Healthcare is facing unprecedented challenges, and nurses must play a major role in meeting them. Exela Health Nursing has embraced these challenges by adopting the tenets set forth in the new report, The Future of Nursing: Leading Change, Advancing Health by the Institute of Medicine and the Robert Wood Johnson Foundation. It examines what it will take—from nurses, hospitals, administrators, government, and other members of the health care team—to satisfy future demands for care. The report offers specific recommendations for the future of the nursing profession centering around four themes: Improving and increasing nursing education; supporting nurses to practice to the fullest extent of their education and scope of practice; creating a culture and systems in which nurses act as full partners with other health care professionals, and establishing methods for collecting better nursing workforce data.

The following recommendations are set forth in this report:

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

The Future of Nursing report is really about the future of health care in our country. It points out that nurses are going to have a critical role in that future especially in producing safe, quality care and coverage for all patients in our health care system.

Donna E. Shalala, PhD
Chair, Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine and former Secretary of Health and Human Services under President William Clinton.
A Message from the CNO

My Excela Nurse puts patients first, improving the health and well-being of every life touched.
My Excela Nurse works as part of a team, drawing on the expertise of other clinicians and support staff to achieve optimal outcomes.
My Excela Nurse provides safe and quality care, adopting national standards and best practices.
My Excela Nurse acts with the highest level of integrity, demonstrating ethical behavior with every encounter.
My Excela Nurse promotes financial stewardship, maximizing the potential of finite resources to keep health care affordable and widely accessible to our community.

In short, My Excela Nurse lives the mission, supports the vision, possesses the values, and provides the leadership essential to create that exceptional experience for all those served by Excela Health.

Through this annual report, we showcase the discipline of Nursing and the individuals who have chosen this career path. Some have spent decades perfecting the art of caregiving; others are new to the profession. All are lifelong learners, gaining expertise daily at the bedside, in the home or office, as well as advancing the scope of practice through continuing education in the classroom or online.

Keeping pace with a rapidly changing health care environment, My Excela Nurse is embracing change, exhibiting leadership and changing lives with confidence and conviction.

You embody My Excela Nurse. Thank you for your commitment, compassion and professional competence.

Helen K. Burns, PhD, RN, FAAN
Senior Vice President and Chief Nursing Officer
Excela Health
T. Jean Mazero Scholarship
Fosters Continued Learning

The Latrobe Area Hospital Charitable Foundation (LAHCF) supports lifelong learning through the availability of various nurse scholarships. The T. Jean Mazero Scholarship was created in her memory and most recently, the LAHCF received a gift from its former president, John R. Mazero, MD, in memory of his sister, T. Jean Mazero, PhD, who started her career at the Latrobe Hospital School of Nursing and dedicated it to nursing education. Known to promote education as a means of achieving its mission, the LAHCF, through the T. Jean Mazero scholarship, funded the development of the mentor program.

“T. Jean Mazero Scholarship promotes educational opportunities for nurses in the Latrobe region. The mentor program in particular helps new nurses transition into professional practice. How does Excela Health’s Nurse Mentorship Program help the new nurse transition into professional practice?”

Furthering a new nurse’s professional growth and development is the goal of the Nurse Mentorship Program, implemented recently. “When designing the Nurse Residency program, mentorship was always a key component,” noted Lois Noonan, director, Education and Evidence-Based Practice, Excela Health. “The program provides ongoing support, direction and guidance for the new nurse in the realm of professional growth and development.”

Initiated during the nurse resident’s second year and after completion of Phase III in the nurse residency program, the mentorship phase pairs the nurse resident with a “mentor,” forming a relationship that is collaborative rather than supervisory. In turn, the mentor serves as a support resource, providing guidance, encouragement, advice and feedback on challenges encountered in the workplace. “This is truly a partnership in which the nurse resident and mentor work collaboratively to expand the nurse’s understanding of Excela’s mission, vision and values; its culture; resources and operations, empowering nurses to network and find solutions through enhanced communication skills and meaningful interaction,” explained Noonan. “The mentor facilitates introductions to others in the organization so the nurse resident can navigate across departments and service lines more effectively.”

