



Nurse Link

Volume 2 Issue 3

May 2008

Nurses Week and the Chicago Connection

Barbara Hering, RNC, MSN, CCNS

Magnet Force: 1, 6, 9, 10, 12, 14

New York may have its fancy couture runways and Los Angeles has its movie stars, but did you know that Chicago can boast being at the forefront of nursing? Chicago was the first city in the nation to celebrate Nurses Day and Illinois the first state. So what is the history of Nurses Week and how does Chicago fit into the picture?

Nurses Week had many stops and starts. In 1953, U.S. Department of Health, Education and Welfare employee Dorothy Sutherland sent a proposal to President Eisenhower asking that "Nurses Day" be celebrated every October. There was a moratorium on honoring groups of people with their own special day, and so there was no proclamation. In fact, it was not until 1974, after the proclamation by the International Council of Nurses that May 12 would be "International Nurse Day", that President Richard Nixon proclaimed the week of May 12th as "National Nurse Week". In the following years, several states declared May 6th as "Nurses Day". In 1982, President Reagan signed the proposal making May 6th the official "National Recognition Day for Nurses". This day was expanded to a week (May 6-12) in 1990 by the American Nurses Association (ANA) Board of Directors. The week begins on May 6th with the "National Recognition Day for Nurses" and ends on May 12th, the birthday of Florence Nightingale. Several days during the week have honorable mention – National Student Nurses Day on May 8th and National School Nurse Day on the Wednesday of Nurses Week.

So, what's the Chicago connection to Nurses Week? Chicago celebrated the profession of nursing long before the rest of the country. Father Clarence Brissette, O.S.M., Director of the Sorrowful Mother Novena, honored nurses for a ten year period from 1949 to 1958 with a parade – the Chicago's Nurses Day Parade. Father Brissette was aware of the shortage of nurses when he was asked by family members and parishioners to help them find private duty nurses. He saw the parade as a way to both honor nurses and draw attention to the nursing shortage. By its 10th anniversary, the parade had 4,000 marching uniformed nurses, over 30 bands and 100 floats from hospitals and schools of nursing from the surrounding Chicagoland area. The nurses were joined by over 2,000 other marchers from the Army, Navy, Marines, National Guard and Chicago Police and Fire departments. The floats always had a theme, focusing on healthcare and the nurse's work. For example, in 1955 floats honored Dr. Salk for his discovery of the polio vaccine. Another year focused on the diversity of nurses by highlighting nurses of different nationalities. What a spectacular event it must have been as everyone gathered on a crisp May evening in Garfield Park before they made their way down the spectator-lined Jackson Boulevard. The parade has been called the "World's Largest, Shortest Parade" because of the enormous crowd gathered for a parade that marched only six blocks. The parade ended with a candlelight service at Our Lady of Sorrow Basilica, where nurses renewed their "Nurses Pledge". Unfortunately, Chicago's Nurses Day parade ended abruptly in 1958 when Father Brissette was assigned to a different role by his Servite Order.

Nurses Week continued on Page 3

In This Issue:

Nurses Week and the Chicago Connection
Page 1

CNE's Corner
Page 2

Kudos to Nursing
Page 3

Magnet Forces- Revisited
Page 3

Task Force on Urinary Incontinence
Page 4

2008 Nurses Week
Page 5 and 6

Oncology Nursing Celebration
Page 7

Reflections of a Nurse
Page 8

Sr Fran's Inspiring Thoughts
Page 8

Shared Decisions: Council Updates
Page 9

Diversity, Nursing and The Goal
Page 10

Hospital Tower: Reflection
Fr. Larry Reuter
Page 11

CNE's Corner - Paula A. Hindle, RN, MSN, MBA

Magnet Force: 1



Approximately two years ago, we began a new educational program entitled "The Positive Patient Encounter." The purpose of the program was to focus on activities that were patient centered and to engage with patients in a new and different way. We had all the Medical-Surgical nursing staff, including the PCTs attend. The program was also added to orientation for all nursing staff. The key elements included hourly rounds and sitting with the patient each day to see what their priorities/goals were for the day.

The purpose of the hourly rounds are to address the patient needs promptly, to include a patient introduction, patient privacy, effective pain management, personal hygiene, and ensuring the appropriate position for the patient. To date, we have successfully implemented hourly rounds. In actuality, we have seen a significant decrease in call lights with the hourly rounds. These rounds address several of our quality initiatives that are to improve pain management, to reduce patient falls, to reduce the incidence of pressure ulcers and to be responsive to the patient's needs. For each of these quality initiatives, we have to demonstrate consistent and sustainable improvement. We have demonstrated some improvement. However, we still have some work to do to reach the top quartile for performance.

