



Nurse Link

Volume 2 Issue 4

August 2008

11th Annual Quality & Safety Fair *Magnet Force: 1,2,6,7,8,9,11,12,13 and 14*

Mary Altier, MSN, RN

The 2008 Quality & Safety Fair, "Quality and You: Celebrating Success" was held on June 9th and 10th, in the Stritch School of Medicine. This fair provided an opportunity for faculty and staff to celebrate quality and patient safety throughout the health system.

The fair offered an excellent opportunity for faculty and staff to:

- present project storyboards that display quality and safety improvement processes with significant outcomes
- network with colleagues to gain insights, practical knowledge and encouragement to address quality and safety issues in care and service
- learn about the quality improvement strategies, safety practices, and change management techniques used by project team members
- recognize the achievements of outstanding quality improvement teams

This year twenty-eight projects were presented including system-wide projects and department specific projects. Project topics included implementation of evidence-based clinical practice guidelines, prevention of adverse events, and improvement of service and cost effectiveness.

As the fair is a celebration of achievement in quality improvement, there were several opportunities for awards. Senior leadership selected seven projects for monetary awards and fair attendees voted for the "people's choice awards". Storyboard teams also received participation awards. Team members enthusiastically shared the details of their projects with all who attended the fair. Participants were treated to refreshments, raffle prizes, and box lunches. Fair participation was the highest ever with over 900 attendees over the two days.

New to the fair this year was the identification of the 14 Forces of Magnetism in the projects that exemplified excellence in nursing practices, quality patient care and admirable clinical outcomes. Several project teams, lead by nurses, identified how their projects incorporated the 14 Forces of Magnetism in their daily work.

This year the fair featured two guest speakers. Mr. Doug Wojcieszak, Director of *The Sorry Works!* Coalition, an organization that advocates full-disclosure as a middle ground solution after an adverse event occurs or bad outcomes are experienced by patients and their families. Mr. Wojcieszak emphasizes what patients and their families' desire most is honesty, accountability, communication and a real commitment to fix problems. Mr. Allen Schwartz, J.D., a plaintiff's attorney discussed specific disparaging factors and behaviors physicians and hospitals exhibit when unanticipated outcomes occur that influence patients/families to seek plaintiff's counsel.

We applaud all the participants' efforts and congratulate the winners of the 2008 Quality and Safety Fair. Be sure to visit the Center for Clinical Effectiveness website at (www.luhs.org/depts/cce) to view all the 2008 storyboard presentations. Please contact the staff of the CCE at X63290 with any quality improvement concerns or needs.

And the 2008 Quality and Safety storyboard winners are...

Quality & Safety Fair continued on Page 2

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Magnet Force: 1



I hope you all have an opportunity to enjoy the lovely summer weather we are experiencing. The summer is the beginning of a new fiscal year for us and we continue to be very busy at the hospital. I recently had first hand experience as a patient in multiple outpatient areas that eventually led to an inpatient admission for surgery. I want to thank all the nurses, PCTs and staff that I encountered for the wonderful care I received.

The experience drove home the importance of all our patient satisfaction initiatives. I was struck by the role anxiety had on my ability to remember all the information given, as well as the names of the numerous people that cared for me. This experience has reinforced the importance of all the components we created in our Positive Patient Encounter Program and our MAGIS program. Knowing that either the nurse or the PCT would round hourly was reassuring and though, I did not have as many needs for assistance as many of our patients, I did think of what it would be like if I needed more assistance. The attention staff gave in assessing my post-op pain was excellent. The staff also managed the transition from a PCA pump to oral medication flawlessly, which I appreciated as it was an area identified for improvement from prior patient focus groups.

As a patient on Tower 4, I also got to experience the new patient/family centered model of care. One of the components of the model is to conduct the change of shift of report at the bedside with the patient. I really liked this new experience! It was an opportunity for me to ask the nurses questions and to learn what was the plan of care for the day. I loved that interaction time because of the difficulty experienced in retaining everything I was told. It was especially difficult to remember the names of each person that I met from the SAC to the OR to the nursing unit. I do not think we can underestimate the need to repeat information especially by introducing ourselves and our role to patients each day.

I am very interested in looking at the quality measures for the new Magis model of care. These measures include patient satisfaction at the top 10 percentile, zero nosocomial pressure ulcers, and also patient falls. The early data for patient satisfaction shows that we are reaching that goal. Our data from the National Database for Nursing Quality Indicators will not be available for a complete quarter until the fall, but I am optimistic that we will meet our targets. Achieving these goals is very important since our patient satisfaction data is now reported publicly and in addition, we will not be reimbursed for all care provided for patient falls with injury and for nosocomial pressure ulcers as of October, 2008.

As we assess the data from the new model of care, we will share that information with you through multiple mechanisms. Again, I want to thank all the staff who cared for me as a patient. You made a difficult experience easier and more comforting. Thank you!

