, T., MSN, RN, CCRN; and Brozanski, B., MD – Promoting Family Hand Hygiene in the Neonatal Intensive Care Unit. Children’s Hospital of Pittsburgh of UPMC Healthcare Quality and International Infection Prevention Week. Pittsburgh, PA. October 2012


Valenta, C., MSN, RN, CNRN; Vincett, C., MSN, RN, CCRN; Lamouree, M., MSN, RN; Cashdollar, A., MSN, RN, CMPE; Bostwick, A., MSN, MBA, RN; Park, M., BSN, RN; and Eros, B., MS, RTT – Old Problem… New Solutions for Verbal Orders in the Critical Care Setting. Children’s Hospital of Pittsburgh of UPMC Quality Week. Pittsburgh, PA. October 2013


Wallisch, J., MD; May, C., MSN, RN, CHPN; Kuhnlein, M., LCSW; and Mauer, S., MD – Improving Communication at End of Life. Children’s Hospital of Pittsburgh of UPMC Quality Week. Pittsburgh, PA. October 2013


Work, T., MSN, RN, CPN; Wible, S., MSN, MBA, RN; and Fisk, A., MSN, RN – Strategies to Improve Outcomes in Pediatric Diabetic Ketoacidosis Patients. UPMC Nurse Week 2013. Pittsburgh, PA. May 2013

strakak., DNP, RN, CPN, NEA-BC, Burkett, M., MSN, RN, CCRN; Capan, M., MSN, RN, CPN; Eswein, J., MSN, RN, CPN, CPAN; and Fedor, M., MD – The Impact of Education and Simulation on Novice Nurses Response and Recognition to Deteriorating Pediatric Patients. SWPONL 2012 Annual Education Conference. Farmington, PA. August 2012
PUBLICATIONS

FY2013 AND FY2014 PUBLICATIONS

Bagay, JM (2014). Promoting positive pediatric experiences for nursing students at Children’s Hospital of Pittsburgh of UPMC. Pediatric Nursing, 40(3), 148-149.


RESEARCH STUDIES

FY 2013 and FY 2014

Ambrose, H., DNP, RN, CPON, CPN – NDNQI Work Environment

Ambrose, H., DNP, RN, CPON, CPN – Nursing Administrative Fellowship

Butler, G., MSN, RN and Fiedor, M., MD – Impact of Nurse-Focused Unit Specific Simulation of Pediatric Emergencies

Coleman, A., BSN, RN; Kuch, B., MSN, RN, BS-RRT; Brozanski, B., MD; Mahmood, B., MD; Potoka, D., MD; and Wearden, P., MD – Therapeutic Interventions, Management, and Outcomes of Congenital Diaphragmatic Hernia (CDH) Patients; Retrospective Analysis

Coleman, A., BSN, RN; Kuch, B., MSN, RN, BS-RRT; Brozanski, B., MD; Mahmood, B., MD; Potoka, D., MD; and Wearden, P., MD – Expanding the Congenital Diaphragmatic Hernia (CDH) Database at a National Level

Evangelista, T., MSN, RN, CPHON, CPN; Burkett, M., MSN, RN, CPN; Lukanski, A., MSN, RN, CPN; Taylor, J., MSN, RN, CPN; and Straka, K., DNP, RN, CPN, NEA-BC – A Nursing Residency Program Retention Effectiveness

Kiray, S., DNP, RN, CCRN - Implementation of Simulation to Improve Critical Thinking of the Novice Nurse: An Evidence-Based Practice Change Project to Decrease Nursing Errors

McKenna, C., MSN, PNP-PC, PNP-AC – Evaluation of Pediatric Trauma Triage Criteria Highest Trauma Activation

Miller, M, MSN, RN, CCRN – Perceptions of Novice Trauma Nurses Following Trauma Resuscitation Simulation Experience

