

# Loyola Nursing

Newsletter

Issue 1

March 2007

## The Journey To Magnet Status

by Sue Flores. RN. MSN

### What is Magnet Certification?

Magnet is the highest level of recognition a hospital can achieve for excellence in nursing and is considered the gold standard in the nursing world. Although Magnet recognition is awarded for excellence in nursing services, its benefits extend to the patient and the organization.

Magnet Certification recognizes excellence in nursing practices, quality patient care and excellent clinical outcomes.

### What is the History of Magnet Certification?

During the nursing shortage of the 1980's, the American Academy of Nursing conducted a national research study to identify hospitals that had high retention rates and were able to recruit nurses despite the nursing shortage (McClure, Poulin, Sovie, & Wandelt, 2002). The study identified organizational and nursing administration characteristics that could be responsible for success. Forty-one hospitals were selected as Magnet hospitals based on their ability to attract and retain nurses. These forty-one hospitals demonstrated the following characteristics:

- The Chief Nurse Executive was a member of the highest decision-making body in the organization.
- Nursing was organized with minimal layers of hierarchy.
- Decision-making related to staffing and patient care included staff nurses at the nursing unit level.
- Administration supported the nurses' decisions regarding patient care.
- Good communication existed between nurses and physicians.
- There was evidence of enhanced patient and nurse outcomes.

In 1991 the American Nurses Credentialing Center (ANCC) was established to provide a formal process known as the Magnet Recognition Program to which hospitals could apply to be recognized as a center of nursing excellence.

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**Submit Nursing Newsletter Names  
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## **MAGNET**

### **What Hospitals are Magnet Certified?**

In 1994, the University of Washington Medical Center in Seattle became the first hospital to be awarded Magnet recognition under the ANCC process. In 2007, more than 3 percent of the nearly 6,000 hospitals have achieved Magnet status; 14 of the hospitals are in Illinois. They are:

- Advocate Christ Medical Center
- Advocate Lutheran General Hospital
- Children's Memorial Medical Center
- Delnor-Community Hospital
- Edward Hospital & Health Services
- Memorial Medical Center
- Methodist Medical Center of Illinois
- Northwest Community Hospital
- Northwestern Memorial Hospital
- OSF Saint Anthony Medical Center
- OSF Saint Francis Medical Center
- Rehabilitation Institute of Chicago
- Rush University Medical Center
- The University of Chicago Medical Center

### **How are Hospitals Measured for Magnet Certification?**

There are **14 Forces of Magnetism**. These are:

- Quality of Nursing Leadership
- Organizational Structure
- Management Style
- Personnel Policies and Programs
- Professional Models of Care
- Quality of Care
- Quality Improvement
- Consultation and Resources
- Autonomy
- Community and the Hospital
- Nurses as Teachers
- Image of Nursing
- Interdisciplinary Relationships
- Professional Development

If a hospital has been awarded Magnet certification by the ANCC, then the hospital has shown Full Expression of the 14 Forces of Magnetism.

(MAGNET continued on page 3)

## **CNO's Corner**

March 2007

Dear Staff Members:

I'm excited to welcome you to the first issue of our Loyola Nursing Newsletter. The newsletter is brought to you by our Nursing Education & Professional Development (NEPD) Council and will be published four to six times a year.

It was developed in response to feedback from you, our nurses — feedback that was received during our Magnet Gap Analysis and Portraits of Excellence meetings. In those sessions many of you, particularly those of you in ambulatory, told us that you felt isolated from your peers. You also told us that we needed to identify ways to better inform you about what was going on with nursing across the system.

Our specific goals in publishing the newsletter are to:

- **Communicate** — by sharing information of interest to nurses across the system
- **Educate** — by providing you information about Magnet and Nurse Sensitive Quality Indicators
- **Celebrate** — by highlighting the achievements of departments and individual nurses
- **Disseminate** — by providing you with a calendar of upcoming events
- **Update** — by showcasing new initiatives and changes system-wide
- **Motivate** — by getting people excited about Magnet and what nursing is doing across the system.

You'll also notice that the newsletter is currently unnamed. This was a conscious decision on the part of the NEPD Council because they want to give you an opportunity to suggest a name. Later in this issue, you'll see a *Name Our Newsletter Contest* described. I hope many of you will consider putting your creative energies into submitting a unique name for our newsletter!

