



THE
PICTURE
OF EXCELA
NURSING



Excelsa
Health

NURSING
ANNUAL
REPORT

JANUARY TO
DECEMBER 2011



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ANNUAL REPORT JANUARY TO DECEMBER 2011

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HOLIDAY DONATION HELPS, HEALS AND HONORS MANY

Compassion, dedication to high quality patient care, and concern for the well-being of others exemplify the spirit of nursing throughout Excela Health. In light of that, this past holiday season presented an opportunity not only to honor the exemplary work of Excela's nurse executive team, but to do so while helping others. Through the International Council of Nurses and the Florence Nightingale International Foundation, Chief Nursing Officer Helen Burns made a donation to the "Girl Child Education Fund" in honor of the team as an extension of our mission to improve the health and well-being of lives beyond our geographic borders by "touching" them through critical financial support. The fund aids in the education of orphaned daughters of nurses in sub-Saharan Africa.

Dear Colleague in Health Care,

When you picture Nursing, what do you see? A discipline ... a career ... a caregiver? I see all this and so much more.

It is an honor to work alongside you as we interpret the image of professional Nursing for our community. In the year and a half since I joined you as Chief Nursing Officer, I have witnessed many extraordinary accomplishments, marked in equal measure by your dedication to patient care and professional growth.

This inaugural annual report—The Picture of Excelsa Nursing—showcases our many achievements. Together we:

- Established a professional practice model for shared governance to empower direct care nurses to make decisions about their practice and take more responsibility.
- Initiated Unit-Based Practice Councils, which serve as the core structure for nursing shared governance and provide a critical forum to give all direct-care nurses an opportunity to participate in shared decisional processes and outcomes specific to the needs and activities of that unit.
- Created a new look in professional attire.
- Implemented the new electronic medical record.

Success is visible in countless other ways:

- The increasing number of staff nurses playing key roles within the collaborative governance structure.
- The growing percentage of nurses who have received national certification and are pursuing educational opportunities.
- Most importantly, the focus of putting every patient first, and of the respect, dignity and quality care that each patient is afforded. Your experience, expertise and empathy help to create the exceptional patient experience we desire for all those lives we touch.

Nurses are in an enviable position to help shape the future of Excelsa Health. Viewed as a significant asset to the overall organization, Nursing embodies the health system's mission, vision and values. And every nurse contributes to making the health system an organization that has a healthy work environment, where team members work collaboratively and collegially, and where nurses make decisions about the way nursing care is practiced, delivered and measured for continuous improvement.

As you review this report, may you take pride in the many reasons to celebrate nursing excellence and recognize that we play a leading role in the bigger picture that is Excelsa Health.

Warmest regards and deepest thanks,

Helen K. Burns, PhD, RN, FAAN
SENIOR VICE PRESIDENT AND
CHIEF NURSING OFFICER
EXCELSA HEALTH



EXCELA NURSING OPENS AVENUES FOR AUTHENTIC CARING

Diverse opportunities, a supportive culture, and a fundamental respect and concern for patients, their families and colleagues serve as the cornerstones for nursing at Excela Health. As a graduate nurse, nursing student or a seasoned nurse in transition, the scope of nursing at Excela Health offers a range of settings from the operating room, critical care, and cardiac catheterization laboratories to home care and hospice nursing, physician office locations, case management, quality and psychiatric nursing, totaling more than 20 nursing categories. “Basically, an Excela nurse must have a passion for the profession and all it encompasses,” explained Ranae Splendore, MSN, RN, Director of Professional Development and Nursing Informatics. “We look for people who can think critically, solve problems and share in decision making. One who wants to make a positive impact on the patient’s care with attention to that patient’s family as well.”

As an Excela Health nurse, opportunities for advancement from within are part of the nursing mind set. “When and where possible, we look carefully at talented candidates on our staff for advancement,” noted Helen Burns, PhD, RN, FAAN, Excela Health’s Chief Nursing Officer. “To aid with internal succession, we are formulating ways to develop talent through which our nurses can gain the experience, education and leadership skills needed to fulfill their career goals and our requirements related to quality care provision and nurse leadership structure.”