As we begin Nurses' Week, I ask that you commit yourself to completing the hourly rounds and to sitting with the each patient daily to ask them "what do you need today?" It is a simple question but one that will allow us to engage in a different way to the patient. It requires each of us to listen intently and make the patient feel that you are only focused on them and their needs. This is not easy to do especially when you are busy. But take the time with the patient; treat them as you would want your family member or yourself to be treated. I recently heard an interesting quote, "God gave us one mouth but two ears because it is so hard to listen." The person who said this was certainly correct. It is very difficult to listen. You must shut out all the "noise", sit down with the patient, look at the patient and listen. Our patients will tell us what they need to get better and to be more satisfied with their experiences in a very stressful and difficult environment.

Aristotle once said, "We are what we repeatedly do. Excellence, then, is not an art but a habit." Today, I ask you to recommit to these acts of excellence through hourly rounds and daily conversations with your patients. Make them a habit!

In closing, I want to thank you for your hard work throughout the year as we celebrate Nurses' Week. Being a nurse these days is very challenging but also very rewarding. I hope you can take advantage of many of the activities your colleagues have planned for you this week. I am personally very excited about our inaugural Nursing Excellence Awards. We had over 150 nominations which is wonderful first time out! The awards will be announced on Tuesday, May 6th. Again thank you for all you do for our patients and their families and have a great week!

Are you a Cookie Goblin? Are you interested in research?

Do you crave the chocolate chip? Want to earn clinical ladder points?

Hi! We are the House-wide Research Committee. Help us decide what Loyola's favorite cookie is.

Volunteer and participate in planning and conducting a house-wide research project.

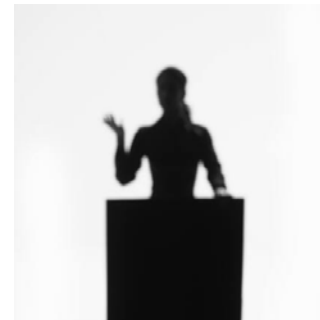
Contact: Henry at hcheung@lumc.edu with the subject line "House wide Cookies".

Please respond by June1, 2008

Kudos to our Nurses *Magnet Force: 1,6,11, 12 and 14*

Presentation:

Teresita Bernardo, Apheresis Department Peripheral Nerve Hyperexcitability Syndrome Associated with Voltage-Gated Potassium Channel Antibody, Managed with Therapeutic Plasma Exchange and Steroids, American Society for Apheresis, April 9-12, 2008.
Poster session will be presented at the Annual Apheresis meeting in Galveston, Texas



Publication:

Bertucci, T. APN, FNP,BC, Murphy, D APN, BC ADM, CDE, , Vercruyse R. RN, BSN,MPH Wall M, Pharm D Schriever A, Pharm D Nabhan F, MD, Barron W, MD, Emanuele M. MD, Reducing Hyperglycemia Hospital wide: The Basal Bolus Concept. (Abstract) Diabetes (6) suppl. 2008

Certification:

Visit http://www.luhs.org/feature/nursing/internal/clinical_ladder/CLRESRCE.pdf for a listing of all certifications.

Debbie Jasovsky Certified CNA, BC January 2008

Emergency Communications Registered Nurse (ECRN): Heather Prescaro, Jackie Andersen, Tracy Monroe, Colleen Quinn

Trauma Nurse Specialists (TNS): Debra Callender, Colleen Quinn, Katrina Hejnowski, Lori Chiappetta

In 2007, the following nurses from the Burn Center received CCRN and trauma nursing core course (TNCC) status Jackie Kiraly, RN, BSN, Laura Madsen RN, BSN, Paula Petersen RN, BSN, Jessica Wallin RN, BSN,

Awards:

Debbie Jasovsky, CNA, BC was awarded Professional Recognition Award, December 2007, for peer recognition for contributions to nursing profession in NJ

14 Forces of Magnetism

- 1 Quality of Nursing Leadership
- 2 Organizational Structure
- 3 Management Style
- 4 Personnel Policies and Programs
- 5 Professional Models of Care
- 6 Quality of Care
- 7 Quality Improvement
- 8 Consultation and Resources
- 9 Autonomy
- 10 Community and the Hospital
- 11 Nurses as Teachers
- 12 Image of Nursing
- 13 Interdisciplinary Relationships
- 14 Professional Development

Nurses Week continuation from page 1

And although nurses no longer wear white uniforms, caps, capes, Clinic shoes or march in parades honoring them, they continue to provide competent, compassionate, quality healthcare to those in need. Let us see, as Father Brissette so clearly saw, that the parade's purpose was to place "a noble profession on a national pedestal where it rightly belongs." To all the nurses at Loyola – we celebrate you!

Reference: C. Smeltzer, F. Vlasses, C. Robinson. Images of America: Chicago's Nurse Parade; Arcadia Publishing, Chicago, IL, 2005.