Lamoure, M., MSN, RN; Vincett, C., MSN, RN; Cashdollar, A., MSN, RN, CMPE; Licata, J., MSN, RN, CCRN; Pasek, T., DNP, RN, CCNS, CCRN, CIMI; Mingrone, T., MSN, RN, CCRN; and Shields, A., MSN, RN, CCRN – The Assessment of the Needs of Parents of Critically Ill Infants in Three Specialized Intensive Care Units

Pasek, T., DNP, RN, CCNS, CCRN, CIMI; Hahner, S., MSN, RN CPN; Hatfield, C., MSN, RN, CPN; Gaughan, K., BSN, RN, CPN; Mingrone, T., MSN, RN, CCRN; Waltenbaugh, K., BSN, RN, CPN; Fagan, J., BSN, RN, CWO CN; Morris, K., BSN, RN; Knapp, A., BSN, RN; Shields, A., MSN, RN, CCRN; and Scott, M., BSN, RN – Predicting Immobility-related and Medical Device-related Pressure Ulcer Risk in Pediatric Patients

Paccio, J., BSN, RN; Keefer, C., BSN, RN; Girardi, S., BSN, RN; and Weyant, D., MSN, RN, CPN – Are Pain Medications effective in first 24 hours after single-defect cardiac surgery?

Spence, A., DNP, RN; Evangelista, T., MSN, RN, CPHON, CPN; Bryan, E., RN; Ward, M., BSN, RN, CPON; Frieihling, E., MD; Howrie, D., PharmD., and Ren, D., MD, PhD – The Impact of Daily Bathing with 2% Chlorhexidine Gluconate on Reducing Hospital Acquired Central Line Infection Rates on a Pediatric Oncology Unit

Straka, K., DNP, RN, CPN, NEA-BC; Ambrose, H., DNP, RN, CPON, CPN; Burkett, M., MSN, RN, CCRN; Capan, M., MSN, RN, CPN; Flook, D., MSN, RN, CPN; Evangelista, T., MSN, RN, CPHON, CPN; Lukanski, A., MSN, RN, CPN; Houck, P., BS; Schenkel, K., MSN, RN, CPEN; and Thornton, M., RN, CCRN – Excellence in Pediatric Nursing Though Certification

Taylor, J., MSN, RN, CPN – Designated Treatment Room Usage in a Pediatric Hospital

Yaworski, J., MSN, RN; Pasek, T., DNP, RN, CCNS, CCRN, CIMI; DiSilvio, S., MSN, CRNP; Cote, S., MSN, RN, CPN; and Hahner, S., MSN, RN, CPN – Prevalence of Nasogastric feeding Tube Use in US Pediatric Hospitals
EVIDENCE-BASED PRACTICE PROJECTS

FY2013 AND FY2014
EVIDENCE-BASED PROJECTS

Brandt, P., BSN, RN, CPN – Improving Blood Drawing Techniques in the Pediatric Infusion Center
Bryan, A., BSN, RN, CPN – Same Day Surgery Pre-Operative Phone Call Improvement Initiative
Burke, K. MSN, RN, CPN – Nurse-Physician Relationships, Can Nurse Driven Strategies have a Positive Impact?
Cashdollar, A., MSN, RN, CMPE; Shields, A., MSN, RN, CCRN; Vincett, C., MSN, RN; and Shiderly, D. – Cardiac Clinical Pathways: Clinical Guidelines for Effectiveness
Conley, C., BSN, RN, CPN – Natural Drying of the Umbilical Cord: A Quality Improvement Project
Davidson, D., BSN, RN, CPN – Using a Multidisciplinary Approach to Improve Nurse Participation in Bedside Rounds
Debacco, S., BSN, RN, CPN – Decreasing Unnecessary Sleep Disturbances by Decreasing Blood Pressure Monitoring on Stable Pediatric Patients