But behind the breadth of nursing lies a philosophy that speaks to the core of nursing at Excela Health. “Caring for patients isn’t just the daily ‘routine’ of nursing, rather, it’s an occasion to nurture a healthy encounter that seeks to address a patient’s health, dignity and well-being using evidence-based practices,” said Burns. “What is valued is teamwork, integrity, quality, accountability, collaboration and a working environment based on trust and respect for an individual’s efforts. Those values then point the way toward practice improvement and authentic caring whether for preventing illness, restoring health, or maximizing quality of life for those near its end.”



NURSING INFORMATICS

INTEGRATING TECHNOLOGY WITH THE ART OF CARING

In what may be called the age of information technology, health care has made great strides incorporating that technology with clinical nursing practices. Thus, tools such as the electronic medical record as well as the newer nursing specialty of nursing informatics were born.

Generally speaking, the electronic medical record or EMR helps staff provide timely delivery of safe, high quality care, among other assets. But the question becomes, “How do you design this tool to benefit all clinicians and, ultimately, patients?” Established at Excelsa Health in 2009, the Nursing Informatics department sought to marry clinical nursing practices and technical resources, i.e. EMR, with the ultimate goal of optimizing patient care. “Nursing informatics captures the technical resources we have and incorporates them into the day-to-day clinical care of the patient,” noted Heidi Clawson, RN, DNP, manager of Nursing Informatics. “The (EMR) application is a tool that supports the clinician in providing bedside care.”

To make the “tool” more user-friendly to clinicians, Excelsa’s Nursing Informatics team took a leadership role in the selection of a new EMR design, one that is clinically driven, with the help of the Information Technology department. For nearly two years, Excelsa Health nurses from all specialties were invited to meet weekly with Information Technology, offering input into the design of the EMR to develop components that nursing and others, such as pharmacists, respiratory therapists and physicians, could use to develop care plans and strategies best suited to each patient in a more efficient and effective manner. Because the information exchange is geared more toward care providers, collaboration among disciplines has increasingly flourished.

“The definitive value is in the ability to reengineer clinical work flow and aid in change management,” said Ranae Splendore, MSN, RN, Director of Professional Development and Nursing Informatics. “Relationships among clinicians have deepened, with greater interaction among colleagues all serving to enhance patient outcomes further. Our Nursing Informatics team is a group of skilled professionals who can analyze clinical data as well as promote and facilitate access to resources, resulting in a greater continuity of care.”

Splendore sees the future of this budding department as one filled with potential. “In addition to having a presence at each Excelsa Health hospital, we look toward further collaboration between physicians and nursing to examine every day practices and processes that will raise the quality bar even higher.”



A MODEL FOR NURSING EXCELLENCE: EXCELA SHARED GOVERNANCE

All nurses at Excelsa Health strive toward one goal: providing exceptional nursing care to every life they touch.

But upholding that mission demands a high level of professional commitment and coordination between the clinical nursing staff and administrators at Frick, Latrobe and Westmoreland hospitals.

That's why this year Excelsa's nursing program began operating under a Shared Governance framework. The model is headed by a Leadership Council, which oversees four other councils responsible for ensuring best practices in these areas: Practice and Transitional Research, Quality and Safety, Professional Development and Management.

As a component of these five councils, more than a dozen committees with members from each Excelsa site explore issues crucial to nursing, such as professional image, service excellence and life-long learning.

Ultimately, Shared Governance provides nurses a voice in decision-making that will create a positive impact on both patient care and their own work environment.

"Our goal is to create a culture where excellence in nursing is valued as essential for quality health care," said Excelsa Chief Nursing Officer Helen Burns.