Task Force on Urinary Incontinence

Magnet Force: 5, 6, 7, 8, 9, 11, 14

Ginger Lewis, RN, BSN, CURN, Katherine Marchese, RN, APN, CWOCN, CURN

In late summer of 2006, a task force was initiated to evaluate incontinence products used for people with urinary incontinence. After an extensive review of the topic it was determined that a more appropriate focus would be to review assessment of urinary incontinence, the types, risk factors, management strategies and treatment choices. A literature review identified a significant knowledge deficit on the part of most health care providers including nurses and physicians. Formal education in their clinical training was minimal therefore their focus was on containment strategies rather than assessment or treatment. Myths surrounding incontinence included the belief that incontinence was a natural process of aging and little treatment was available or effective.

Our task force developed four objectives:

- I. To identify a significant community health diagnosis, urinary incontinence.
- II. Address the level of knowledge deficit regarding urinary incontinence, the types, the risk factors, the assessment and the treatment options.
- III. To implement an evidenced based program for nurses to assess and manage urinary incontinence in the acute care setting.
- IV. Promote strategies for assessment and management of urinary incontinence across the continuum of care.

Understanding the Scope of the Problem:

Between thirty and fifty percent of women experience incontinence in their lifetime. Men have a lower incidence with a range of one percent to thirty four percent. Approximately 33 million Americans suffer from urinary incontinence. At any given time ten to forty-two percent of the people in an acute hospital setting will have incontinence.

Health care costs for this diagnosis average over 14.2 billion dollars each year for community dwellers. Work related costs, which include missed days, loss productivity at work and extended time off due to complications, are also significant. Cost to the patient related to social isolation, loss of self-image, depression, and embarrassment are immeasurable.

Risk Factors:

Risk factors include gender, age, race, pelvic floor trauma, obesity, impaired mental status and impaired mobility. Incontinence rates do increase with aging and are multi-factorial. It must be understood however, that aging is not a cause of incontinence but is affected by some changes associated with aging. Gender is another risk factor with females exhibiting an increased incidence. Caucasians have the highest incidence with African-

Americans and Hispanics with slightly less incidence. Parity, size of the fetus and difficulty of delivery, and estrogen level changes in menopause increase the likelihood for women. BPH, prostate and bladder cancer surgeries alter the incidence in males.

Barriers:

A review of the literature noted common issues associated with quality incontinence care. Poor preparation at the associate and baccalaureate levels on the basic principles of urinary incontinence was well documented. Therefore, nurses who were not exposed to this diagnosis in their nursing training have a weak base to start their practice. Patients who suffer from incontinence are embarrassed to speak about this problem and fifty percent never seek help.

Prevailing attitudes about incontinence include many myths as mentioned before.

Nurses as well as other health care providers believe that incontinence is a natural aging process that has limited potential for improvement and no effective treatment. The focus then becomes containment rather than assessment.

Environmental factors both in the hospital and in the community environment also limit incontinence care. Proximity and availability of bathrooms, assistive devices and adequate personnel to be available for immediate toileting present significant barriers. In addition impaired mental status and mobility can compound this problem.

Recommendations:

The focus of our task force was to improve assessment and management of the incontinent patient in the acute care setting and provide this level of care through the transition back to the community dwelling. Providing for evidence based continence care throughout the patient's continuum of care is ideal and every effort should be maximized to meet this end. Our plan would include education of the nursing staff and administration on an ongoing basis. The basic education includes viewing of a taped lecture and reading of the current articles. Development and utilization of a clinical competency for urinary incontinence assessment care and documentation is underway and would be used as part of the annual evaluation process for each staff member. Education of the nursing staff alone would not be sufficient. Patient education materials developed at a fifth grade reading level are available. The final focus is to evaluate products that improve the patient's quality of life. Some examples include skin care products, assistive devices, improved absorptive products, and improved assessment tools such as the bladder scan.

2008 Nurses Week *Magnet Force: 1, 2, 6, 9, 11, 12, 14*

Erika Elangozouri RN, MSN, MBA, Chair

Mary Morrow PhD, APRN, BC, Deborah A. Jasovsky PhD, RN, CNAA, BC Nurses Week Planning Committee

The 2008 Nurses Week at LUHS will include several opportunities for Loyola Nurses to gather together, to learn and to celebrate. On the calendar of events for the week's activities, you will see that there are new receptions that are being held this year and the celebration of Nursing through the Arts. We are seeking our talented nurses who are creative in other ways: photography, art, quilts, sewing, knitting, etc. Please consider sharing your art with us by contacting lsamuelson@lumc.edu.