Lastly, I hope you enjoy the newsletter. Please take a few minutes after reading it to provide the NEPD Council with feedback about this first issue and how to make it even better in the future.

Happy reading!  
Paula

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# Nursing Care in Dermatology: Much More Than Skin Deep

Fran Vlasses, PhD, RN

To understand nursing practice in dermatology, you must first put aside any ideas about an office visit for acne. In fact, the dermatology clinic at Loyola Family Health Center LaGrange serves individuals across the lifespan with complex health problems. Marsha Moran, RN, Coordinator, explains that, as the practice of dermatology has grown, nursing has become more sophisticated. This procedure-based service is growing since their move to LaGrange. Besides skin cancer and melanoma, the clinic serves individuals with problems related to hepatic and renal disease, HIV, drug reactions, organ transplants and pregnancy. In addition the clinic supports active cosmetic interventions and has specialists in the care of ethnic skin problems and the MOHS' procedure. MOHS' is a procedure to verify that all of skin cancer is removed without taking extra skin.

The breadth of services and patient problems requires nursing expertise from the first phone contact with a worried patient. Unlike many dermatology practices, our Loyola clinic prides itself on arranging initial appointments based on patient need within two weeks. First visits are important — a strong partnership with the patient is established quickly out of necessity. This partnership must serve as the vehicle to support the patient through their care. Diagnostic procedures are done on the first visit and often result in as many as 30 biopsies a day. Each sample receives priority handling. Each patient is treated as an individual with respect, privacy, education and support.

Marsha believes patients do better if they are relaxed. This may not be easy since patients with dermatological problems may have fears about life-threatening diseases, permanent changes in appearance and/or diagnostic

procedures. Decreasing anxiety is the standard of care for this clinic. The nurse-patient relationship and the clinic environment are geared to comfort and support. A relaxed patient can understand important health information and be better prepared for pain management.

The relationship with patients goes well beyond the clinic walls. Direct phone call follow-up occurs with most patients. Marsha, for example, works 7 a.m.-7 p.m. in order to reach her patients who are anxious to hear results. Marsha estimates that she handles as many as 250 calls a week. These calls include results consultation, careful discussion of next steps, scheduling treatment and referrals, and education and support.

Perfectionistic, detailed, broad-based clinical competence as well as the construction and protection of the patient-nurse relationship are the characteristics of excellence in dermatology. Marsha is insistent that this is achieved through the work of a strong interdisciplinary team. In fact this same team worked side by side with her through one weekend to move the clinic; unpacking in time to re-open at the new location by Monday morning.

Like so much of nursing, dermatology practice can be invisible. However, you will find a complex, progressive and challenging specialty with Loyola's expert staff guiding you through it!

For more information contact Marsha Moran, RN, 5-1271

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## **MAGNET**

### **What are the Steps to Certification?**

1. Perform a Gap Analysis. Loyola completed its Gap Analysis in January 2006.
2. Educate the organization. The Portraits of Excellence inservices began the education process.
3. Develop a work plan for the gaps identified during the analysis. Completed in March 2006.
4. Submit the application. Submitted June 30, 2006.
5. Prepare the written document for submissions to the ANCC. The process began in March 2006 and will continue through 2007.
6. Prepare for the ANCC site survey. Goal for Survey: March 2008.
7. Prepare for recertification every four years. Provide annual documentation.

### **How Long Does it Take to Achieve Magnet Certification?**

The Magnet process can take anywhere from two to four years or longer from idea generation to site visit. It can be challenging to implement a shared decision-making model, stay focused, meet deadlines and keep energized over this period.

### **Next Steps**

The Journey to Magnet Certification is a journey for the entire organization. Teamwork, patience, dedication, and respect across the entire organization are important to obtaining Magnet Certification.

Your involvement begins today.