Burns said today's evolving health care reform, as well as administrative changes recently affecting Excelsa, make this the ideal time to focus on streamlining and bolstering Excelsa's nursing program.

"These changes have really set a new direction for our organization, as well as for nursing," Burns said. "The next five years is really an unparalleled time of professional growth and development. This is a time for Excelsa nursing to create an organizational culture and become recognized."

THE KEYS TO EXCELLENCE

Each of the five Shared Governance councils are headed by two co-chairs and a facilitator, including one staff nurse among these leaders. By includ-

ing direct care nurses in the councils, as well as the committees connected to them, Excelsa is poising itself for success, said Leadership Council co-chair Doug Dascenzo.

"All committees taking recommendations to our councils have front-line workers, so at the very basic level, we're getting the input of the nurses," he said. "Therefore it's not so much top down from administration, but hopefully more bottom-up."

And while all councils are connected, each is tasked with a unique mission that will push Excelsa Health toward a new level of nursing excellence. Here's a closer look:

Leadership Council: This group works to provide the overall vision, direction and planning for Excelsa's nursing program in matters of patient care and professional development. Ultimately, members coordinate and facilitate the work and impact the environment of the nursing staff across Frick, Latrobe and Westmoreland hospitals.

Professional Development Council: National standards and evidence-based practice guide this group's mission to create, implement and evaluate career development programs for Excelsa nurses. The council guides both the nursing education division and financial resources to make sure all nurses meet their educational requirements.

Facilitator Lonna Paterline said education is the cornerstone of Excelsa's nursing practice.

"Certainly it's very important to have our staff at the top of their game and educated as completely as possible."

Practice and Transitional Research Council: This group aims to implement and maintain the highest standards of nursing that are evidence-based, that meet regulatory requirements, and are consistent with state and national standards. This can mean tasks like examining the thermometers that most accurately take patient temperatures, or how IV therapy is delivered most effectively.

"We are concerned with all aspects of nursing practice that takes place on the clinical units," said

co-chair Lois Noonan. “The whole point is to move beyond doing something just because it is what you were taught in nursing school 20 years ago.”

Quality Council: Council members oversee the development, implementation, coordination and evaluation of quality nursing performance improvement projects. It seeks to find the best patient service metrics, while also seeking effective strategies to improve.

This can include areas like watching patients’ infection rates or pain management, with a special eye toward standardizing how nurses deliver care at all Excela hospitals.

“Maybe what one institution did worked really well, so we want that done each time for each patient in the same way,” said facilitator Marcia Cook. “It not only makes our competencies better for patient care and reduces errors, but it also leads to efficiencies that help the bottom line.”

Management Council: This group examines staff, finances, supplies and resources that affect the operations of the nursing department.

Co-chair Neil Como says the council wants to “keep its hand in anything that affects nursing.”

This can mean ensuring the nursing department is included in a major change to the dietary program, or monitoring staff retention and recruitment.

“It’s one way to keep a handle on everything that touches nursing,” he said.

BEST PLACE FOR WORK – AND CARE

As the Shared Governance model develops in coming years, Excela will be on track to earn Magnet status through the American Nurses Credentialing Center. This distinction is earned only by hospitals that demonstrate the highest quality of nursing practice and patient care by meeting more than 65 standards developed by the ANCC, including professional autonomy, decision making at the bedside, and career development.

And officials say this honor would symbolize a gain not only for Excela nurses, but their patients, too.

“Magnet status would be the final culmination, but first you really need to transform your whole institution and make it the best place to work,” Como said. “We need to ensure Excela Health is a good working environment because studies show when nurses are engaged in decision-making, that leads to better patient care.”