New this year will be the 1st Annual Nursing Excellence Awards honoring Loyola's finest. Over 150 nominations were submitted for consideration and twenty-one were selected to receive awards. Thank you for taking the time to participate in the nomination process for these awards.

Nursing Administration will also pay tribute to the Magnet Ambassadors. Highlights of the group's effort this year included work on nursing image, the nurse excellence awards and planning for nurse's week. Clinical Ladder achievements will be celebrated. Administration will recognize those nurses who attained Clinical Ladder 3 or 4 this past year as well as those nurses who maintain at these levels. Nursing Administration will visit off campus ambulatory centers on Thursday and Friday to meet nursing staff and extend their personal appreciation for their dedication to our patients.

In addition to the events listed on the week's calendar, take note of these other highlights for the week.

Banners and posters are displayed to communicate to Loyola staff, patient and families that we are celebrating Nurses Week.

A *NEW* Nurse's Week video will be shown on the flat screens throughout the system. This video includes many of the faces of Loyola Nurses as well as interviews with Loyola leaders celebrating the accomplishments of nursing.

Blessing of hands will be available on nursing units and at the planned events to honor Nurses' care in a sacramental way.

All staff has the opportunity to participate in the Mass to be celebrated on Tuesday, May 6th, by faxing a special intention to Pastoral Care at ext. 61121. Please have your intentions sent prior to the 12 noon Mass. In this way, your intentions will be offered in the event you cannot attend the mass.

There will be a display of *Nursing Through the Arts* where the many talents and expressions of the creativity of Loyola Nurses can be enjoyed. All exhibits will have staff present to ensure the safety of the artwork so they can be returned in original condition. We hope to display this exhibit during designated hours and locations throughout the week. However, the team tells us that they need a lot more exhibits so we welcome your art!

The Loyola Center for Health & Fitness has invited nurses to complimentary use of the center for the week of May 4th-10th. During the month of May, they will also waive the enrollment fee for nurses and offer a discount on massage services. They will also be holding a raffle for nurses. Be sure to stop by their Member Services Desk for more information.

The Loyola University Health System will further recognize Nurses with a small token of their appreciation in the form of a gift.

2008 Nurses Week Continued on Page 6



Photos taken during a working Nurses Week Planning Committee meeting

The Nurses Week committee has worked hard to arrange a week of activities to celebrate the efforts of Nursing at Loyola. You will see them at all functions throughout the week. Please be sure to stop them and thank them for their efforts.

Committee members include:

Mary Altier, Carmen Barc, Adalia Beatingo, Sharon Bird, Anita Calistro, Julie Cochran, Jeanette Cronin, Barbara Devereux, Meghann Drayna, Erika Elganzouri, Nancy Forcier, Dian Gruber, Erin Hoffmeier, Deborah Jasovsky, Annette Jenero, Dona Kare, Cathy Knowski, Patricia Loftus, Rose Mathis, Judy McHugh, Marsha Moran, Mary Morrow, Cynthia Sacha, Ruth Samars, Lanay Samuelson, Cathy Stull, Susan Tuzik, Stacy Vallianatos, and Cheryl Zubor.

The Nurses Week committee would like to extend their appreciation to the many departments who supported and guided us through planning this 2008 Nurses Week. Special thanks to: The Executive Leadership Group, Senior Nursing Leadership, Loyola University Physician Foundation, the Nurse Manager Group, Pastoral Care, Marketing, Video Development, Housekeeping, Physical Plant and Grounds, Loyola Center for Health & Fitness, Food & Nutrition, Human Resources, EAP, Nursing Education & Support and the support staff in Nursing Administration.

Monday, May 5, 2008	Tuesday, May 6, 2008	Wednesday, May 7, 2008	Thursday, May 8, 2008	Friday, May 9, 2008
Starlight Buffet 0100-0300 Room 1371 Hospital Cafeteria	Mass 1200 Blessing of Hands Nursing Choir Galvin Chapel	Magnet Ambassador Reception SSOM Main Cafeteria 1600-1800	Clinical Ladder Breakfast SSOM Faculty & Alumni Lounge 0730-0930	
Luncheon 1100-1400 SSOM Room 160/170 Research Posters Seated Massages & Hand Grip Strength contest	Award Recognition Ceremony Tobin Hall 1630-1730	Nursing Grand Rounds EMS, Building 110 Room 6274, 10:30 A.M.	Clinical Ladder Reception SSOM Faculty & Alumni Lounge 1600-1800	
PM Grab and Go Meals 1630-1830 Room 1371 Hospital Cafeteria	Award Recognition Reception 1730-1830 SSOM Dining Room 120		Nursing Administration Ambulatory visits	Nursing Administration Ambulatory visits
Ambulatory Site Managers will provide luncheons onsite				