Donnelly, J., BSN, RN, CCRN – NICU Thermoregulation
Gardner, S., BSN, RN, VA-BC – Quality Monitoring and Proactive Management of Central Line Occlusions
Gaughan, K., BSN, RN, CPN – Developing and Implementing a Tool to Improve Transition of Patients and families from an ICU Setting to an Acute Care Setting
Giron, B., MSN, RN, CCRN – Transitioning Critically Ill Infants to a Safe Sleep Environment
Good, K., BSN, RN, CPN – Improving accuracy of Infant Length Measurements
Janzef, S., MSN, RN – Promoting Quiet Time Overnight on a Pediatric Acute Care Unit
Kamnikar, M., BSN, RN, CPN – Enhancing Nurse Teamwork, Communication, and Patient Safety through Implementation of Nurse Huddles
Licata, J., MSN, RN, CCRN; Pasek, T., DNP , RN, CCNS, CCRN, CIMIC and Vereb, A., BSN, RN, CCRN – Family Presence during Resuscitation
Lukanski, A., MSN, RN, CPN – Decreasing the Frequency of CSF Collection Bag Changes Brain Care Institute
Lukanski, A., MSN, RN, CPN – Utilizing a Shared Governance Model to Decrease Peripheral IV Infiltrates on a Pediatric Surgical Unit
Lyons, K., RN, CPN – Introducing PEWS to CHP
Martin, C., MSN, RN, CEN – The Use of Temporal Thermometers in Emergency Department
Merulli, A., BSN, RN, CPN – Best Evidence for Use of Rectal Tubes
Miller, D., BSN, RN, CPEN; Killian, S., BSN, RN; Capan, M., MSN, RN, CPN; Sieminski, S., MD; and Rosen, J., MD – Quality Improvement of Urine Collection in the Children’s Hospital of Pittsburgh of UPMC Emergency Department
Moriarty, C., BSN, RN, CCRN – Neonatal Evidence-Based Pressure Ulcer Prevention Program
Munk, P., BSN, RN, CNOR – Increasing OR Utilization: Bridging the gap between clinic and OR
Patterson, P., RN, CPN – Rationale and Guidelines for NG and G Tube Use: An Educational Reference Tool
Pitterich, J., NNP, MSN, RN, CCRN – Developmental Care Model: Bringing it back to the bedside

DeGeorge, P., MSN, RN, ONC; Evans, L., RN, CPN; Benkowitz, D., LSW, MSW, MT-BC; and Fisher, S. – Use of Music Therapy or Distraction Tube to Decrease Anxiety in Same Day Surgery
DeGeorge, P., MSN, RN, ONC and Mastrangelo, B., BSN, CNL, RN, CPN – The Use of Unit Based Resource Nurse in Post Anesthesia Care Unit
Rosato, S., BSN, RN, CCRN and Harris, N., RRT – Decreasing Unplanned Extubations in the Neonatal Intensive Care Unit

Salac, Deb, MSN, RN – Universal Protocol Improving Patient Safety in Imaging Services

Shields, A., MSN, RN CCRN – Dry Times and Scrub for Central Lines

Spence, A., DNP, RN; Bender, M., RN, CPON; and Kuhnlein, M., LCSEW – Palliating more than our Patients: Acknowledging the Challenges of Caring for Sick Children

Taylor, J., MSN, RN, CPN – Implementing an Evidence-Based Practice Care Bundle in the Prevention and Management of Pediatric Peripheral Intravenous Site Complications Training

Taylor, S., BSN, RN, CPN – Prevention of Pressure Ulcers in the Surgical Population

Tharp, M., MSN, RN, CCRN – PICU Mentor Project

Thomas, D., MSN, RN, CPN; Vincze, D., MSN, RN; Taylor, J., MSN, RN, CPN; Flook, D., MSN, RN, CPN; Dragotta, M., CRNP; and Gardner, S., BSN, RN, VA-BC – Standardizing Education for PICC Insertions in a Pediatric Hospital

Tipping, C. RN – PICU Family Resource Group

Trunzo, L., RN – Childhood Obesity

Ullman, F., BSN, RN, BCLC, RLC – BFF: A limited Breastfeeding Education Program for NICU Nurses

Young, S., MSN, RN, CPEN – Safe Sleep Compliance in Infants Less Than One Year of Age
AWARDS AND RECOGNITION

Frank LeMoyne Award for Excellence in Nursing

Every May, Children's Hospital of Pittsburgh of UPMC presents the Frank LeMoyne Award for Excellence in Nursing to honor a professional nurse who has made outstanding contributions to pediatric nursing at Children's. The award was established in 1964 under provision of the will of Mrs. Mary LeMoyne Page in honor of her father, Frank LeMoyne, MD, who founded Children's Hospital of Pittsburgh in 1886.