2008 Storyboard Award Winners

Quality & Safety Fair continuation from Page 1

Category	Place	Title
System Wide- multi-departmental, high system-wide priority projects	1st	<i>Decreasing MRSA Through an Active Surveillance Program</i> Team Members: Infection Control Department
Safety - Improved safety for patients and staff	1st	<i>Telemedicine in Pediatrics: Assessment of Critical Care Patients</i> Team Members: Pediatrics
Clinical Outcomes & Resource Utilization - Improved clinical or service quality	1st	<i>Reduction of Elective Labor Inductions</i> Team Members: Labor and Delivery
Operations Improvement - Improved operations (physician practice, departmental, operational, and other support services)	1st	<i>LUHS Tissue Services</i> Team Members: Operative Services and the Oral Health Center
Magis - including patient, family, student, or employee satisfaction	1st	<i>Child Life as Adjunct to Sedation</i> Team Members: Pediatrics
	Honorable Mention	<i>Seemore the Owl, Part 2</i> Team Members: Neonatal Intensive Care
	Honorable Mention	<i>Reduction of Nosocomial Pressure Ulcers on 5 NEW</i> Team Members: 5 NEW

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

Julie Glen, MBA, RN and Sue Flores, MS, RN

Implementation: A Model of Self Sufficiency on May 6, 2008 in Verona, Wisconsin. Presentation described the use of the SuperUser Role for EPIC Inpatient MultiDoc Implementation in Oct/Nov 2007.

Daria C. Ruffolo RN MSN-CS CCRN ACNP:

A Day in the Life of a Trauma Nurse Career Day Morton High School, Cicero 5/15/08

Think Before You Drink Morton West High School, 5/20/08

Trauma Care: Putting the Pieces Together Daria with Jan Gillespie Midwest Critical Care Conference Chicago 3/11/08

Rapid Response Teams: Saving Lives Spectrum Job Fair Chicago March 14, 2008

Craniofacial Trauma: Philadelphia April 8-10, 2008

Exploring our window to the world Complex Radiograph Interpretation in Trauma

Managing the Airway in Trauma

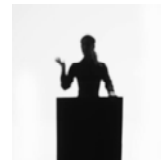
Anemia in Critical Care: When do our Patients Need Blood?

Trends in Critical Care

Surgery of the Presidents: How Would They Do Today? Critical Care Conference the Advocate System

Chicago April 16, 2008

Controversies in Trauma Resuscitation: Do We Really Need All That Fluid? NTI AACN National Conference May 5, 2008



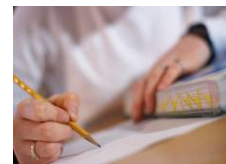
Becky Savastano, RN, BSN

TYB47 Innovative Initiative on June 20, 2008 in Dallas, Texas at the Transforming Care at the Bedside Meeting

Certification:

Maribeth Jabeguero, earned certification in Gastroenterology Registered Nurse (CGRN)

Catherine Stull, RN, PACU/ APS received her Pain Resource Nurse February 2008



Degree:

Whitney A. Henderson from 7SW received her BSN from Benedictine University

Nursing Week Fitness:

Winners of the hand grip contest held during the Nurses Week luncheon were Emily Vanderhorst of 4 ICU and Scottie Ware

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

“Creating a Community of Caring”- Kathy Przybyl, BSN, CCRN
Oakbrook Terrace in March 2008.

The keynote speaker was Dr. Jean Watson, a nurse theorist who developed her Theory of Caring in the early 1980s. Jean Watson is currently a distinguished professor of nursing and the Chair in Caring Science at the University of Colorado in Boulder. She is the founder of the Center for Human Caring at the university and has traveled extensively around the world to promote her Theory of Caring. Her theory focuses on carative factors and use of the caring process to help a person achieve health or a peaceful death. The theory has been updated with “caritas” processes which include developing and sustaining a helping-trusting relationship with patients, being supportive of the expression of feelings, engaging in genuine teaching-learning experiences, creating a healthy environment, and assisting with basic needs with a caring consciousness.

Jean Watson's Theory of Caring was incorporated into Loyola's new patient/family centered model of care which is being utilized in the new patient care towers.



Loyola Smoking Cessation Program “Quit For Good”

Cindy Mulhall, APRN

There are 45.1 million adult smokers in the United States. The most prevalent age for smoking is between 18-24 years of age. Smoking is the number one cause of preventable death in the United States. According to the American Heart Association (AHA) smoking triples the risk of dying from heart disease in middle-age men and women. As of January 2008, The State of Illinois has placed a smoking ban in all public places and requires smokers to be at least 15 feet away from the building entrance.