Lifelong Learning Furthers Nurse Capabilities
“T. Jean Mazero Scholarship promotes educational opportunities for nurses in the Latrobe region. The mentor program in particular helps new nurses transition into professional practice. How are the seeds of lifelong learning planted among Excela nurses?”

While nurse residents are engaged in intense learning, all nurses can pursue lifelong learning endeavors. An annual calendar of educational programs, called the Advancing Nursing Excellence Series, was designed to engage nurses and other health care professionals and is fashioned around four main tenets: evidence-based practice, clinical grand rounds, interprofessional collaboration and professional development. “These programs support nurses as they pursue lifelong learning,” explained Carole O’Bryan, RN, Education, and co-chair, Lifelong Learning Committee. Whether a graduate nurse or a seasoned pro, pursuing avenues of professional growth is paramount. The mentoring program takes the new nurse a step further. “Lifelong learning contributes to the development and skill of the nurse. A focus on continuous learning is essential to remain current in nursing practice and to assure an awareness of issues relevant to the profession,” said Ranae Splendore, director, Professional Development and Nursing/Clinical Informatics. Other avenues include tuition reimbursement as well as programs offered through the Excela Health Academy and participation in shared governance committees.

Supporting Nurse Residents
Through Mentoring

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THROUGH BROAD PRACTICE OPPORTUNITIES

Judy Svidron graduated from the Latrobe Hospital School of Nursing in 1965. During her husband’s military service, she practiced as an obstetrics nurse in Kansas City, returning to Labor and Delivery at Latrobe Hospital in 1970 where she remained for the next five years. With the startup of a women’s health clinic at the hospital, obstetrician Samuel Flannagan, MD, arranged for her to enroll in a one-year program through Johns Hopkins University. Her classroom for the most part was on-the-job training with Dr. Flannagan, under whose auspices she continues to practice today, as head of Women’s Care Services, which includes family planning, gynecology and prenatal care.

Past the traditional retirement age, Svidron has no plans to step out of nursing practice, or limit her continuing education. Svidron notes the level of professional respect afforded the advanced practice nurse. In particular, she cites the impact she has had on countless nursing students, medical students and family medicine residents who complete rotations in the clinic.

Grandfathered into the nurse practitioner credentialing program—Svidron’s years of experience and continuing education are very specific to her scope of practice.

CRNP Kathy Eisenmirth was also a diploma nurse but she returned to the classroom for bachelor’s and master’s degrees in pursuit of her clinical nurse specialty in obstetrics. “I wanted a career as a nursing leader, but not as an administrator,” she said. A recent hire in the Family Additions Maternity Center, she is one of four advanced practice nurses in the special care nursery. “Taking care of babies is all I have ever done over my 30-year career,” she said. “After being at the bedside for 14 years, I was ready for the added responsibility that advanced practice offers.” Formerly with Westmoreland Hospital in Pittsburgh, Eisenmirth now practices collaboratively with the Department of Pediatrics, headed up by pediatrician Thomas Maroon, MD.

A frequent guest at Westmoreland County Community College, Eisenmirth’s years of experience and continuing education are very specific to her scope of practice. There’s a great deal of personal satisfaction in being all you can be,” added Silvis, “and that means knowing there is always more to learn.”

Beverly Silvis, CRNA, MS, MBA, DNP is director of Excela’s School of Anesthesia, in partnership with Saint Vincent College. A nurse for more than 30 years, she has added to her knowledge base as she maintained the clinical practice in addition to her role as educator and mentor, were among the reasons cited for this honor.

In promoting nurse anesthesia as a career, Excela Hospital CRNA Pat Ponko affirmed the pivotal role of this position from both the patient care and leadership perspectives. “While nurse anesthetists provide consultation and serve as a resource, the nurse anesthetist has a great deal of autonomy as a clinician.”

Having earned his bachelor’s degree in nursing from Indiana University of Pennsylvania, Ponko is a proud graduate of Excela’s Latrobe Hospital School of Anesthesia, among the last certificate graduates. His on-the-job training in neuro trauma, cardiovascular intensive care and emergency flight nursing have served him well over the past 25 years. “I consider myself an underdog. I knew I had found my niche in caring for the higher acuity patient. I was introduced to anesthesia early in my career,” Ponko said.