AWARD WINNER

Michelle Kamnikar, BSN, RN, CPN
Clinician – 7C/Nursing Services

AWARD WINNER

Kimberly Kaloz, MSN, RN, CRNP
Senior Professional Staff Nurse, Clinical Leader – 7B, Transplant

AWARDS AND RECOGNITION

2013 NOMINEES

Mark Arbore, BSN, RN, CPN
Senior Professional Staff Nurse
Operating Room

Alana Coleman, BSN, RN, CCRN
Senior Professional Staff Nurse
Neonatal Intensive Care Unit

Gabriella Butler, BSN, RN, CPN
Nurse Coordinator II – Quality

Diane Dering, BSN, RN, CNN
Professional Staff Nurse
Dialysis Unit

Natalie Cercone, BSN, RN
Coordinator, BMT
BMT and Cellular Therapies

Karen Franklin, RN
Professional Staff Nurse
Adolescent Medicine

Ashley Cole, MSN, RN
Senior Professional Staff Nurse
Cardiac Intensive Care Unit

Kathy Gaughan, RN, CPN
Senior Professional Staff Nurse
8B-Medical
Carrie Moelber, BSN, RN, CPN
Senior Professional Staff Nurse
Same Day Surgery

April Hartman, BSN, MSN, RN
Professional Care Manager
Clinical Care Coordination

Kerri McDaniel, RN, CPN
Senior Professional Staff Nurse
9B-BMT/Hem-Onc

Gale Jones, BSN, RN
Professional Staff Nurse
Child Development Unit

Jennifer McFoy, BSN, RN, CPON
Senior Professional Staff Nurse
9B-BMT/Hem-Onc

Tracee Kirkland, RN,
Professional Staff Nurse
Child Advocacy Center

Giovanna Malcolm, RN,
Professional Staff Nurse
Operating Room

Carol May, MSN, MBA
Manager
Supportive Care

Wilma Powell, RN, CCRN
Senior Professional Staff Nurse
Neonatal Intensive Care Unit

Anna Typanski, BSN, RN
Professional Staff Nurse
8A-Cardiac

Kimberly Haberman, RN, BSN, CCTC
Pediatric Transplant Coordinator
Abdominal Transplant

Giovanna Malcolm, RN,
Professional Staff Nurse
Operating Room

Tracy Pasek, MSN, RN, CCNS, CCRN, CIMI
Clinical Nurse Specialist
Pediatric Intensive Care Unit

Ann Terzis, BSN, RN, CPN
Senior Professional Staff Nurse
6A-Ortho/Neuro/Trauma

Elizabeth Hartigan, MPH, BSN, RN
Clinical Research Manager
Pediatric Pulmonology

Carol May, MSN, MBA
Manager
Supportive Care

Tracey Pasek, MSN, RN, CCNS, CCRN, CCRN, CMI
Clinical Nurse Specialist
Pediatric Intensive Care Unit

April Hartman, BSN, MSN, RN
Professional Care Manager
Clinical Care Coordination

Kerri McDaniel, RN, CPN
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9B-BMT/Hem-Onc

Tracee Kirkland, RN,
Professional Staff Nurse
Child Advocacy Center
AWARDS AND RECOGNITION