Loyola University Medical Center (LUMC) offers both: inpatient and outpatient “**Quit For Good**” smoking cessation program conducted by Cardiac Rehabilitation Department:

- **Inpatient smoking cessation program** – In Epic smoking cessation can be ordered by a physician, resident or nurse. The steps to be place the smoking cessation order are as follows:
 1. Select ORDER ENTRY
 2. Type in SMOKING
 3. Select the order.

This order selection will trigger an order to the Cardiac Rehab Department for a 1:1 counseling session. Please remember that it is important to screen the patient prior to placing the order to determine patient’s readiness to quit smoking tobacco.

- **Outpatient smoking cessation program** - is a 6 week outpatient program conducted three times a year, January, May and October. This program is a group program that provides moral support, methods of quit smoking, and ideas for changing behavior/routines. To facilitate the quit process the program also provides guidance in dietary choices and stress management. The Cardiac Rehab department also offers 1:1 outpatient smoking cessation sessions that is designed based on the individual’s needs. Patient’s can register for the group and individual classes through Central Scheduling (708) 216-8563 or for more information on these programs call (708) 216-0585.

In addition, the psychology department offers an outpatient smoking cessation program under the guidance of Dr. A. Halaris. The Comprehensive Smoking Cessation Clinic is a twelve week program that offers support from a group setting with nurse, psychologists, and psychiatrist managing the treatment plan. For further information on this program call (708) 216-5093.

Per UHC (University Hospital Consortium) the following core measures Pneumonia, Heart Failure, and Acute Myocardial Infarction (AMI) require documentation of smoking cessation if the patient has smoked cigarettes in the last twelve months prior to hospital arrival. Order Sets have been developed in Epic to ensure that smokers are captured for advisement against smoking. The following statement, “**for your good health and the health of your family. DO NOT USE TOBACCO PRODUCTS. CALL (708) 216-0585 for information on Loyola’s Smoking Cessation Class**” is part of the Epic documentation on the Discharge Instruction and Discharge Summary. For Core Measure data abstraction it is important that this statement not be eliminated from the DC instructions and DC summary to ensure that patients are appropriately advised against smoking.

Cardiac Rehabilitation Department

Barb Majcher, APRN

Cindy Mulhall, APRN

Ext. 64485 or 60585

Pager 11285

Nursing Research and Evidence Based Practice Council

(NREBPC) Co-Chairs: Mary Morrow PhD, APRN, BC & Pam Clementi PhD, APRN, BC

Research Presentations:

Lori Fewster-Thuente, RN, MSN presented her research entitled "Collaboration: A definition for the future defining nurse-physician collaboration."

Michelle Ragasa, BSN, RN attended the July Research Council Committee meeting to present the 3 NEWS' Transforming Care at the Bedside (TCAB) project entitled "TYB47 (Thank You Before Seven)." Becky Savastano, BSN, RN had presented this project at the National TCAB meeting in Dallas the previous month. The project involved communication between 3NEWS and the ED to encourage transferring patients before, rather than during, the change of shift.

The 20th Annual Ruth K. Palmer Research Symposium co-sponsored by Loyola University Chicago Niehoff School of Nursing, Nursing Services of Loyola University Health System, and the Alpha Beta Chapter of nursing's honor society, Sigma Theta Tau International was held this year at The Hyatt Lodge in Oak Brook Hills, IL. Over 60 nurses from LUHS attended the conference including Pamela Clementi, PHD, APRN, BC, FNP who presented her work *Patient Expectations During Health Care Encounters Theory: Research Findings*, and several RNs that submitted posters.

House-wide Research Project Committee:

The membership of this committee continues to increase and welcomes additional interested nurses to participate in the house wide 'Cookie Sampling' research project. This committee has been awarded a budget of \$250.00 to cover the cost of the research.

Details of the research continue to unfold as the committee member's work together on all aspects of the research project. It is projected that the research project will begin in September.

Journal Club Committee:

A Journal Club *presentation* was held in the Neurosurgery/Pain clinic. The initial focus of the Journal Club is to provide education about research while exploring research studies that are found in the literature. Additionally, the APN group will present a research study at their monthly meetings.

Fellowship Committee:

The Fellowship Committee has been granted a budget to support 5 nurses as they complete a research study. Plans are still under development for the Fellowship Program and will be shared in the near future.