“There’s a great deal of personal satisfaction in being all you can be,” added Silvis, “and that means knowing there is always more to learn.”

There are 110 Advanced Practice nurses credentialed by the Excela Health Office of Medical Affairs.
Collaboration and Innovation: CASE MANAGEMENT LEADS THE WAY

“How does Case Management lead and manage efforts to improve care as patients transition from hospital to home?”

Making a meaningful impact on the health of patients and the community-at-large is no small task, but one, nonetheless, embraced by Excela Health and its Case Management Department. Under the direction of Holly D’Amico, RN, BSN, CCMP/CPHM, the department has led the way toward initiating collaborative programs to improve the discharge and follow-through processes for patients and among post-hospital providers.

“The overarching goals throughout these endeavors are three-fold,” explained D’Amico. “We want to improve the health of the patient, impact the overall health of the population, and lower the Medicare cost curve.”

One such initiative: A shorter time between a patient’s admission and his initial interaction with the nurse case manager to address any issues that may arise at home prior to the patient’s discharge. Further, care coordination rounds occur twice a week with a goal of making recommendations based on the clinical course of a patient. “If the attending physician is not a specialist, for example, we might ask him to order a specialist consult or request a physical therapy order,” said D’Amico. “We look at why the patient is here and what can be accomplished to get him to the next level of care in a timely and efficient manner.” Nurse case managers work closely with social work case managers to identify causes of 30-day readmissions. “As part of the Highmark Defect-Free Bundle, we personally interview all 30-day readmissions,” said Barb Grote, nurse case manager, Clinical Resource Management, Excela Latrobe Hospital. “The goal is to identify causes, such as not understanding discharge instructions or medication-related issues, and rectify them.”

Of equal importance, case management works with a variety of providers including home care, home infusion, skilled facilities and others to offer better coordination of patient care. Piloted care coordination plans have resulted in optimal patient transitions. Case management also plays a role in the reduction of patient readmissions through programs such as Project RED (Re-Engineered Discharge) and the Community Care Transition Program (CCTP). Starting with heart failure patients, Project RED encompasses standardized education, a list of key points related to discharge, and one-on-one discussion. The interdisciplinary program has extended to patients those with COPD and diabetes. “The case manager interacts with other disciplines to facilitate Project RED concepts, using consistent tools to prepare the patient for a seamless discharge,” said Grote.

Through Project RED, nursing, education and home care come together to prepare the patient for the transition home. Helping him understand what he can do and how he can talk with a doctor early on if needed, before an issue becomes more critical and results in a readmission. In another initiative, case management worked with nursing, pharmacy and home care to develop the home IV laser kit, where a home care nurse can administer the IV in the patient’s home. “It’s a low cost way of getting this care with the goal of avoiding an unnecessary hospital return,” said D’Amico. “But it’s really about a point of care contact in which we are meeting the patient’s needs.”

Participating with the Area Agency on Aging in the CCTP, Excela hospitals identify Medicare patients for post-hospital “teaching” within 72 hours of discharge. As a Medicare-awarded funding stream to test models of transitional services, “coaches” visit patients and talk about their medications, trouble shoot, and note any non-clinical flags, making sure the individual knows who to go to and where when help is needed, following the patient for 30 days after discharge to support him in the home. Juli Chowan, manager, Clinical Resource Management, Excela Westmoreland Hospital, sees the many initiatives as “a means of expanding opportunities for nurses to lead and work with other disciplines and entities to improve health care practices.”

HOME CARING – A PARTNERSHIP FOR BETTER HEALTH

As part of the team transitioning patients to other levels of care, home care nurses work closely with case managers, social workers and physicians to continue the plan of care, teaching patients with chronic diseases, such as heart failure, diabetes and COPD, to manage their disease and incorporate healthy habits into their lives. “Patients and families are taught to report symptoms to the nurse or physician so interventions, such as medication adjustments, can be implemented in the home, avoiding a trip to the emergency department,” explained Darlene Kubas, director, Excela Home Care and Hospice. “They become partners in care, rather than recipients of care.”