Frank LeMoyne Award for Excellence in Nursing

2014 NOMINEES

Emily Bryan, BSN
9B-BMT/Hem-Onc

Kayleigh Chisar, BSN, CPN
7C-Medical/Surgical

Staci Daykon, BSN, CPON
Hematology/Oncology Clinic

Danielle Harold, BSN, CPN
8B-Medical

Melissa Blackburn, RN, CPN
68-Pediatric and Thoracic Surgery

Lucy Christoforetti, BSN
CHP North Surgery Center

Pamela DeGeorge, MSN, RN
Nursing Education

Audry Imhof, BSN, CPN
7A-Medical

Brooke Bojtos, BSN, CPEN
Emergency Department

Marilyn Clougherty, MSN, CDE
Endocrinology

Cindy Earnest, RN
9B-BMT/Hem-Onc

Penny Jones, BSN
7A-Medical

Cindy Briley, BSN, CCRN
Post Anesthesia Care Unit

Alana Coleman, BSN, CCRN
Neonatal Intensive Care Unit

Sherry Gardner, BSN, VA-BC
IV Team

Sandra Kitcho, BSN, CCRN
Pediatric Intensive Care Unit

Amanda Geyser, BSN, CCRN
Pediatric Intensive Care Unit

Kylie Kostie, RN, CCRN
Pediatric Intensive Care Unit
Chris McKenna, CRNP  
Trauma Program

Debbie Prosser, BSN, RN, CNN  
4A-Dialysis Unit

Ann Terzis, BSN, RN, CPN  
6A-Ortho/Neuro/Trauma

Erin Wright, BSN, RN  
Emergency Department

Jodi Licata, MSN, CCRN  
Pediatric Intensive Care Unit

Michelle Moeslein, BSN, RN, CPN  
7B-Transplant and ICARE

Sheri Rosato, BSN, RN  
Neonatal Intensive Care Unit

Marcie Tharp, MSN, RN, CCRN  
Rehabilitation Unit

Adrienne Marcinick, BSN, CCRN  
Neonatal Intensive Care Unit

Gina O’Rourke, RN, CCRN  
Pediatric Intensive Care Unit

Margot Stein, BSN, RN, CPN  
Rehabilitation Unit

Hope Waltenbaugh, MSN, RN  
Post Anesthesia Care Unit/  
Same Day Surgery

Rose Margiotta, BSN, CPN  
9A-Adolescent Medicine

Angela Poznick, BSN, RN, CPN  
CHP North Surgery Center

Anne Elizabeth Stevens, BSN, RN  
Post Anesthesia Care Unit

Sarah Wilson, RN  
Cardiac Intensive Care Unit/8A

Chris McKenna, CRNP  
Trauma Program

Debbie Prosser, BSN, RN, CNN  
4A-Dialysis Unit

Ann Terzis, BSN, RN, CPN  
6A-Ortho/Neuro/Trauma

Erin Wright, BSN, RN  
Emergency Department

Not Pictured:  
Kelly Bagnato, RN  
CHP North Surgery Center  
Karen Kachinko, RN, CCRN, CPN  
7C-Medical/Surgical
AWARDS AND RECOGNITION

CAMEOS OF CARING®

Sponsored by the University of Pittsburgh School of Nursing, Cameos of Caring recognizes exceptional nurses who are committed to quality patient care. This prestigious awards program serves to increase public awareness about the nursing profession and strives to encourage a new generation of nurses to meet the demand for excellence in health care.

2013 CAMEOS DONATE LIFE HONOREE
Cynthia Valenta
MSN, RN, CNRN – Clinical Director of Clinical Care Services

2013 CAMEOS ADVANCED PRACTICE HONOREE
Stefanie DiSilvio
MSN, RN – Manager of the Neonatal Nurse Practitioners

2014 CAMEOS ADVANCED PRACTICE HONOREE
Christine McKenna
MSN, CRNP – Trauma Program Manager

2014 CAMEOS CASE MANAGER HONOREE
Eileen Yoho
BSN, RN, Professional Care Manager – Care Coordination

2013 CAMEOS HONOREE
Michelle Kamnikar
BSN, RN, CPN – Clinician 7C and the Supplemental Nurse PRN Team

2014 CAMEOS HONOREE
Kimberly Kaloz
MSN, RN, CRNP – Senior Professional Staff Nurse, Clinical Leader – 7B, Transplant
DAISY Award