Nurse's Week 2008: LUMC Nursing Research Poster Session Participants

- 1) *Burnout in Graduate Nursing Students* by Antoinette Borromeo, BSN, RN, Ashley Chadwick, BSN, RN, Maria Nardulli, BSN, RN, Kelli Nichols, BSN, RN, Holli Devon, PhD, RN
- 2) *Peripheral Nerve Hyperexcitability Syndrome (PNH) Associated with Voltage-Gated Potassium Channel (VGKC) Antibody (AB), managed with Therapeutic Plasma Exchange and Steroids-A Case Report* by Tes Bernardo, BSN, RN, Arlene Mensinga, BSN, RN, HP (ASCP), Catherine Shipp, BSN, RN, HP, (ASCP), Michael Merchant, MD, Phillip DeChristopher, MD, PhD.
- 3) *The Effect of Exercise on Overall Quality of Sleep* by Katie Eggerstedt, BSN, RN, Meg Kim, BSN, RN, Worawan Liwanag, BSN, RN, Rachel Marrs, BSN, RN, Holli Devon, PhD, RN
- 4) *Patient Expectations During Health Care Encounters Theory: Research Findings* by Pamela Clementi, PhD, APRN, BC, FNP
- 5) *Management of Hyperglycemia in Adult Hospitalized Patients* by Rita Vercruysse, MSN, RN
- 6) *Hypertension: Just the Facts* by Darlene Peters, RN, rensen, LUSN

Investigator Certification Test (for Human Subject Protection)

The Nursing Research Council members agreed that it would be beneficial for each research council member to take the Investigator Certification Test for Human Subject Protection. Research Council members will be expected to prepare for and take the Investigator Certification Test by December 31st, 2008.

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

- ✓ Nursing Standards E-learning modules: Be on the lookout for the Nursing Code of Ethics
- ✓ Nursing Education Stipend: 22 applications were approved. All Loyola nurses in a benefit paying position for 1 year are eligible for up to \$300 per year (July to July) per application. The stipend covers conferences, certification, recertification, web-based continuing education and speaker expenses. Go to www.luhs.org/nursing on the internet and click on "Education Stipend" for more details. Don't forget, you will need 20 contact hours to renew your nursing license in 2010. Why not let the Education Stipend help pay for some of them?
- ✓ Nurse Link: Are you enjoying the newsletter? Would you like to write an article or suggest a topic? tpavone@lumc.edu As always, if you have suggestions for our Council, please email us at bhering@lumc.edu.

*Celebrate Nursing Excellence in Patient
Care*

Council Updates:

Magnet Ambassador Council

Susan Tuzik, MS, BSN, RN

The Magnet Ambassador Council has accomplished the following during the months of May and June:

- ✓ Designation of two co-chairs for the Council: Susan Tuzik and Barbara Deveraux
- ✓ Nurse's Week was an overwhelming success. Thanks to all of the members on each sub-committee for all of their hard work for such a wonderful outcome. In addition, this was the first year for Nursing Excellence awards which was also a huge success.
- ✓ We continue to have discussion about Nursing Image and expectations. It was decided that nurses would be wearing ceil blue top/bottom with a white scrub jacket, and either white or black shoes. The draft policy on the dress code was presented to the Council.
- ✓ Each month the Council reviews and discusses various Magnet stories that depict how other institutions embrace and live the Forces of Magnetism. The ambassadors are encouraged to bring these examples back to their areas for discussion and to report on stories of their own.
- ✓ On a monthly basis, a set of three forces are discussed with questions for the ambassadors to review with their areas. The ambassadors were encouraged to have the forces as part of either their staff meetings or meet with individuals to discuss.
- ✓ In an effort to provide guidance for the new ambassadors, mentors have been identified.
- ✓ The off-site locations will participate at meetings via telephone conference.
- ✓ Monthly guest speakers: journal club, evidence-based practice model, speaker's bureau, and patient education. If there are any questions, comments, or suggestions please email us at stuzik@lumc.edu.

Nursing Quality and Safety Council (NQSC)

*Carmen Barc, RN, BSN
Judy McHugh, RN, MSN*

Congratulations to all Quality and Safety Fair participants and winners on their projects that embody Loyola's commitment to quality and safety.

It's been a very busy and productive quarter for the Nursing Quality and Safety Council.

- ✓ Thanks to the hard work of its members the council has developed a preliminary *Sources of Evidence* binder. The members have been collecting data regarding system and unit specific quality and safety projects. This information will be utilized in writing to the sources of evidence for Magnet, particularly Force 6 (Quality of Care) and Force 7 (Quality Improvement). Subcommittees have discussed system, ICU, and Maternal/Child service line contributions that exemplify Forces 6 and 7. Other department subcommittees will be meeting over the next weeks/months.
 - ✓ The NQSC continues to provide updates on the 2008 priority initiatives of pressure ulcer reduction and fall prevention. Managers can access the data on the portal via the Reports Channel. Sue Zelesko from IT has been working with the council to develop a nursing dashboard. An application is being designed on the portal that will allow nursing quality metrics to be stored and automatically imported from EPIC for Fall and Skin assessment. This report will be a tool for tracking and trending current nurse sensitive indicator data and outcomes at the unit level.
 - ✓ In response to findings in the CMS Restraint Death Reporting investigation, the NQSC has partnered with the Nursing Practice Council in applying our evidence-based practice model to a project evaluating end-of-life practice here at Loyola. The goal of the committee is to develop a standardized interdisciplinary Palliative Care protocol/guideline.
- We welcomed three new members:
Steve Laurent (ED), Meliza Lee (Sub-Specialty Medicine) and Tom Piotrowski (2 NE)

APN Council Update- *Pat Hummel, RNC, MA, NNP, PNP*

The APN council has met monthly from November 2007 through June 2008.