Throughout the Week

- **Nursing through the Arts**
- Video** on flat screen TVs
- Celebration **Posters**
- Activities at Loyola Center for Health and Fitness
- Blessing of the hands:** at all events and all units/sites
- Prayer requests** for Mass may be faxed to Pastoral care at x 61121
- Questions contact Mary Morrow ext. 64484 or Erika Elganzouri ext. 63141

Photo taken during a working Nurses Week Planning Committee meeting



Oncology Nursing Celebration

Linda Flemm, APN, CNS, AOCNS

Magnet Force: 1,2,3,6,9,10,11,12,14

May is Oncology Nursing Month. The Cancer Service Line chose to have the oncology celebration April 4, 2008. At Loyola, we celebrate by inviting oncology nurses from all over the Loyola University Health System. A committee made up of staff nurses from all of the areas planned the events.

The committee included: Allison Davis 6-West oncology unit, Pat Avery Apheresis, Maria Benetatos Bone Marrow Transplant Unit, Nancy Porter Bone Marrow Transplant, Teresa Portugues Day Hospital, Gaye Moran High Dose Therapy Unit, Marilyn Parker Clinic A, Twana Rundle Clinic B, Patty Loftus Moh's Clinic, Katie Battern Multidisciplinary Clinic, Eliza Germano Research, Karyn McCarthy Home Care and Hospice, Cindy Aronson Homer Glen Oncology, Janine Herman 4-Pediatric Unit, Dolores Franco Radiation Oncology and Linda Flemm Clinical Nurse Specialist for the Cancer Service Line.

Paula Hindle, and Michele Sumner representing the Cancer Service Line Management, thanked the nurses for their commitment to oncology patients. The celebration included dinner, blessing of the hands, trivia and raffles, slide show of our oncology nurses, seated massages, a fashion show skit, and a lot of fun.

To show case oncology nurses, there were boards displaying pictures of new nurses, certified nurses, clinical ladder nurses, nurses in publications, and nurses who have volunteered for relief efforts both within and outside the United States. There was information on education and professional development opportunities including: Niehoff School of Nursing programs, professional nursing organizations, continuing education programs and websites, oncology certification, Loyola's education stipend, and volunteer opportunities. The celebration was a success with over 65 nurses in attendance.



Maria Benetatos and Asta Sullivan from BMU

Comments from the planning committee:

I found the celebration to be meaningful and joyous.....some of the quotes that were hanging on the board made me aware of the real meaning of the very important work that we are privileged to be a part of. It was a time of fun and a moment to reflect on what has been, and what is, and what is yet to be.
-Pat Avery, RN Apheresis

I have to say that those are the kind of committees that I will forever volunteer for! It's always fun to plan the little 'side shows' for the nurses! We all work so very hard, and it's nice to be able to put a little something together to recognize that! Can't wait until next year...

Katie Battern, BSN, RN Cancer Center Multidisciplinary Clinic

I enjoyed the opportunity to be part of the committee and to be able to meet nurses from the other areas. The process was fun; I enjoyed all the creativity of all the members. I think the nurses who attended the celebration really enjoyed the celebration.

Dolores Franco, BSN, OCN Radiation Oncology

Having each representative from every dept. was great idea...not only to represent for the dept. but also by listening to the different suggestions from each member. I really like the idea.

Eliza Germano, BSN, RN Research Department

I enjoyed being part of the planning. I think it was a great success. The food was very good, the slide show was excellent, and I also think the nursing pictures are a lot of fun.

Twana Rundle, BSN, OCN Cancer Center Clinic B

What can I say.....It was a Blast!!!! Everyone involved did a great job. Already thinking about next year.....

Cindy Aronson, BSN, RN Homer Glen Oncology



Fashion Show Skit "1950s-to the present"
2nd row- Cindy Aronson, Twana Rundle, Katie Battern, Pat Avery, Linda Flemm
1st row- Maria Benetatos and Gaye Moran

Reflections of a Nurse Magnet Force: 12

Many nurses have shared their personal perception of "Purpose, Practice and Presence". Share YOUR story with Nurse Link- Contact tpavone@lumc.edu for submission.



Sarah Bom RN, BSN

Throughout my life, I always had the dream of becoming a teacher. After my first year of college, I decided becoming a teacher was not the right fit. A degree in education would not give me the job security and happiness I yearned for. I also wanted to know I could leave "work at work."

A family friend mentioned nursing to me as a career path, after putting much thought into it, I decided it was worth a try. Nursing provides the job security I desired, there are vast opportunities, flexibility, and interested me in a way teaching never could. Being a nurse allows one to connect with families/ patients emotionally and intellectually. I can leave work with sense of warmth, knowing I made an impact on someone's life. I enjoy the action of working on a telemetry floor and best of all the team I work with. Nursing provides many types of bonds that you may not find in the average business world (collaboration with physicians, other nurses/staff members).