DAISY is an acronym for Diseases Attacking the Immune System. The Foundation was formed in November 1999, by the family of J. Patrick Barnes who died at age 33 of complications of Idiopathic Thrombocytopenic Purpura (ITP). In 2006, Children’s Hospital of Pittsburgh of UPMC partnered with the Daisy Foundation to recognize the clinical skill and compassion nurses provide to patients and families all year long. Inaugural award was presented by Bonnie and Mark Barnes (Patrick’s Parents) in April 2006. To date, Diane Hupp has had the privilege of presenting 100 Daisy Awards to deserving nurses. This year, in addition to presenting the 100th Daisy Award, an annual award was also presented titled Daisy Team Award.

The first Daisy Team Award was presented during the 2014 Nurses’ Week to the CICU for the extraordinary team effort for compassion and caring they demonstrated during and after a recent cardiac arrest. The following staff; Jessica Adams, Julie Carter Melina Handley, Tabitha Aghaebrahim, Ashleah Martinez, Amy Cashdollar, and Carrie Vincett cared for the infant throughout the night and the next day providing exceptional end of life care and comfort to the infant.

“It is great to see people that really care about what they do.”

— Grandfather, six-year-old patient

The 100TH DAISY AWARD was also presented in 2014 during Nurses’ Week to Kathleen Ross, BSN, RN (6A) for her extraordinary clinical care and compassion she demonstrated for a patient and family. Kathleen cared for a six-year-old girl, who had been in a motor vehicle accident in which both of her parents had been killed. The Grandfather stated, “Everyone has been wonderful through this very tragic time in our lives. It is wonderful to see such compassion and care by all those who have a hand in my Granddaughter’s care.

DAISY AWARD RECIPIENTS

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<tr>
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<th>FY2013</th>
<th>FY2014</th>
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<tbody>
<tr>
<td>JUL</td>
<td>Pat Kachmar, 7B</td>
<td>Susan Jackson, 6A</td>
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<tr>
<td>AUG</td>
<td>Mark Walter, Transport Team</td>
<td>Kayla Stayer, 6A</td>
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<td>SEP</td>
<td>Patricia Sapp, 7C</td>
<td>Amanda Geyser, PICU</td>
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<td>OCT</td>
<td>Cynthia Earnest, 9B</td>
<td>Tracy Brandwene, PACU</td>
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<td>NOV</td>
<td>Britini Saint John, 6A</td>
<td>Amanda McCreary, 6A</td>
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<td>DEC</td>
<td>Carrie Moelber, SDS</td>
<td>Rachel McCarrison, PICU</td>
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<td>JAN</td>
<td>Jazz Miklancie, 8B</td>
<td>Anne Bryan, SDS</td>
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<tr>
<td>FEB</td>
<td>Tammi Landis, PICU</td>
<td>Emily Christopher, 7A</td>
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<td>MAR</td>
<td>Kathleen Schenkel, ED</td>
<td>Zach Reiser, PICU</td>
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<td>APR</td>
<td>Karla Persia, PICU</td>
<td>Kelly Bagnato, CHP North and Rose Margiotta, 9A</td>
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<tr>
<td>MAY</td>
<td>Nancy Koontz, CICU</td>
<td>Kathleen Ross, 6A</td>
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<tr>
<td>JUN</td>
<td>Marianne Miller, Trauma</td>
<td>Team: CICU – Jessica Adams, Julie Carter, Tabitha Aghaebrahim, Ashleah Martinez, Carrie Vincett, Amy Cashdollar</td>
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CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC | 2013–2014 NURSING ANNUAL REPORT 57
Fellow of the American Academy of Nursing

The American Academy of Nursing’s approximately 2,200 fellows are nursing leaders in education, management, practice and research. Invitation to fellowship is more than recognition of one’s accomplishments within the nursing profession. Academy fellows also have a responsibility to contribute their time and energies to the Academy, and to engage with other health care leaders outside the Academy in transforming America’s health care system by