The APN council provides an opportunity for APNs to work together and to advance the APN role in the Magnet way. The attendance has been around 20 per meeting.

Subgroup work has commenced:

- ✓ Job description has been updated
- ✓ Peer preceptor program is being developed and should be ready later this year.
- ✓ A list of APN preceptors is being developed.
- ✓ An APN journal club will be initiated at our next meeting.
- ✓ Paula Hindle has attended most meetings, providing APNs an opportunity to meet with her.
- ✓ The meetings have provided networking opportunities within the organization.

MAGNET SYSTEM WIDE COUNCIL MEETINGS



1st Tuesday of each month MAGNET SYSTEM WIDE COUNCILS

7:00-8:30	Nursing Magnet Ambassador Council—SSOM 170 **October—Maguire 3851
8:45-10:15	Nursing Education and Professional Development Council—1618
10:30-12:00	Nursing Research and Evidence Based Practice—1618
1:30-3:00	Nursing Professional Practice Council—CV conference room 6274
1:30-3:00	Nursing Quality and Safety Council—1618
3:00-4:00	Nurse Executive Council—1618

** Additional Review Written Document Meeting Dates:

2:30-4:00	July 21 st	3620
	August 18 th	3620
	September 15 th	TBA
	October 20 th	TBA
	November 17 th	TBA
	December 15 th	TBA

APN Council

Thursday, September 4, 2008
12:00-1:00
EMS Building/Room 3282

Council Updates: Cont'd

Magnet Force
1,3,5,6,7,8,9,11,12,13 & 14

Nursing Professional Practice Council (NPPC)

Kathy Przybyl, BSN, CCRN

✓ ***Nursing Grand Rounds:*** 89 nurses completed the evaluation of the May Nursing Grand Rounds: What is Bugging Our Patients". Ninety percent of the attendees rated the presenter and content as excellent. The additional comments, for example, "Absolutely great presentation which gave clear messages. If we could reach a majority of nurses and PCTs, we might have a better chance of achieving 100% handwashing." Over 25 future topics were identified. The July 23 Nursing Grand Rounds will be "Food for the Soul: Spiritual Care" by Dr. Lisa Burkhart. (a summer picnic theme)

✓ ***Sources of Evidence:*** A subcommittee was formed to focus on identifying sources of evidence for Forces 10 Community and the Healthcare Organization and 13 Interdisciplinary Relationships. The members will be compiling evidence for Debbie Jasovsky.

✓ ***Presentation of the University of Iowa Evidence-Based Conference:*** Pat Falk, Veronica Aguire and Carm Barc attended the conference. Barc highlighted the key messages from the conference and described the internship program that the University of Iowa has established for staff nurses; written commentary from Pat Falk was also shared.

The Center for Clinical Effectiveness

Magnet Force: 6 and 7

LuAnn Vis, RNC,MSOD and Mary Altier, RN, MSN

Have you ever heard of the CCE and wondered what they did? Here are some FAQ's, "frequently asked questions", to learn about this department and how it relates to the Magnet journey.

What is the CCE?

Through teamwork, shared goals, and communication, the Center for Clinical Effectiveness (CCE) educates and motivates LUHS to strive for excellence in quality, safety, and the patient experience. Led by Anne Porter, RN, PhD, Vice President, Quality & Patient Safety, the CCE coordinates quality improvement and patient safety activities across LUHS; facilitates the adoption and creation of "best practices" in quality and patient safety; implements state of the art quality improvement and patient safety tools and educates/trains LUHS faculty and staff in their use; and communicates quality and safety learning within LUHS and externally.

Who works in the CCE?

In addition to Dr. Porter, the CCE staff includes

- Clinical Quality Improvement Specialists – LuAnn Vis, RNC, MSOD, Barb Pudelek, RN, MSN, and Mary Altier, RN, MSN,
- Manager of Quality Information Systems; Michael Wall, PharmD,
- Programmer Analyst; Penny Bleffer-Riding,
- Medication Safety Specialist; Sara Linton, PharmD;
- Administrative staff – Pat Joworski and Trena Sykes.

What project do they work on?