NURSES PURSUE HIGHER STANDARDS OF NURSING CARE

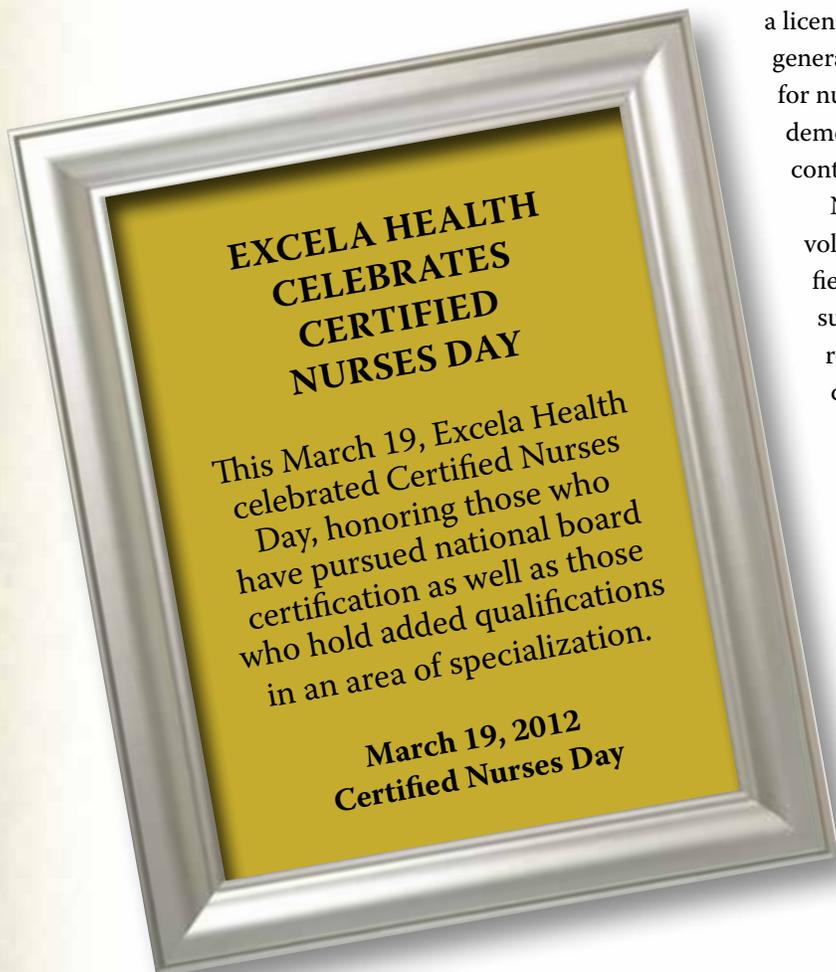
With the increasing challenges and complexities nurses, and all of health care, face today, Excelsa Health supports and encourages ongoing professional education for any nurse wishing to elevate skills and deepen knowledge in a given clinical area. And, nurses, like physicians, now can seek board certification in specialized areas of interest with more than 80 Excelsa Health nurses following suit.

As nurses undertake ever expanding roles in securing higher standards of care, board certification aids in that process, allowing for more diverse exchanges of information and opportunity for best practices to arise, all benefitting patient care in an increasingly complex health care environment. “A hallmark of quality and competence, board certification is not just a personal accomplishment. It is an investment in exceptional clinical practice and the overall image of nursing and contributes to the health and well-being of every life our nurses touch,” explained Helen Burns, PhD, RN, FAAN, Chief

Nursing Officer for Excelsa Health. “While a license is required for a nurse to enter general practice and sets a strong foundation for nursing, certification is voluntary and demonstrates a personal commitment to continuing education and competency.”

Nurses at Excelsa Health have pursued voluntary certification in their given fields, including areas such as medical-surgical, case management, operating room nursing, diabetes, emergency care, hospice and palliative care, and critical care, among others, and must pass rigorous testing. But the advanced education doesn't stop there. Certified nurses are required to earn continuing education units and achieve a particular number of clinical hours to maintain that certification.

Nursing certification specialties are overseen by the Accreditation Board for Specialty Nursing Care.



NURSE RESIDENCY

“Becoming” a nurse is a process that starts well before a career path is chosen and continues long after the licensing examination. While colleges and universities may prepare students academically, the skills needed to be truly successful come over time in a clinical setting working alongside other caregivers.