*Turkel, Marian C., Magnet Status: Assessing, Pursuing, and Achieving Nursing Excellence. Marblehead, MA: hcPro, Inc. 2004.*

# Loyola's Nursing Clinical Ladder: Where are We Today?

By Sandy Swanson, RN, BSN, MSOD

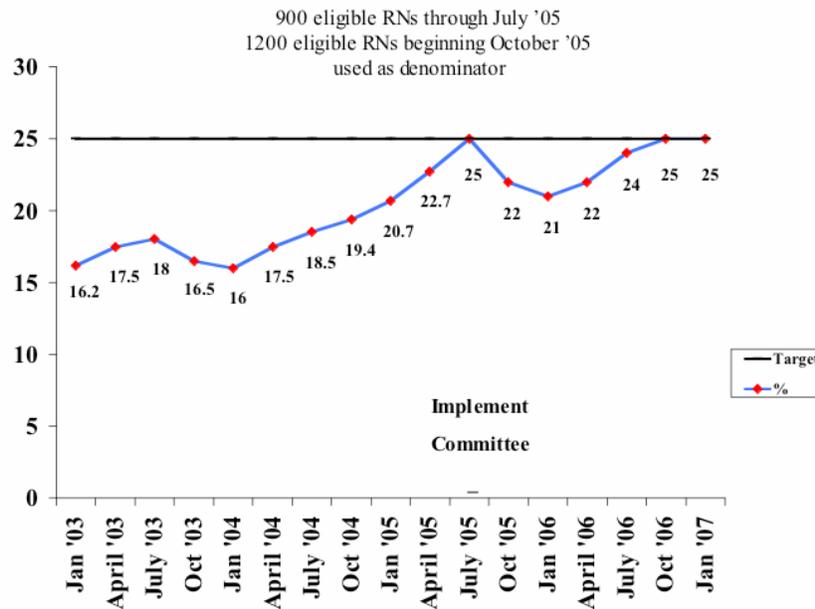
The Loyola Nursing Clinical Ladder was developed by our nurses in 2000-2001. We opened the process for participation in August 2001. Since that time the clinical ladder has grown, changed in response to staff feedback and impacted our culture and our care. We continue to seek ways to enhance the program. We have added the Clinical Ladder

Ambassadors to provide assistance to each staff nurse in developing his or her professional portfolio to seek advancement in the Clinical Ladder. We have streamlined the reapplication process for those who wish to remain at the same level. We have added and clarified criteria as practice has changed over the years and as staff nurse expertise

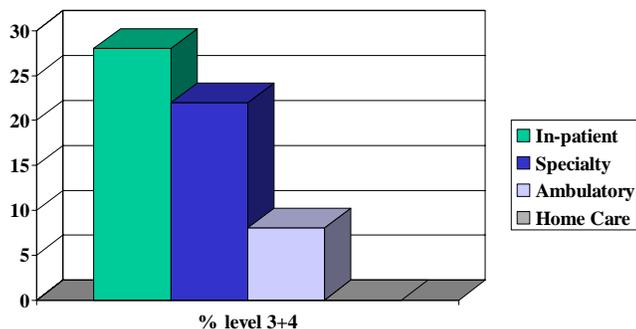
and involvement have grown.

At this time we wanted to share with you some graphs to show how much the clinical ladder has grown. We have made significant progress, and we still have work to do. Thank you to all of the folks who are so actively engaged in enhancing the care of our patients and documenting their own professional development. Congratulations!

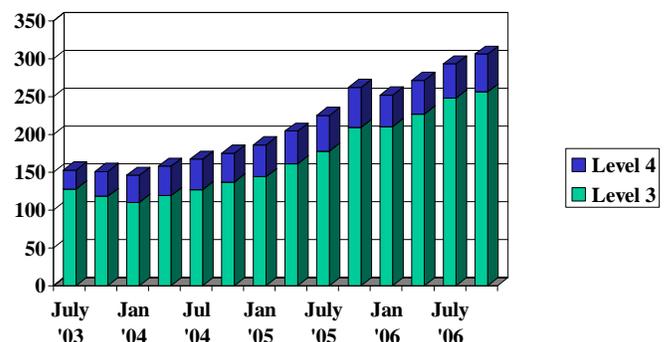
## Clinical Ladder Participation



### Percent of Eligible by Area



### Total Level 3 & 4 Participants



### 3 NE/SW: The Heart of the Hospital

By Theresa Pavone, RN, MSN

Treat others with respect! Hold each other accountable! These are just a few of the ground rules set down by staff, for staff on 3NE/SW. You may have heard a similar theme recently in the Positive Patient Encounter Class. 3NE/SW staff established their ground rules more than three years ago. Following these ground rules, having heart dealing with patients and each other, as well as caring for the physiological hearts of their patients, helped the unit become known as the heart of the hospital.