The use of telehealth monitors in the home enables the patient to report data such as weight, blood pressure, pulse and oxygen saturation daily, without the nurse present. When results are reviewed and changes noted, a home visit can be made, the physician contacted, and subsequent interventions carried out to alleviate problems. Telehealth “Health Buddies” reinforce patient education through interactive, disease-specific teaching, all with the goal of averting trips to the emergency room and possible hospital readmission. If or when treatment options are not effective, the prognosis is terminal, palliative care and symptom management are an option through Excela Hospice.
How does Excela nursing impact quality?

Through the introduction of shared governance and the committee structure it brings to nursing practice, nurse sensitive indicators are now gathered and reviewed more effectively, elevating quality to new and higher levels. “Overall, the Quality and Safety Council tracks and monitors all patient levels of quality,” said Marcia Cook, DNP, RN, vice president, perioperative/cardiology services. “We utilize the metrics defined by the National Database for Nursing Quality Indicators (NDNQI) and compare our data with the national benchmarks to look for trends, view progress, and institute best practices.”

All Excela Health nursing units collect data to populate each unit’s “scorecard,” which is monitored monthly. If a unit falls below the benchmark, an action plan is put into place. Two trends most effectively tracked have been falls with injury and pressure ulcers. “We look at all patients across the system,” explained Cook. “If a unit is below the benchmark, the nurse manager looks at how we can drill down to determine the extenuating factors and get an action plan into place.” In the last six months incidents of falls, along with pressure ulcers, decreased significantly. Other areas tracked include medication errors, restraints, pain assessment and IV infiltration, among others. “It’s about the nurse identifying problems and changing practice at that level,” noted Lisa Sciullo, MSN, RN, co-chair, Quality and Safety Council. “Now, through the shared governance model, there is a structured process for identifying an issue and a mechanism for solving and tracking it.”

Admittedly, monitoring through the NDNQI is different from previous practices. “Now, we know immediately if our benchmark results are trending up or down,” Cook said. “We can alter plans quickly and be very specific about the care of the patient.” She added that the collection and reporting of data is a driver for the other councils, noting that as new developments arise, they can be referred to the appropriate council quickly. “As Excela Health continues to be recognized as the third largest health system in the region, nursing here, too, has advanced to a higher level as we align with national standards,” Cook opined. “We are equal to, if not exceeding, other hospitals in the area of validating the care we administer.”
Enhancing Communication and Patient Safety  
THROUGH KNOWLEDGE EXCHANGE

Effective communication is central to delivering the right care to the right patient at the right time. Shift changes in hospitals present one of the biggest challenges to the continuity of patient care. As nurses go on and off a shift, a crucial exchange of information and duties must take place to ensure safety, quality of care and efficiency. Excela Health is enhancing the communication process by adopting the Nursing Knowledge Exchange concept for service excellence as developed by Kaiser Permanente.

Through the work of an interdisciplinary work group convened by the Service Excellence Committee, communication boards are being placed in all patient rooms. Pre-printed with standard information that promotes conversation and care planning among care providers, the boards serve as a focal point for keeping the patient and family as well as members of the care team informed.

At a glance, the nurse arriving on duty can see the daily care plan: What therapies have been provided; how well pain is being managed; dietary restrictions or safety concerns if any; plans for discharge, and family touch points to allow for meaningful and friendly dialogue with the patient. Family members can also write messages to the care team if they desire.

With the shift report occurring at the bedside, the patient remains central to the discussion, not distanced from it. In turn, the nurse is focused on the specific needs of each patient and can use the information written on the board to promote patient and family understanding of the reason for hospitalization, anticipated discharge, and how to maintain progress toward recovery.

“Through this meaningful exchange, the patient sees teamwork in action, which instills confidence in the care provided and increases positive perceptions, which in turn promotes satisfaction,” said Lonna Paterline, MSN, RN, vice president, Patient Care Services, Excela Frick Hospital, who is the executive sponsor for this initiative.

Forging A Path  
OF SHARED DECISION-MAKING

“Does shared governance aid in job satisfaction while inspiring nurses to become change agents?”