Excelsa Health is joining health care organizations nationwide in offering a nurse residency program. This intense two-year program will benefit the new graduate as well as the seasoned nurse and is designed to promote job satisfaction, retention and professionalism. The program progresses through four phases: orientation; interactive classroom education; independent, self-directed learning, and continued support through one-on-one mentoring.

By providing the opportunity for nursing residents to gain “real world” experience in an acute care setting, this program will support new nurses in their development as confident and competent practitioners.

The nurse residency program will be much more involved than hospital orientation and preceptorships. The residency curriculum will focus on professional development and will include ongoing clinical education, enhancement of critical thinking, teaching skills, and social networking.

In establishing the nurse residency program, Helen Burns, PhD, RN, FAAN, Chief Nursing Officer, said several factors were considered. “Job satisfiers such as work schedule, staffing ratios, workload and resources attract nurses to a particular health care provider. Professional practice satisfiers such as interdisciplinary collaboration, career development and advancement retain caregivers. Our program will address both aspects, pairing the novice nurse with an experienced practitioner. An investment in the nurture of the new nurse by the seasoned caregiver will contribute to a healthy patient care environment.”

One measure of program success is the rate of staff turnover. Nurses who feel supported in their clinical and personal lives tend to remain in the profession and employed where such an environment exists. “Individuals considering a nursing career are looking to affiliate with organizations that have residency programs,” Burns explained. “Knowing they will be supported as they transition into professional nursing practice and encouraged to advance in their careers is a differentiator for a person choosing an employment setting. A residency is beneficial to young people just beginning their work lives, as well as the second career nurse. Excelsa Health will stand out from other health care providers as an employer of choice as word of our program spreads. A nurse residency isn’t just an option. It’s a must-have.”



‘MANY REWARDS’:

FOUR GENERATIONS OF EXCELA NURSES SHARE A PASSION FOR PATIENT CARE

In the fast-paced world of nursing that can see a patient’s condition decline at a moment’s notice or a new technology implemented in a week, the field is seeing a different kind of change.

Due to shifts in retirement patterns and life expectancies, hospitals throughout the country are seeing four generations of nurses on their units for the first time—and Excelsa Health is no exception.

Throughout Frick, Latrobe and Westmoreland hospitals, Excelsa’s diverse nurses bring a wealth of experiences and perspectives. Some have the wisdom and confidence that only comes with time, while others bring a fresh enthusiasm toward embracing new evidence and technologies.

But their stories reveal a thread of compassion that connects them at every age.



Ella Griffith, Westmoreland Hospital, OB/GYN:
Graduated Westmoreland Hospital School of
Nursing, 1967.

“At the time I decided to pursue nursing, there were about three professions available to most women: a teacher, nurse or secretary. I always liked helping people.

“Yes, the uniform has changed drastically from the all-white uniform, the white nursing shoes and the caps. But so much of the equipment has improved too, down to the electronic thermometers we use today. When I started thermometers had to be sent down to central supply after they were used because of the mercury.

“But we are still there for the same reason: taking care of patients, taking care of their needs and educating them. I think nursing has great opportunity for the future and young nurses will always be able to find a job. And ultimately, there’s a personal satisfaction and the rewards are many.”



Rita Martin, Frick Hospital, Progressive Care Unit:
Graduated Washington Hospital School of Nursing,
1978.

“When I started nursing, it was more hands-on in a way because you didn’t have computers.

“But there are changes that have made things safer or created less waste. Dispensing medicines was once very unorganized, with different distribution times and handwritten cards with dosage information. Now medicines are in the room with the patient and all the information you need is on the computer. For example, it shows if a dosage hasn’t been given and the reason why.

“But one thing that never changes is that I love to talk with patients. We get a lot of repeat patients and you build a trust, so they feel able to voice their fears. It seems like that actually helps their wellness.”