The CCE coordinates/manages several system-wide projects which are selected by the Quality Committee of the LUHS Board. Recent projects have included:

- CMS/Joint Commission Core Measures: AMI, Heart Failure, Pneumonia, Surgical Care Improvement Project (prevention of post-op infections and VTE), Pediatric Asthma, and the new Outpatient Quality Data Reporting Program.
- System-wide patient safety education (leadership sessions and e-learning for all staff)
- Coordination of the Joint Commission survey and ongoing readiness activities
- Medication safety initiatives

The CCE staff offers consultation for quality improvement projects regarding project planning, design, data collection and analysis. They also provide quality improvement education focusing on the rapid cycle improvement model, data analysis, and use of the Charrunner software, which is used to create control charts.

Finally the CCE annually coordinates the LUHS Quality & Safety Fair and the activities for Patient Safety Week.

How does the CCE contribute to the Magnet Journey?

The CCE has supported the work of the Councils, providing presentations on various quality improvement topics:

- Anne Porter: Root Cause Analysis
- Lu Ann Vis: The Joint Commission, Mock Surveys, Core Measures, Hospital Report Card and Quality Improvement Basics
- Mary Altier: Core Measures and Hospital Compare
- Michael Wall: ChartRunner

The four nurses in the CCE are active members on several of the Magnet Councils. While the work of the CCE naturally addresses Quality of Care (Force 6) and Quality Improvement (Force 7), their work also encompasses Quality of Nursing Leadership (Force 1), Consultation and Resources (Force 8), Community and the Hospital (Force 10), Nurses as Teachers (Force 11), Interdisciplinary Relationships (Force 13), and Professional Development (Force 14).

How do I contact the CCE for assistance?

The CCE is located on the 3rd floor of Maguire. You can contact any member of the CCE directly via phone or email. If you are not sure of who can help you, contact Pat Joworski at x63290; she will assist you by directing your call to the appropriate person. More information is also available on the department website: www.luhs.org/depts/cce.

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".

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.

Barbara Majcher APRN, Center for Risk Factor Reduction and Smoking Cessation shares:



As a teenager I emigrated to the United States from Poland. This was at the time when Poland was going through many difficult socio-political changes, the beginning of the fall of communism. Shortly after my leave communism fell at last people again experienced freedom. As I made the decision to come to the US I knew that this could only be for the better, my heart was full of joy and happiness knowing that I'd have many opportunities in my life. I knew that I could finally give and do what I really dream about. It was during this time that I as a young woman made a promise to myself and God that it will be my responsibility to help others, to do something special for every needy person in any way I possibly can. And, yes, thanks to my mother who strongly supported this trip and did everything she possibly could to give her children the best. How lucky I was!

When I arrived in the US I was shocked in a way, when I saw so many homeless people. As I started a new life for a while I thought about becoming a social worker, but one of my best friends was attending nursing school at that time and she strongly encouraged me to do the same, stating "as a nurse you can help many people: the sick, the homeless, the elderly and especially the smallest human beings." Without any doubt this motivated me to eventually pursue nursing.

After graduating from Catholic High School, I attended nursing school at Triton College, then Loyola's RN BSN program and after all that I decided to continue education and finish graduate school. I continue to practice nursing every day because this is a very important part of my personal life. I was so fortunate to accomplish my goals, to fulfill my dreams and I would like everyone to experience the same. Life is so short, so unpredictable, and not everything is in our control; but every nurse every day is able to help someone in some way and that is what makes nursing special to me.

As a nursing student I never even thought for a minute that one day I would be the one making sure that my mom receives what she deserves in her very last special moments of her life. She was the one who gave everything to make my life so much better.

Nurse Reflection continued on Page 11

Pastoral Care's Inspiring Thoughts-

REV. Monica Issac, Chaplain

Listening for the Voice

If I ask, "How did you decide to become a nurse?" or "What do you like about being a nurse?" I get as many different answers as people I talk with, but there is a common thread through most of the responses. The common thread is that it is a calling. By calling I mean most everyone is a nurse because of some personal experience or predisposition for the medical science and/or art of caring for others. Typically it is not something someone does solely for the paycheck (although still important!) This is evidenced over and over by the level of care and energy that goes into each patient, even when there is no "thanks" from a frustrating family. It is something that comes from deep within.

Frederick Buechner, a 20th century theologian, defines vocation as "the place where your deep gladness meets the world's deep need." The word vocation is rooted in the Latin for "voice;" the inner voice, that when we pay attention, calls us to be who we are. I consider that voice to be the voice of God, but whether you would call it God

or not, it is a calling that leads us to use the gifts we were born with to live meaningful lives.

Vocation is a journey. There is a Quaker saying, "let your life speak," that I think nicely beckons us on our vocational journey. To let your life speak is to live and work in such a way that is true to one's gifts and calling, leaving room for movement, for the emergence of new gifts and changes in where our inner voice is leading.