With nurses facing challenges such as high patient acuity and quality care expectations, among others, the desire to meet those challenges in a healthy work environment quickly surfaces. To foster that environment, Excela nursing leadership turned to the concept of shared governance, which has proven to increase retention and employee satisfaction through empowerment. “We believe that nursing should be self-directed and accountable for the highest level of patient-centered care within the organization,” noted Maryann Singley, MSN, RN, vice president, Patient Care Services, Excela Westmoreland Hospital. “We involve and engage direct care providers in clinical and non-clinical lines of practice, allowing them to make decisions that are collaborative, team-directed and participatory.

Relatively new to Excela Health, shared governance embodies the ideals of shared decision making, ownership and accountability. “Leadership at the bedside is a critical and necessary recognition step toward moving shared governance closer to the core work,” noted Douglas Dascenzo, MSN, RN, CENP, vice president, Patient Care Services, Excela Latrobe Hospital. “The Leadership Council acknowledges the impact clinicians make on patient care, so, more than 75 percent of the council’s membership is comprised of clinical nurses who lead shared governance activities on their respective units and at the system level.”

Through unit-based and core councils and committees, nurses have the flexibility to initiate changes that directly benefit patient care. “It’s an environment of participation and engagement and with that comes job satisfaction, followed by greater patient satisfaction,” Singley continued. Dascenzo adds that complex problem solving can be done effectively by those closest to the work. “Actively by those closest to the work, governance provides an avenue in which the voice of the staff and patient can be heard and solutions identified, prioritized, executed and evaluated based on the best evidence.” With fluid provisional by-laws serving as a guide, literature reviews, and lessons learned in actual practice, Excela nursing is shaping a model of care that is inclusive and fits its organizational culture.
At Excela Health, leadership among nurses starts at the bedside. Here, and throughout the health system, nurses are encouraged and supported in making decisions about patient care. Nurse council leaders support and guide efforts so we continue our mission of “improving the health and well-being of every life we touch.” Serving as core facilitators of our valiant nurses are:

LEADERSHIP COUNCIL
Co-Chairs: Doug Ascenko, RN, Administration, and Cindy Glod, Med-Surg

PRACTICE/TRANSLATIONAL RESEARCH COUNCIL
Co-Chairs: Lois Noonan, RN, and Lauren Succurrella, Intensive Care

EBP Implementation Committee
Co-Chairs: Debbie Medley, Education and Ferni Hills, Progressive Care

Clinical Policy and Procedure Committee
Co-Chairs: Jill Hostetler, Med-Surg, and Nancy Hovian, Med-Surg

Nursing Informatics Committee
Co-Chairs: Shirley Brandon, Nursing Informatics, and Michelle Curcio, Med-Surg

QUALITY AND SAFETY COUNCIL
Co-Chairs: Lisa Sciullo, Nursing Informatics, and Lori Cutnard, Emergency Services

Clinical Competence and Certification Committee
Co-Chairs: John Dolan, Nursing Administration, and Sandrahart Wymann, Wound Care

Service Excellence Committee
Co-Chairs: Katie Croyak, Neuroscience, and Angela Ritz, Med-Surg

MANAGEMENT COUNCIL
Co-Chairs: Ed Benson, Progressive Care, and Katie Frick, Progressive Care

Administrative Policy and Procedure Committee
Co-Chairs: Jennifer Gregory, Critical Care, and Amy Allery, 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 Karinette Grotal, Neuroscience

PROFESSIONAL DEVELOPMENT COUNCIL
Co-Chairs: Rivas Mandel, Nursing Administration, and Kayla Hoyela Ellis, Emergency Services

Lifelong Learning Committee
Co-Chairs: Connie Moore, Surgical, and Carol O’Brien, Education

Nurse Spirit Committee
Co-Chairs: Mansour Chris, Nursing, Diane Dunn, Emergency Services, and Darlene Kubas, Home Care/Hospice, Dobb’s, Jailsbond, Nursing Administration

Professional Advancement Committee
Co-Chairs: Wendy Raynolds, Obstetrics, and John Glassy, Emergency Services

Professional Image Committee
Co-Chairs: Paula Merlin, Med-Surg, and Kathy Cobby, Customer Care

ACADEMIC CERTIFICATES
Michael Curcio – Certificate in Nursing Informatics
Debbie at leadership – Certificate in Leadership in Simulation Instruction and Management

PANASONIC 2011 Outstanding Program Director Award – PA College of Nursing

Nursing Accomplishments
JANUARY TO DECEMBER 2012


Doug Descannc and Katie Croke participated in a live broadcast at the VHIA in Harrisburg, Texas, on the Fall Advisory Reduction Initiative that began in May 2012.