Randy Wadsworth, Latrobe Hospital, Emergency Department: Graduated Westmoreland County Community College, 2005; Completing bachelor's degree at Carlow University, July 2012

"After high school I worked for a few years, then decided to become an EMT. After working on an ambulance for almost 7 years, I chose nursing because I felt there was more stability and versatility.

"I discovered a lot more than what I ever expected I'd learn. In the ED you get a variety of challenges, from the minor scrapes and falls to the major things like heart attacks and strokes.

"But there is variety in the technological changes I've seen, too. For example, the electronic charting makes life a lot simpler, but years ago initially no one wanted to make the change because it was troublesome.

"Now we are seeing developments in areas like the cardiac cath lab at Westmoreland Hospital. For the patients we deal with, our technology has become quite up-to-date."



Stephanie Rysz, BSN, Westmoreland Hospital, Oncology: Graduated University of Pittsburgh, 2011

"I chose the nursing path over becoming a doctor because it allows you to focus more on fewer patients and encompasses a little more emotional care, like giving them a warm blanket. But there is so much you don't learn in school. Nursing is everything you learn times 10.

"The emotional aspect can be difficult and it's hard to prepare yourself. In addition, patients in the real world don't just have one ailment, like diabetes. They may also have hypertension, maybe lung cancer or dementia. It's a lot different from learning it in a book.

"But in some areas, I'm ready for the changes. We are just learning the new computerized charting system, and I'm excited for it. I like the idea of not having to search for a chart, or possibly miss something because it fell through the gaps.

"All of this helps me go the extra mile that really makes the difference. That's what makes nursing, nursing."

But we are still there for the same reason: taking care of the patient, taking care of their needs and educating them.

NURSING LEADERSHIP

Nursing leadership begins at the bedside. Through Excela Health's Shared Governance model, nurses are empowered to make decisions while the nurse managers support those in direct patient care. Our council leaders guide their efforts as we "improve the health and well-being of every life we touch." Our vice presidents serve as core council facilitators . . .

CHIEF NURSING OFFICER



Helen Burns, PhD, RN, FAAN



Marcia Cook, MPM, RN
Perioperative/Cardiology
Services



Douglas Dascenzo, MSN, RN, CENP
Latrobe Hospital,
Patient Care Services



Lonna Paterline, MSN, RN
Frick Hospital,
Patient Care Services



Maryann Singley, MSN, RN
Westmoreland Hospital,
Patient Care Services

Leadership Council

Co-Chairs: Douglas Dascenzo, *Nursing Administration*, and Cindy Glod, *Med-Surg*.

Practice/Translational Research Council

Co-Chairs: Lois Noonan, *Education*, and Lauren Swigart, *Intensive Care*

Clinical Competence and Certification Committee

Co-Chairs: Ed Benson, *Progressive Care*, and Tami Judy, *Neuroscience*

EBP Implementation Committee

Co-Chair: Kerri Hiles, *Progressive Care*

Clinical Policy and Procedure Committee

Co-Chairs: Jill Hostetler, *Med-Surg*, and Nancy Hovan, *Med-Surg*

Nursing Informatics Committee

Co-Chairs: Heidi Clawson, *Nursing Informatics*, and Kathy Novak, *IMU*

Quality and Safety Council

Co-Chairs: Lisa Sciuillo, *Nursing Administration*, and Lori Cunnard, *Emergency Services*

Service Excellence Committee

Co-Chairs: Katie Crovak, *Neuroscience*, and Angie Ritz, *Med-Surg*

Credentials Committee

Co-Chairs: John Dolan, *Nursing Administration* and Sandralee Hartman, *Wound Care*

Lean Initiatives Committee

Co-Chairs: Carissa Brown, *Nursing Administration*, and Peggy Ingelido, *Behavioral Health*

Professional Development Council

Co-Chairs: Ranae Splendore, *Nursing Administration*, and Angela Onuffer, *Progressive Care*