- Enhancing the quality of health and nursing care;
- Promoting healthy aging and human development across the life continuum;
- Reducing health disparities and inequalities;
- Shaping healthy behaviors and environments;
- Integrating mental and physical health care; and
- Strengthening the nursing and health care delivery system, nationally, and internationally

**Beverly Kosmach-Park, DNP, CRNP, RN** is a clinical nurse specialist for the Abdominal Transplant Department. Her responsibilities include pre- and post-transplant education, clinical practice, consulting, and research. She has authored several articles, book chapters, and nursing and patient educational materials and is the Pediatric Section editor for *Progress in Transplantation*. She has spoken nationally and internationally on transplant-related topics. And served as the chair of the Community of Allied Health Professionals of the American Society of Transplantation. Dr. Kosmach-Park was on the board of directors of the International Transplant Nurses Society (ITNS) for nine years. She has chaired and co-chaired numerous national and international transplant conferences and symposia. She has been the director of Camp Chihopi, a summer camp for children who have had liver or intestine transplants, since 1995. The Intestine Transplant Association awarded Dr. Kosmach-Park the First Lifetime Service Award for her ongoing work in pediatric intestine transplantation.

Pittsburgh’s Jefferson Award Recipient – Bronze Medal for Public Service

The Jefferson Award is given annually to honor Americans who perform outstanding public service in their community and inspire others to follow their example. In 2013, **Tracee Kirkland, RN, BSN**, an exceptional woman who has spent most of her life bettering her Lincoln-Larimer neighborhood. Tracee began Concerned Citizens of Greater Pittsburgh after violence continued to occur in Lincoln-Larimer. She has organized a peace trust with local gangs, and continued to make her neighborhood a better place by planning numerous activities for the community’s youth, as well as holding a coat and toy drive each winter. Currently, Tracee volunteers with Iron Cross Ministry and Pittsburgh Cares. She also serves as a board member for Lincoln-Larimer Youth sports and Jeremiah’s place, and is the secretary for the 12th Ward Democratic committee and a Urban 4-H Mentor through Penn State. Tracee received a bronze medal for public service on May 6, 2013 at a ceremony held at Heinz Field.
2014 Mary Ann Scully Excellence in Nursing Award

Mary Ann Scully Excellence in Cardiovascular Nursing Award is designed to recognize excellence in cardiovascular nursing throughout our region. Recipients demonstrate:

- Lifetime commitment to cardiac nursing
- Exhibits quality and compassionate patient care
- Demonstrates exemplary commitment to the mission of the American Heart Association
- Committed to continued education and teaching
- Outstanding leadership in the nursing field

This award celebrates the best and brightest of nurses in the region, and highlights an individual nurse for their lifetime of accomplishments in the field of cardiovascular nursing.

2013 AWARD RECIPIENT
Amy Cashdollar
MSN, RN – Clinical Director, Heart Center

2014 NOMINEE
Heather Harris
RN, Senior Professional Staff Nurse – CICU
AWARDS AND RECOGNITION

Award for Commitment and Excellence in Service (ACES)

Awarded to less than one percent of UPMC staff across the health system, ACES honors the most outstanding employees within UPMC. Nominated by their peers, these staff members reflect the highest standards of excellence that our communities have come to expect from UPMC.

2013

HONOREE
Diane Cancilla
RN – Radiology Nurse, Radiology Support

2013

Jazz Miklancie
BSN, RN – 8B

Kathleen Schenkel
Programmatic Nurse Specialist, Emergency Department

Heather Vibostak
Patient Care Technician, Unit 7C

2014

NOMINEE
Anne Bryan
BSN, RN, CPN – Same Day Surgery

2014

Dorinne Kinnunen
RN – Clinical Informatics

Zach Reiser
RN – PICU

Kathleen Ross
BSN, RN – Unit 6A
Gold Level Achievement Attained for Organ Donation

Children’s was among a select group of hospitals nationwide recognized by the U.S. Department of Health and Human Services (HHS) for reaching gold level of achievement for conducting activities that promoted enrollment in state organ donor registries. The hospitals are part of a national hospital campaign, sponsored by HHS’s Health Resources and Services Administration (HRSA), which have added 327,659 donor enrollments to state registries nationwide since 2011, exceeding the goal of 300,000.