3NE/SW is a med surg telemetry unit, caring for many cardiology and cardiovascular-thoracic surgery patients as well as patients with a wide variety of other diagnoses such as pneumonias, fractures, abdominal surgeries and cancers. Most of the 67 patients on the unit require cardiac monitoring. In addition to closely observing the rhythms of these patients, the monitor techs watch the remote telemetry of 12 additional patients on 7S and eight patients on 2E, keeping the nurse caring for the patient informed.

Shared decision making is a concept currently being encouraged at Loyola. The 3NE/SW staff can cite many examples of the benefits experienced when they have utilized this method. Once upon a time, missing equipment was a big problem. By defining certain guidelines, holding each other accountable and having respect for the unit there was a wonderful outcome: enough thermometers, accu-checks and blood pressure manometers for all.

A scheduling committee was developed which has allowed for self-scheduling using shared decision making. Additional shared decisions by the group involve education documentation, database use and management of new admissions. All projects are followed up with an audit which is reported to the group.

Patient safety is a major goal of all staff and administration. The 3NE/SW fall/restraint liaisons have been busy working on safety issues. Posters for the new restraint policy were presented at the Annual Patient Safety Fair held in early March. A realistic scene was created for the fair. If you did not see it, log on to [loyola.wired](http://loyola.wired) to discover the scene and try to identify the patient safety risks represented. The 3NE/SW Diabetic Education Committee was recognized at the Annual Quality Fairs in 2005 and 2006, for their work providing accu-check equipment and education, helping decrease patient length of stay.

3NE/SW coordinates care with the Cardiac Rehab team. Cardiac Rehab offers patient guidance and support regarding exercise, healthy heart choices and smoking cessation. Cardiac Rehab Services are available to any unit through consult.

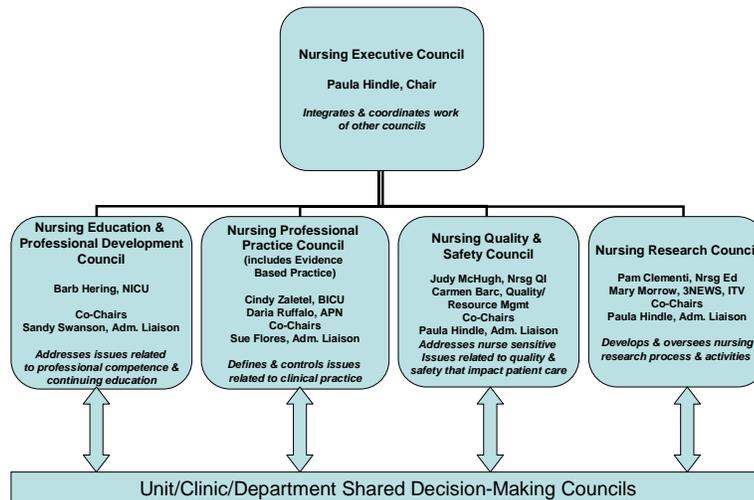
The Interventional Unit (ITV) is located in the 3NE/SW area. These nurses are skilled in caring for patients after cath lab procedures such as angioplasties and stents. Although the unit and staff are separate, each can depend on the other to work as a team when a need arises.

Great team work occurs on 3NE/SW. Manager Mary Morrow, APN, PhD, recently completed her doctorate. The unit strength and caring ways will grow as Mary continues to share her philosophy of "patient feeling unsure". Two recently appointed assistant managers, Daisy Buado and Stacy Hubert add leadership to further strengthen the team. 3NE/SW is fortunate to have their own staff educator, Teresa Pavone, RN, MSN, who supports the team with new knowledge and facilitates change. 3NE/SW has what it takes to provide heart to the hospital and uses the opportunities well.



**Shared Decision Making** at Loyola University Health System is a professional practice process designed to foster sustainable, accountability-based decision making to support excellence in patient care.