Lifelong Learning Committee

Co-Chairs: Connie Moore, *Surgical*, and Charlotte Drury, *Neuroscience*

Nurse Spirit Committee

Co-Chairs: Chris Mansour, *Nursing Supervisor*; Diane Dunn, *Emergency Services*; Sally Backus, *OB*; Kerrie Shojaie, *Home Care/Hospice*

Professional Advancement Committee

Co-Chairs: Beth Botti, *Pediatrics*, and John Giesey, *Emergency Services*

Professional Image Committee

Co-Chairs: Paula Merlin, *Med-Surg*, and Cathy Choby, *Customer Care*

Management Council

Co-Chairs: Neil Como, *Progressive Care*, and Katie Frick, *Progressive Care*

Administrative Policy and Procedure Committee

Co-Chairs: Jennifer Gregory, *Progressive Care*, and Amy Alfery, *Oncology*

Shared Governance Committee

Co-Chairs: Gina Hrach, *Intensive Care*, and Crystal Miller, *Emergency Services*

Recruitment/Retention Committee

Co-Chairs: Kathy Radocaj, *Critical Care*, and Kennette Grohal, *Neuroscience*

Nursing Accomplishments, January to December 2011

CONFERENCE PRESENTATIONS

April 2011

"Role of the Sexual Assault Nurse" presented by Jeanne Casino, at Westmoreland County Community College.

May 2011

"Balancing Quality and Cost – Order Set Boot Camp" presented by Denise Addis and Beth Neil.

June 2011

"Educating the Educators in Simulation: Getting Started" presented by Deborah Medley, at the Faculty Development Workshop – Advanced Simulation: Simulation Educators Tell Their Stories, University of Pittsburgh.

July 2011

"Colleague to Colleague – An Educational Strategy for Teaching Interprofessional Communication" and "Integrating an Evidence-Based Practice Model for Screening and Brief Intervention into the Nursing Curriculum: The Results of an Academic-Community Partnership" co-presenter Helen Burns, at the Sigma Theta Tau 22nd International Research Congress/World Academy of Nursing Science.

October 2011

"Frontline Nurse Leaders, Safety Climate and Care Outcomes" co-presenter Helen Burns, at the International Nursing Research Administration Conference.

"Using Standardized Colleagues to Develop Interprofessional Communication Skills" co-presenter Helen Burns, at the American College of Clinical Pharmacy Annual Meeting.

POSTER PRESENTATIONS

February 2011

"Nurse Leaders and Safety Climate: A Relational Perspective" co-presenter Helen Burns, at the Sigma Theta Tau Regional Conference.

NURSING CONFERENCE ATTENDANCE

February 2011

"Professional Practice Model, Real World Solutions" – Baylor Health Care System. Attended: Lonna Paterline, Gina Hrach, Becky Quatrini.

March 2011

Sixth Annual Acute Stroke Management Conference – UPMC. Attended: Debra Jablonsky.

April 2011

Technological Advancements in Healthcare – Carlow University. Attended: Debra Jablonsky, Sheri Walker.

June 2011

"Twelfth Annual Evidence-Based Practice – Be a Transformer: Your Role in Leading Evidence – Based Practice and Health Policy, Arizona State University College of Nursing and Health Innovation." Attended: Lois Noonan, Dawn Klejka, Kerri Hiles.

August 2011

2010-2011 Nursing Executive Center Meeting Series. Attended: Helen Burns, Ranae Splendore, Douglas Dascenzo, Lonna Paterline and Lois Noonan.

Hospital Association of Pennsylvania Annual Maternal and Child Conference. Attended: Sally Backus, OB Clinical Nurse Coordinators.

September 2011

HCAHPS Impact on Healthcare – Hospital Council of Western Pennsylvania. Attended: Lonna Paterline.

National Sexual Assault Conference. Attended: Michelle Meadway, Colleen Kovatch, Kayla Hoyle, Elizabeth Palcic and Cindy Weston.