Since I have become a nurse, I have seen the impact I can make on others and the difference it has made in my life. I leave work every shift with a sense of satisfaction, that in some way I was able to help another individual heal; a sense of achievement, I was somehow challenged. This profession gives one the power to want to be a better person and to do better in our own lives. My goal is to please others, give all I can, and listen/hear what others can add to your own life.

Sister Fran's Inspiring Thought-

Fran Glowinski osf

Dear Ones, I've just been to a conference where I attended a workshop on Compassion Fatigue. Our presenter defined it as the cost of caring and of carrying various residues because of empathic connections to those in pain or who are suffering. Most of us face a daily barrage of traumatic material, and the greater the empathy, the more effective the relationship and the greater the risk for Compassion Fatigue. Other factors include a troubled personal emotional state, limited stress management, poor self-care, poor support and even a fatigued spirituality. Throw in emotional indicators of anxiety, numbness or its opposite/cousin, flooding; irritability, grief symptoms, anger, sadness or depression, and.... there we have quite a picture of what we might be working with internally as we do our best to care for our patients and each other.

I won't go into the physical, personal and work indicators here, but I'll cut to the chase with one of the presenter's recommendations, what to do to work with the (pretty much) inevitable compassion fatigue that builds and builds if we don't find effective ways to minimize it. We start with AWARENESS, being attuned to our own needs, limits, emotions and resources. Know—and visit—your "renewal zones." As often as necessary, acknowledge that and even how we are changed by what we do.

Concretely, what I've been experimenting with lately and even recommending, especially to nurses, is forming a habit that involves washing hands, deep breathing and an affirmation. It goes like this: as you enter or leave a patient's room and wash or gel your hands, take a deep breath, hold it for just 3 seconds and then consciously release it. To thicken the plot, as you breathe in, imagine that you can breathe in peace/compassion/relief for yourself; let it "sink in" as you pause the 3 seconds before you release the breath. As you breathe out, practice releasing anything on any level (physical, mental, emotional, spiritual) that is cluttering your body or inner landscape or fatiguing your body, mind or heart. I find that the more often I do it, the more effective it is (especially if I remember to breathe out of my shoulders, where I hold the most tension).

Would love to hear, if you try the above, if it or some permutation of it is effective for you. And remember, there's a guided relaxation waiting for you at ext. 72149, press 2.

Wishing you energized peace,
Fran Glowinski, osf
Pastoral Care and Education



"Going Magnet is a wonderful opportunity to enjoy the experiences that make Loyola nursing so valued and we look for ways to celebrate nursing excellence in patient care."

-Deborah A. Jasovskv PhD, RN, CNAA, BC

Council Updates: **Magnet Force 1,3,5,6,7,8,9,12 and 14**

Nursing Education and Professional Development Council (NEPDC) Barb Hering RNC, MSN, APN/CNS

The Special Edition of "Nurse Link" issued on March 4, 2008 featured the Nursing Excellence Awards program. This newsletter is a wonderful way to keep up with all the nursing news at Loyola.

The Education Stipend benefit is here for you! For criteria and application, you can download all the information on the internet @ www.LoyolaMedicine/feature/nursing. Questions, comments or suggestions, please contact Barb Hering, RNC (NICU) at bhering@lumc.edu.

The Council is busy developing the Nursing Standards into e-learning modules. The Nursing Code of Ethics module is in the final stages of development and will be available to you soon. Work on the next nursing standard, the Nurse Practice Act, is in progress at this time.

Our mission is to help fulfill your educational and professional development. Please feel free to contact us **with any suggestions! This is your Council and your input is always welcome**

Nursing Professional Practice Council (NPPC)-Kathy Przybyl, BSN, CCRN

The Nursing Practice Council is proud to announce a "red carpet event"-the premier of Nursing Grand Rounds on **Wednesday, May 7**. The program, *What's "Bugging" Our Patients-MRSA and Infection Control Updates* starring Dr. Jorge Parada, is timed to coincide with the activities of Nurse's Week. Grand Rounds will be held in the EMS Building, Room 6274, from 1030-1130. CEUs will be awarded for the program and refreshments will be served. Further topics are under development for presentation on a quarterly basis and will be announced in the future. Everyone is invited and encouraged to attend!

Nursing Research and Evidence Based Practice Council (NREBPC) Co-Chairs: Mary Morrow PhD, APRN, BC & Pam Clementi PhD, APRN, BC

This has been a very busy quarter for the Research Council with many new initiatives, exciting plans for the future and new members.