To facilitate this shared decision making there have been four councils developed across the health system. In this newsletter we are introducing each of these Councils and will continue to use the Loyola Nursing newsletter to keep you informed about what is happening with professional nursing at Loyola through these councils. The council structure is represented by this graph:



## Nursing Education and Professional Development Council

By Barb Hering, RN, MSN

It is wonderful to be included in the first edition of the Loyola Nursing newsletter soon to have a different name. We are the members of the nursing education and professional development council and we would like to tell you a little bit about our council. As with the other councils, our members are staff nurses from all areas of Loyola in-patient, outpatient, School of Nursing and satellite centers. Our purpose is to support and facilitate nursing education and professional nursing development throughout Loyola. We plan to do this in several ways including planning to oversee educational needs assessment for Loyola and developing annual goals for education and certification. We also will review all education offerings to ensure they are based on evidenced-based practice and follow standards of professional practice.

Our current priorities include development of this nursing newsletter. We feel this newsletter can be a vehicle for communication among nursing staff from all areas of Loyola. With it, we can share ideas, projects and practice initiatives with each other. The council also is working on developing a plan and process to encourage Loyola nurses to pursue certification. We can help staff nurses who strive to improve their practice by supporting certification by offering review courses and supporting testing costs. We also are working on developing a monetary educational stipend that would help staff pay for seminars, books, journal subscription and/or certification tests.

As with the other councils, we also will be collecting information on our nurses' initiatives and programs that are examples of Magnet forces as part of our commitment to obtaining Magnet certification. We are primarily involved with Magnet force 11 – nurses as teachers, and 14 - professional development. Thanks so much for the opportunity to share our purposes and goals with you.

Dear Loyola Nurses,

In keeping with the Magnet goals for Loyola, the Nursing Education and Professional Development Council is creating a Loyola Nursing Newsletter. Its purpose is to be a vehicle for disseminating information regarding nursing practice throughout Loyola and our quest for Magnet status. It will be electronically published every other month and located within the Loyola Nursing Web site. The newsletter will contain timely articles from Paula Hindle; Portraits of Excellence articles featuring inpatient and outpatient units within Loyola; progress reports on meeting our Magnet goals; and an overview of the accomplishments of each of the four Magnet Practice councils.

We are seeking a unique name for the newsletter. Our goal is for all nursing staff to have the opportunity to name our newsletter. We hope this will be a positive way to introduce the newsletter to the Loyola nursing staff. Each nurse may submit a recommended name. The prize, a \$200 education stipend to be used for a conference, books, journal subscription or classes to advance professional development, will be awarded to the winner. **The deadline for submission is April 10, 2007.**

Thank you for your participation.

Sincerely,

The Nursing Education and Professional Development Council

## **Nursing Professional Practice Council**

*By Daria Ruffolo, RN, MSN*

The NPPC is proud to represent in providing a venue to facilitate excellence in care delivery to our patients. To date the council has 35 members with representatives from the hospital, outpatient settings and satellites. Cindy Zaletel and Daria Ruffolo co-chair with committee with Sue Flores as the administrative liaison. The NPPC has been given the responsibility to ensure consistent, evidence-based practice across the health-care system. It is the vision of this committee to see nursing at Loyola become a role model for excellence in care and to ensure the compliance with these standards as we move to Magnet status.

To date we have met four times and have moved forward with some exciting projects. An initial Gap Analysis was completed to see where members felt there was a need for clarification as we pursued the Forces of a Magnetism applicable to our committee. We have compiled a listing of nursing subspecialty evidenced-based standards of care and will compile a library that will be readily available for nurses to access within the health-care system. Additionally, we have organized a number of working subcommittees that will look at things such as bariatric patient-care issues, oral care, eye care, care of the patient in pain, revision of the nursing job description and the Epic Nursing Documentation. We are busy making a difference.

## **Building a Safe Health-care Environment through the Nursing Quality & Safety Council**

*By Judy McHugh, RN, MSN*

The Quality & Safety Council is just beginning to build momentum. To pave the way to Magnet designation, Loyola has developed this Council to address two of the magnet standards. Within Magnet Force 6, Quality of Care, the nurses must recognize how their direct patient or supportive roles are critical to our ability to provide excellence in care. Force 7, Quality Improvement, has processes in place that are proven to improve the quality of care delivered in all patient-care settings and the quality of services provided in non-patient care departments.