"Sharing the Links to Life – Making the Connection from Referral to Recovery and Beyond" – CORE. Attended: Debra Jablonsky.

October 2011

"The Cost of Nursing" – Pennsylvania State Nurses Association, Annual Summit. Attended: Eric Kreinbrook, Kay South, Cathy Choby, Helen Dyson, Laura Steiner, Robin Welc, Christina Waggert and Dawn Klejka.

November 2011

Annual Urology Nursing, Columbus, Ohio. Attended: Terri Sweney

December 2011

"Delivering on the Promise of Coordinated, Patient-Centered Care," The Advisory Board, National Member Meeting, CNO Roundtable. Attended: Helen Burns.

23rd Annual National Forum on Quality Improvement in Health Care, Institute for Healthcare Improvement. Attended: Helen Burns, Holly D'Amico and Kate Rosatti.

"Taking the Grinch Out of Competencies: The Ultimate Workshop in Competency Assessment," Greater Pittsburgh Chapter of the National Nursing Staff Development Organization (NNSDO). Attended: Sheri Walker.

PUBLICATIONS

"Using High-Fidelity Simulation as a Teaching Strategy with Baby Boomers Returning to the RN Workforce," Helen Burns, co-author, *Journal for Nurses in Staff Development*. November/December 2011.

"A Relational Leadership Perspective on Unit Level Safety Climate," Helen Burns, co-author, *Journal of Nursing Administration*. December 2011.

"Ask the Ostomy Nurse," Marlene Muchoney, *The Phoenix* - the quarterly National/International Ostomy Magazine. Since 1987. (Each issue of *The Phoenix* ostomy magazine features ostomy questions and answer from board certified nurse Marlene Muchoney, and board certified colorectal surgeon Dr. Janice Rafferty.)

LEADERSHIP POSITIONS

Denise Addis, member, Technical Advisory Committee, The Advisory Board; board member, Carlow College Nursing Advisory Board.

Helen Burns, fellow, American Academy of Nursing; member, Excelsa Health Board of Trustees; Adjunct Professor, Department of Health and Community Services, University of Pittsburgh, School of Nursing; Board of Directors, Pennsylvania State Nurses Association; Nursing Representative to Leadership Council and Co-chair, Nursing Committee, Pennsylvania Center for Health Careers.

Marcia Cook, Board of Directors, Myasthenia Gravis Association, Southwestern Pa..

Holly J. D'Amico, co-chair, Center for Medicare and Medicaid Services (CMS) Learning Collaborative Faculty, National Community Care Transition Program.

Douglas Dascenzo, Board of Directors, Southwestern Pennsylvania Organization of Nurse Leaders.

SandraLee Hartman, co-chair, Competency Committee, chairperson, Bylaws Committee, Western Pennsylvania Affiliate of the Northeast Region of the WOCN Society; liaison to the Bariatric and Professional Practice Committees, Wound Ostomy Continence Society, National Education Committee.

Elizabeth Long, Board of Directors, American Heart Association, Westmoreland Division.

Deborah Medley, president-elect, Greater Pittsburgh Affiliate of National Nursing Staff Development Organization.

Marlene Muchoney, sponsor, Local Ostomy Support Group.

Carole O'Bryan, member-at-large, National Nurses in Staff Development Organization, Pittsburgh Chapter.

Ranae Splendore, Board of Directors, Pennsylvania Institute of Health and Technology, LPN Nursing Program.

AWARDS

Cameos of Caring

The Cameos of Caring Program was created to honor exceptional bedside nurses and is well deserved recognition for their commitment and dedication to the delivery of quality health care. 2011 honorees:

Kim Wystepek
Frick Hospital

Barbara Grote
Latrobe Hospital

Diane Testa
Westmoreland Hospital

Mary Ellen Davin
Excelsa Health Home Care and Hospice



We have Excellence in health care.
You have

Excelsa
Health



You **Tube**