I have often heard family members or staff people say to nurses, "I don't know how you do this work." A nurse once responded by saying, "I don't either" and I think that speaks perfectly to the idea of vocation. Sometimes you can't even really explain it, but you can't imagine doing any other kind of work; it comes from deep within. It is my hope that in the most satisfying moments of your work as well as in the tedious and sometimes frustrating moments, the call to "let your life speak" will illuminate the gifts that you offer to a world in great need.



Other Nursing Happenings

Marcella Niehoff School of Nursing

✓The Marcella Niehoff School of Nursing, in partnership with Hines VA Hospital, has been awarded a \$3 million grant from the Veterans Affairs Nursing Academy to develop a program that will serve the mental health needs of U.S. veterans returning from service in Afghanistan and Iraq. Principal Investigators are: Gayle Roux, PhD, RN, CNS, NPC, and Sharon Zandell, PhD, RN, BSN '63.

✓Nursing Professors Linda Janusek, PhD, RN, and Herb Mathews, PhD, RN, were awarded a five-year \$2.4 million research grant from the National Cancer Institute.

✓The Marcella Niehoff School of Nursing is developing a proposal for a P-20, Center of Excellence grant from the National Institute of Health. It will contain three major grant efforts directed at health disparities with an emphasis on Maywood & Berwyn/Cicero area

✓The MNSON has received a \$300,000 grant from the Illinois Board of Higher Education to provide fast-track education through the Master's degree program. PI's are Gayle Roux, PhD, RN, CNS, NPC, P. Ann Solari-Twadell, BSN '68, PhD '02, RN, MPA, and Vicki Keough, PhD, '98, MSN '91, RN, ACNP.



Lisa Vander Wall, and Gloria Smith

Renewing the Mind, Body, and Spirit Magnet Force: 9 & 10

Lisa Vander Wall RN, BSN, OCN

The Coleman Foundation Image Renewal Center is located in the Cardinal Bernardin Cancer Center. Offering a range of services to our patients, the Center provides a quiet serene place for patients to renew-mind, body and spirit. Cancer treatment can be a difficult process and often has damaging effects on appearance and self-image. The Center offers staff trained to meet the holistic needs of patients with cancer.

The services available include: scalp and hair care, hair alternatives, skin care assessment and therapy, lymphedema products, hand and nail therapy, nutritional consultation and exercise plans, massage, integrative medicine and pre and post mastectomy, lumpectomy, and breast reconstruction prosthesis fitting.

For a moment imagine yourself in the lingerie department shopping for a bra. Are you feeling overwhelmed and frustrated because nothing seems to fit correctly? As woman many of us find bra shopping a daunting experience. We quickly loose patience and become confused as to why the band fits in one bra but not the cup, the cup fits in another but not the band! Now, close your eyes and imagine being a woman just diagnosed with breast cancer... in the same situation. As you may imagine the fear, anxiety and overwhelming frustration have just multiplied tremendously. Shopping for a bra has become more difficult and confusing and often the individual feels disfigured and less whole. This is where we can help!

Lisa Vander Wall RN, BSN, OCN, Certified Breast Fitter and Gloria Smith Certified Breast Fitter are available by appointment Monday-Thursday in the Coleman Image Renewal Center, to schedule a patient for a fitting, call ext. 72277.

All patients before, during or after **any** breast cancer surgery/treatment can be referred to the Coleman Image Renewal Center, to provide them with the support and products that they need to look and feel better. Our goal is to aid in the renewal of self-esteem in a quiet, private and understanding environment.

Please take a moment and stop by the Coleman Image Renewal Center in the Cardinal Bernardin Cancer Center. The hours are Monday – Friday 8:00am- 4:30pm. For more information about our center and the services we provide, please call ext. 72277. Together we can make a difference in the quality of care we provide to patients with cancer.

I Have an Opportunity to Participate in Decisions Magnet Force: 2



Mark A. Cerkvenik Director, Organizational Development

Shared decision making is a central tenant to the Magnet journey and so important that it will be one item addressed in the organizational action plan in response to the Employee Opinion Survey. You may have remembered that in the survey we asked “I have an opportunity to participate in decisions made by my manager that affect my work environment.” However, generally staff don’t realize there are many ways to invite people to participate in the decision making process.

In the book and popular course, *Crucial Conversations* offered through Organizational Development by Loyola University Medical Center, the authors Grenney et al., discuss four common ways of making decisions: Command, Consult, Vote and Consensus.¹

To begin, command is when decisions are made with no involvement whatsoever. This happens where outside forces place demands on us, like government agencies or accrediting bodies or we turn our decision over to others and follow their lead.

Next, consult is where decision makers allow others to influence them before they make a decision. For example, a manager may decide to implement a new clinical process, but consult with staff, other managers and physicians, before implementing any change.

A third form of decision making is voting. Voting is best suited where there are many good options, members who are voting know they may not get their first choice, but want to make a decision in an efficient manner.

Finally, consensus is when you talk until everyone agrees to one decision. This should generally be used only when there are high-stakes and complex issues or when everyone must absolutely support the final choice.