The Quality & Safety Council has been charged with setting nursing quality and safety priorities including: meeting the Magnet Standards by developing a nursing quality and safety plan, ensuring evidence-based practices into nursing performance improvement activities, participating with national benchmarking databases which allows us to benchmark ourselves against similar type hospitals and units with nurse sensitive indicators, and incorporating critical-thinking components into quality improvement projects and liaison committee meetings. The council also is charged with developing a unit/department specific quality and safety dashboard. Council representatives include faculty from Loyola's Niehoff School of Nursing, nursing administration, and staff from units, clinics and procedural areas.

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## **Nursing Research Council**

*By Mary Morrow, RN, PhD*

The nursing research council is on its way to creating a culture of nursing research at Loyola.

The council has been charged with developing and maintaining a master list of all research projects currently being conducted by nursing, identifying completed nursing research projects, mentoring staff to ensure compliance with Magnet standards related to research and evidenced-based practice (EBP), collecting written documentation related to research and EBP, overseeing implementation of a journal club process, identifying and implementing an EBP model for Loyola, developing and overseeing the process for conducting research and EBP within nursing services across Loyola, ensuring that all nursing protocols are evidenced based, and developing and implementing a plan for staff education and development in relation to research and EBP. The council has representation from staff across the system including faculty from Loyola's Niehoff School of Nursing. Members include: Pam Clementi and Mary Morrow (co-chairs), Ida Androwich, Christine Bollier, Sherry Blatti, Patricia Braun, Patricia Cavaliere, Henry Cheung, Susan Finn, Patti Friend, Melissa Hallman, Carolyn Hendry, Nancy Hogan, Pat Hummel, Yeewan Kao, Jessy Koster, Rose Lach, Cindi LaPorte, Dawn Mack, Amy Perrin-Ross, Ceil Petrowsky, Anne Porter, Michelle Ragasa, Erika Sharpnack Elganzouri, Jeanne Sadlik and Tom Bartenfelder.

If you have completed or are currently involved in a nursing research project, please contact Pam Clementi at 6-9515 or Mary Morrow at 6-4484 so we can include your work on our master list. Nurses with a clinical question or who are interested in turning a quality project into research are encouraged to think about pursuing a nursing research project.

If you have an interest in conducting a research project or have a question you would like to pursue, watch for further details about our Research Teas coming this April. Members of the council will be present to help you explore your research ideas. It is an exciting time as we embrace a culture of nursing research at Loyola. Watch for future educational and participative research activities!

# Name the Nursing Newsletter

**Grand Prize: \$200 Education Stipend**

Name for Newsletter: \_\_\_\_\_

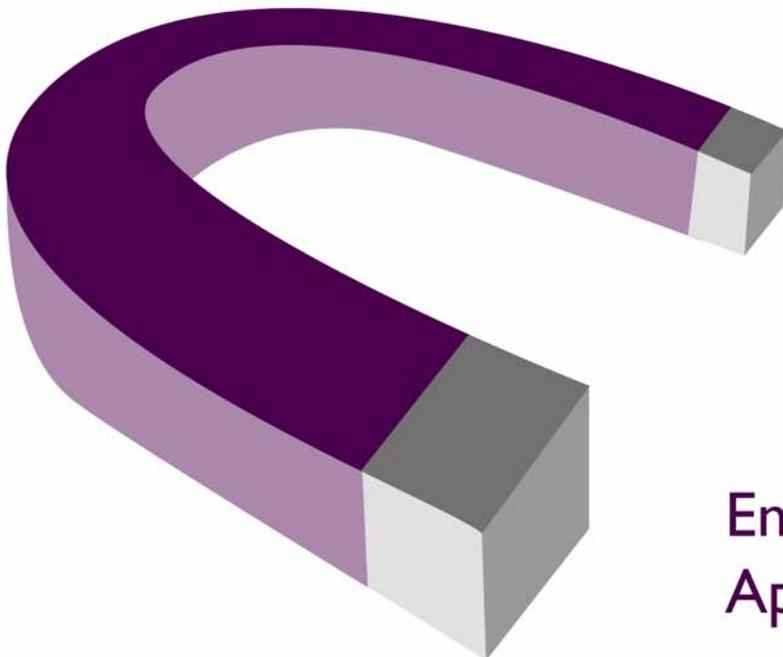
Name of Contestant: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Send entry to:**

Lucy Carbonaro,  
Loyola University Hospital 1381  
lcarbon@lumc.edu  
Fax: 6-3524



**Entry Deadline:  
April 10, 2007**