Research Council Continued on Page 10

Nursing Quality & Safety Council (NQSC)

Judy Mc Hugh, RN, MSN, Carmen Barc, RN, BSN

The Nursing Quality and Safety Council, Restraint/Fall Reduction, RN Documentation and IRT Nurses Liaison Committees celebrated their quality project accomplishments at the annual Christmas Thank You Celebration on December 5, 2007. This meeting included lunch, inspirational messages, guest speakers, sharing of project ideas, and raffle prizes as well as brainstorming exercises. Members identified and shared three quality/safety projects or programs that they or their unit participated in to improve patient safety and quality during 2007. The projects were posted on holly leaves that filled a Christmas wreath. The wreath was presented to the Chief Nurse Executive, Paula Hindle, and Associate Chief Nurse Executive, Debbie Jasovskv, at the meeting. The inspirational message by VP of Pastoral Care tied the symbolism of the wreath and round shape to how projects come full circle (Magnet Force 7).



L to R Paula Hindle, Carmen Barc, Janice Hart, Judy Mc Hugh, Barb Rumick, Debbie Jasovskv, and Nancy Forcier

Also, visit the Virtual Room of Safety! This actual presentation of an adult med-surg or pediatric ambulatory setting is now available for viewing in an e-learning module. Completion of the e-learning module will enable your name to be entered into a raffle to win!

In e-learning, Enroll in CBL
Select: Fairs for Curriculum
Select appropriate 2008 Safety Fair safety setting
Enjoy and Good luck!

This is our 3rd Annual Safety Room. 2008. We continually find innovative ways to teach and test nursing staff about quality and patient safety goals and standards. These initiatives meet the Nursing Magnet Force 6.

We would like to congratulate the Nurse Safety Room members: Barb Rumick, Patty Parsons, Theresa Pavone, Diana Matz, Nancy Forcier, Judy Mc Hugh, Dian Gruber, Amy Cook, Martha Jones, Becky Badgero, Greg Klitz, Jeanne Sadlick, and LUHS Video Development Crew on a wonderful job.

Diversity, Nursing and The Goal

Magnet Force 6, 8, and 14

Mark A. Cerkenik, MSW, MBA Director, Organizational Development

Diversity is an essential competency in two different contexts related to the nursing profession, patient diversity and team diversity.

First, we treat patients of diverse ethnic backgrounds and belief systems. A brief review of websites on culturally specific nursing care led me to, "Transcultural Nursing" which is "a humanistic and scientific area of formal study and practice in nursing which is focused upon differences and similarities among cultures with respect to human care, health, and illness based upon the people's cultural values, beliefs, and practices, and to use this knowledge to provide cultural specific or culturally congruent nursing care to people"¹ Two additional references may be of interest to you, "Mexican & Mexican-Americans: Health Beliefs & Practices"² and "The Providers Guide"³ which hosts a quiz where you can examine your own cultural competency.

The second context of diversity related to the nursing profession is teamwork diversity. Think of a really great team, who comes to mind? The 1985 Super Bowl Champion Chicago Bears, the 6 time World Champion Chicago Bulls, the 2005 World Series Champion Chicago White Sox. Why were these teams great? They consisted of exceptional leaders, great players, superior communication and people who understood their role. All of these teams had highly skilled professionals from diverse backgrounds, and each understood their role in reaching the goal.

Nursing teams likewise are comprised of highly skilled professionals from diverse backgrounds; each person has a role in reaching the goal. The goal is providing exceptional patient care, patient safety and patient satisfaction. If our actions are not aligned with the goal then we either need to stop what we are doing or address and when possible remove the barriers that are getting in the way of reaching the goal.

Herein rests the biggest challenge for the nursing team; to speak openly, honestly and respectfully with team members when our colleagues' behaviors are not congruent with our expectations, they put their goals ahead of the goal or they impede our ability to provide exceptional patient care, patient safety and patient satisfaction.

The diversity of opinions, thoughts, background and training, the very element that makes for a great team is a natural incubator for conflict and barriers. Respect, in addition to being one of our MAGIS values is essential when it comes to diversity, addressing our similarities and differences and building a great team to reach the goal. I'm interested in your experience with diversity and how you contribute to the nursing team by respecting your colleagues' diversity. **Forward your thoughts and any question or comments to me at mcerkenik@lumc.edu and we'll include some in the next issue of Nurse Link.**

References

¹ "Cultural Diversity in Nursing"

<http://www.culturediversity.org/hisp.htm>

² "Mexican & Mexican-Americans: Health Beliefs & Practices"

http://www3.baylor.edu/~Charles_Kemp/hispanic_health.htm

³ "The Providers Guide"

<http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English&ggroup=&mgroup=>

The above websites provide information regarding different cultures.

Please visit them to test your knowledge on cultural competence.