Involving people in the decision making process is key to a successful and productive work environment. Most managers will agree, building a culture where innovation and ideas are explored will improve patient satisfaction, clinical outcomes and employee satisfaction. So the next time a decision is made, ask yourself, what way was the decision made, Command, Consult, Vote or Consensus.

¹ Grenney, McMillan, Patterson, Switzler. *Crucial Conversations – Tools for Talking When Stakes are High*. McGraw-Hill 2002.

Reflections of a Nurse, *continuation from Page 8*

As a patient of Loyola for about ten years, she appreciated everything that was done for her at Loyola , always came for appointments, was very compliant and many times stated to me “I know I’m in good hands, in a good place” but not too long ago God had called her home.

Due to different circumstances, in her last moments of her life she was unable to be a patient of Loyola and I had to provide the best for her as she did for me.

She changed my life. I must admit that this was the most difficult time of my life. For that reason I try to give my best every day, to listen to my patients when they speak, to give when they are in a need, and to share and provide comfort. Because of my mom I learned that we need to listen to others when they speak. We never know if there will be another opportunity to do so. We as nurses are always busy but the challenge is to find a few minutes to listen to our patients, family, and coworkers.

To all my nursing colleagues, I want you to know you are very special and on behalf of my mom Thanks for taking care of her. You did a GREAT JOB. And, yes mom, Thanks for the great lesson, YOU were the best teacher I ever had!

Ethics and Nursing *Magnet Force: 5, 8 and 13*

Deborah A. Jasovsky PhD, RN, NEA-BC
Associate Chief Nurse Executive & Magnet Program Director

On July 8th, John Hardt, PhD from the Neiswanger Institute for Bioethics and Health Policy presented “The Futility of Futility” as part of the Grand Rounds program. Drawing on the work of John Lantos, M.D. at the Center for Practical Bioethics in Kansas City, Missouri, Professor Hardt noted that futility is a slippery concept in light of the medical advances in science and technology, such as TPN, dialysis, LVADs, long-term mechanical ventilation and ECMO. These are all treatments that sustain life without curing underlying disease and our ICU’s can also preserve life more than curing disease too. This concept is no longer about designating a treatment that simply didn’t work but rather today, it is an operational definition used to express situations in which doctors think a treatment should not be provided for a variety of reasons.

Three kinds of futility exist:

1. physiological in which the intervention cannot lead to the intended physiological result
2. lethal condition when patient has underlying lethal condition where the intervention does not remedy even though it may fix some portion of the disease state
3. qualitative where the intervention may fail to lead to an acceptable quality of life

It’s very important to include two elements whenever futility determination is considered. The first is part of the new Magis Model of Patient and Family Centered Care in which the family helps to establish the goals of care. The second part is determined by the physicians as to the probability of success in meeting these goals of care. Thus, we cannot discuss whether care is futile unless we know the goals of care. If keeping the patient alive is the goal the family has in mind, then many of our interventions are not understood as “futile” from their perspective.

Conflicts exist when trusting relationships have not been established with patients and families. Policies and practices that give more power to the healthcare provider exacerbate feelings of powerlessness in families and promotes distrust of physicians and nurses. Keep in mind that physicians are not obligated to offer everything that patients/ families request as their own professional and moral integrity are part of this complex picture.

Finally, the viability of communication is tantamount to building trusting relationships so work to rebuild it whenever it’s lost. Warn early and express uncertainty about a clinical outcome if uncertainty exists. Establish the identity of the primary information provider for the family and work to communicate the same message points with all healthcare providers. As our patients have

multiple physicians caring for them, it’s important to remember the whole picture. For instance, the kidneys may be fine today but the overall picture may not be as bright so we need to choose our words carefully so we’re not communicating an unintended message. Follow up when families say “do everything” as their understanding may not mean the same as ours. Lastly, use every window of opportunity to discuss ethical issues in the medical record, with surrogates and discussing advance directives. As always an ethics consult can be requested by any health care provider.



Remember we are interested in your story. Please share your experiences. We will be including your stories and answering your ethical questions in a regular feature in our Nurse Link. Send your stories to Stacy Valliantos at svallain@lumc.edu

Nursing Education: CEU Programs Magnet Force: 7 and 9

Preceptor Workshop

Friday, Aug 8, 2008 and Monday, Sept 29, 2008
Maguire Bldg. Room 2812
7:00 am—3:30 pm

ONS Chemotherapy and Biotherapy Course

2-Thursdays, Sept 4 and 11, 2008
7:30 am—4:00 pm
Call ext. 63119 for information

OCN Review Class

2-Saturdays, Sept 13 and 20, 2008
7:30 am—4:30 pm
Call ext. 63119 for information

Trauma Pearls

To be scheduled in 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 advancement!

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