Children’s conducted awareness and registry campaigns to educate staff, patients, visitors, and community members about the critical need for organ, eye, and tissue donors and, by doing so, increased the number of potential donors on the state’s donor registry. This included an event outside of the cafeteria and signing of the donate life flag which was taken unit to unit. The hospital earned points for each activity implemented between June 2013 and May 2014 and was awarded recognition through the Workplace Partnership for Life Hospital Campaign.

Of the 1,228 hospitals and transplant centers participating in the campaign, 400 were awarded recognition during this phase of the campaign.
YEARS OF SERVICE

40 YEARS OF SERVICE

Mary Jo Dunn, RN
North Surgery Center
Jeannette M. Ellis, RN
6E
Carol J. Faytol, RN
Operating Room
Roseann Halackna, RN, HEM/ONC
Admissions
Margaret Herold, RN
North Surgery Center
Joan M. Siwula, RN
Quality Services
Esther L. Sten, RN
Nursing Triage
Katherine A. Zwier, RN, HEM/ONC
Admissions

Linda H. Klimo, RN
Transplant Services
Barbara M. Liberati, RN
East Medical Services
Tracey B. Magrini, RN
Admission Team ER
Cheryl Anne Majewski, RN
9A
Patricia Ann Neubauer, RN
6A
Denise Papier, RN
Procedure Center
Patricia J. Peay, RN, HEM/ONC
Admissions
Gloria J. Rumick, RN
6E
Gloria P. Slavonic, RN
Admission Team ER
Nancy C. Smith, RN
Emergency Department
Kimberley A. Soroka, RN
6B
Nancy J. Tuckfelt, RN
Recovery Room
Nancy A. Vanbalen, RN
Operating Room
Theresa R. Waggoner, RN
South Medical Services
Mary R. Zirpoli, RN
South Medical Services
Michelle Moeslein, BSN, CPN
7B-Transplant and ICARE
Gina O’Rourke, RN, CCRN
Pediatric Intensive Care Unit
Angela Poznick, BSN, CPN
CHP North Surgery Center
Debbie Prosser, BSN, CNN
4A-Dialysis Unit
Sheri Rosato, BSN, RN
Neonatal Intensive Care Unit
Margot Stein, BSN
Rehabilitation Unit
Anne Elizabeth Stevens, BSN
Post Anesthesia Care Unit
Ann Terzis, BSN, CPN
6A-Ortho/Neuro/Trauma
Marcie Tharp, MSN, CCRN
Rehabilitation Unit
Hope Waltenbaugh, BSN
Post Anesthesia Care Unit/
Same Day Surgery
Sarah Wilson, RN
Cardiac Intensive Care Unit/8A
Erin Wright, BSN
Emergency Department

30 YEARS OF SERVICE

Jeanne M. Brytus, RN
Admission Team ER
Dorothy Coyne, RN
Same Day Surgery
Mary Jo Detweiler, RN
NICU
Valerie J. Fisher, RN
Procedure Center
Susan Jane Karaffa, RN
Same Day Surgery
Mary Beth Klein, RN
North Surgery Center
Anne Bryan, BSN, RN, CPN
Same Day Surgery
Dorinne Kinnunen, RN
Clinical Informatics
Zach Reiser, RN
PICU
Kathleen Ross, BSN, RN
Unit 6A
Margot Stein, BSN
Rehabilitation Unit
EXCELLENCE
Achieved

Children’s Hospital of Pittsburgh of UPMC

One Children’s Hospital Drive
4401 Penn Ave.
Pittsburgh, PA 15224
www.chp.edu