Research Council Continuation from Page 9

Dr. Mary Walker, Dean of the Neihoff School of Nursing, Dr. Gloria Jacobson, Associate Professor at the Neihoff School of Nursing, Celeste Gambla RN, staff nurse on 4ICU, Rebecca Hahn RN, staff nurse on 4ICU and Amy Guess RN, ambulatory nurse in the Pediatric Clinic joined the Research Council this quarter.

The Research Council has initiated 3 new committees to help enculturate nursing research at Loyola. The new committees include the House Wide Research Project Committee, the Journal Club Committee and the Nursing Fellowship Committee. The focus of the House Wide Research Project is to educate the nursing staff about the research process while engaging the nursing staff in an actual research project. The Journal Club plans to select interesting nursing research studies and evidence based practice articles and provide an opportunity for nursing staff to learn the art and skill of reading and critiquing research and evidence based articles. Finally the Nursing Fellowship Committee is developing the program which will provide education and mentoring to a select number of nurses as they conduct a research study or engage in a quality project. Each of the committees has met several times and has plans to share their work in the near future.

The Research Council has energetically identified goals for the upcoming year. The goals include: to finalize the Nursing Research Fellowship program, to conduct a house wide research project, to present nursing research posters during nurses week, to create journal clubs to analyzing research and evidence based practice articles as a group, to open the PhD group to PhD students, to improve communication by updating the website, to present nursing research at the Palmer Research Symposium, to encourage nurses to present and publish their work outside of Loyola, to expand the capacity in which the research council utilizes the internet/intranet to relay information/opportunities, and to continue to gather evidence for Magnet Force 6.

Dr. Karen Saben presented her doctoral research, Expectations and Quality of Life of Patients Undergoing Lumbar Spinal Surgery at the March Research Tea, with our largest attendance yet!

Hospital Tower: Reflection

Fr. Larry Reuter, S.J.

Magnet Force 2,5,6,8, and 13

As you look around the new Hospital Tower, check out the subtle architectural details provided by Pratt Design Studio, Ltd. For instance, embedded in the stone work and glass panels is a design resembling a shield and a sword. The architect explained that he deliberately included them to evoke the spirit of St. Ignatius Loyola who laid down his sword and shield before God as he traded his life as a soldier for that of a religious pilgrim. A shield is used for protection – our work in health care marshals all available modern healthcare therapies to protect our patients from disease and to restore them to health.



At the base of the water wall in the new Considine Atrium, you will find bronze letters with a phrase from the gospel of John. It reads: “Only say the word and I shall be healed.” [This phrase complements two other LUHS phrases that capture Loyola’s unique mission in healthcare. These are the familiar “We also treat the human spirit” and “I was ill and you cared for me” (Matt 25), which appears on the wall in the SSOM Atrium.

“Only say the word and I shall be healed” echoes the prayer of a Roman soldier who brings his servant to Jesus for healing. It will soon become the prayer of so many patients and their families who arrive at this new Hospital Tower (and indeed any of Loyola’s facilities) for healing of their body, their mind, their human spirit.

It is the trust and the faith of the soldier that matter most as he places his servant in Jesus’ hands. You and I know that it is our faith, our trust that really matter as we place in God’s hands the struggles of our own lives, the hopes we have for the patients we treat each day, our dreams and desires for our own families and loved ones.

The opening of the new Hospital Tower offers each of us at Loyola the opportunity to re-commit our professional lives and personal energies to Loyola’s mission, as together “we also treat the human spirit.”

Continued employment applications are being accepted for the Hospital Expansion. Employees are able to apply for transfers using the current online application process at <http://loyolatransfers.lumc.edu>. The new units are Nursing HVC 4 (Surgical) and Nursing HVC5 (Cardiology). Positions to be filled on these units are Registered Nurses, Patient Care Technicians and Service Coordinators.

Nursing Education: CEU Programs

Magnet Force: 7 and 9

Grand Rounds: What’s “Bugging” Our Patients-
MRSA and Infection Control Updates by J. Parada
EMS Building, Room 6274
1030-1130
Wednesday, May 7, 2008
One CEU

Understanding TIAs

SSOM, Room 150
12:00-1:00 PM
Tuesday, May 27, 2008
One CEU

Emergency Care Conference

Tobin Hall, Room 190
7:30 AM- 3:30 PM
Saturday, June 7, 2008
CEU TBD

Trauma Pearls

To be scheduled Fall 2008



We Are Looking For Writers:

Magnet Force: 9

Add diversity to your professional activities, inform your nursing colleagues or share your nursing reflections. Please contact Theresa Pavone at tpavone@lumc.edu for further information.

A great way for clinical ladder

Executive Editor: Deborah A. Jasovsky
Managing Editor: Theresa Pavone, Linda Flemm
Design and Layout: Linda Flemm, Theresa Pavone
Contributors: Mark A. Cerkenik and Fran Glowinski