LEADERSHIP POSITIONS
Shirley Brandon, President, American Association of Neuroscience Nurses, Pittsburg chapter
Helen Burns, Board of Directors, Pennsylvania State Nurses’ Association; Member, Magnet Expert Panel

D’Amico, H., Southern Pennsylvania Health Care Partners of Medford Regional Meeting 2012 titled “Care Transitions: A Hospital perspective”, May 2012


Burns, H., D’Amico, M. CME Excela Health Program 2012 (509-D (Co-Engineered Discharge), June 2012
Nursing Accomplishments CONTINUED …

NURSING DEGREES
Alisa Backus, ADN, Westmoreland County Community College
Angie Blosser, BSN, Penn State University
Jacqueline Carroll, LPN, Drexel University
Kari Doohr, DNP, Carnegie Mellon University
Amy Dennis, BSN, Penn State University
Kya Holley Ellis, BS, Penn State University
Maureen Piontke, BSN, Penn State University
Paula Smith, ADN, Westmoreland County Community College
John Dwey, BSN, Walden University
Jennifer Gregory, BS, Pennsylvania State University
Ashley Hains, BSN, Penn State University
Jesse Hoover, MSN, Indiana University of Pennsylvania
Cara Horner, MSN, Carlow University
Katie Klar, BS, Penn State University – Fayette campus
Dana Butcho Leppig, ADN, Westmoreland County Community College
Tabatha Lumsdagg, LPN, Greater Johnstown Career and Technology Center
Derek Mey, BS, Regis University
Michaela McKeever, BSN, University of Pittsburgh
Gina Hrach, MSN, University of Pittsburgh
Michele McDonald, MSN, University of Pittsburgh
Lonna Paterline, MSN, Indiana University of Pennsylvania
Laura Steiner, BSN, Walden University
Randy Wadsworth, BSN, Carlow University
Jaye Warren, BSN, Penn State University
Rebecca Watt, BSN, Penn State University
Angela Zea, BSN, Westmoreland University

NURSING CONFERENCE ATTENDANCE
January 2012
February 2012
March 2012
ACNA Winter Conference and CCTP Learning Session. Attended: Jill Chown.

“Establishing a Culture of Safety in the OR”, EHSion. Attended: Deb Palmer.
“Person-Centered Care Transitions”, Person-Centered Care Transitions Conference. Attended: Angela Schrock, BSN, Penn State University.
Emergency Pediatric Nursing Conference and CE. Attended: Michelle Meadaway, Elizabeth Palcic, Debra Medley, Paula Sulfenberger, Tiffany Piper.
“Moving the Classroom into the 21st Century”, University of Pittsburgh. Attended: Debbie Medley.
April 2012
May 2012
National Teaching Institute and Critical Care Conference, American Association of Critical Care Nurses. Attended: Kathy Redacol, Deborah Wilcox.
June 2012
Laerdal Simulation Training, Latrobe Hospital. Attended: Debbie Medley.
July 2012
September 2012
UPRC 21st Annual ER Nursing Conference. Attended: Kayla Koppa Ellis.

NURSES “WEIGH IN” ON COMMUNITY SERVICE
As a community service project, Excela Health Nursing collected 3,368 pounds of food for the Westmoreland County Food Bank in May 2012. With a goal of 2,012 pounds for the year 2012, the nursing staff far exceeded its goal set in observance of National Nurses’ Week and continued the drive throughout the month of May. Reusable totes were provided to each nurse to promote participation and bestowed as a leave-behind Food at the Bandeau so pantry recipients would know Excela Health Nursing cares for its community.