



# Nurse Link

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## Near Misses – A Valuable Learning Opportunity

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Associate Vice President, Quality and Patient Safety

This year's Quality and Patient Safety Fair speaker, James Bagian, MD, a former astronaut and current Director of the VA National Center for Patient Safety, emphasized the importance of studying healthcare near misses or close calls to promote patient safety. He believes we need to encourage reporting of near misses as much as we emphasize reporting of actual adverse events.

A "near miss" is an event or situation that could have resulted in an unanticipated adverse outcome, but did not. An example of a near miss would be mislabeled medication in which the labeling error was discovered prior to administration and the incorrect medication was not given. Near misses could be perceived as the next real event waiting to happen and should be viewed as a "heads up" to the organization in identifying how things can go wrong.

When healthcare providers report near misses they give managers the opportunity to take action to prevent future events and give the organization's patient safety experts an opportunity to better recognize overall patterns and trends in patient safety events. These trends trigger system-wide action planning.

Recognizing that reporting both actual adverse events and near misses is time consuming, Loyola will be implementing a web based reporting system in the fall, 2007. The new system will be faster and easier to use than the current paper based report. When the report is submitted it will be automatically routed to the unit manager and the department of patient safety and risk management. This will provide an opportunity to respond immediately to the patient or family and to follow-up if necessary. Patient safety education and information about how to use the new system will be provided prior to the system's introduction.

Dr. Bagian views the reporting of adverse events and near misses as a valuable learning opportunity. He believes that the care providers who are closest to the patients – nurses, physicians, therapists and others – are in the best position to identify safety concerns and to improve the situation. Following Dr. Bagian's advice we should all:

- Be alert to identify near misses or close calls when they occur
- Let managers know about the near miss and participate in planning any action that could be taken to prevent future events
- Document and report near misses to the department of patient safety and risk management on a Patient/Visitor Quality and Safety Report (incident report form), providing as much detail as possible

## In This Issue:

*Near Misses –  
a Valuable Learning Opportunity*  
Page 1

*CNE's Corner*  
Page 2

*Kudos to Nursing*  
Page 3

*6-West and Bone Marrow  
Transplant units:  
Bee Safe, Don't fall*  
Page 4

*Shared Decisions:  
Council Updates*  
Page 5

*Perspectives on Nurse's Week  
Planning*  
Page 6

*Sr Fran's Inspiring Thoughts*  
Page 7

*Nursing in the Pain Clinic*  
Page 9

## Do you like to write?

Add diversity to your professional activities and share news with your nursing colleagues. Please contact Theresa Pavone at [tpavone@lumc.edu](mailto:tpavone@lumc.edu) for further information.

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## CNE's Corner



In several of the council meetings that I have attended, many of you have asked about my role as the Chief Nursing Executive. I would like to share with you some of my responsibilities and how they connect with the care you provide at the bedside in the clinics and ancillary areas.

As the Chief Nursing Executive (CNE) I have responsibilities inside our organization as the voice of nursing at the senior leadership level. In addition, I am responsible for working with external agencies, regulators and the public outside of Loyola. Certainly, this past year has included much time spent with Illinois Department of Public Health as they have visited us. I have been responsible to manage those visits and to work with visiting regulators to demonstrate how we carry out our patient care responsibilities. I have represented your good work to IDPH and other agencies; I have been the “face of clinical nursing practice for our guests”. In this role, I will also continue to work with all of you to successfully implement the required CMS standards and Joint Commission standards which include the National Patient Safety Goals.

My internal Loyola responsibilities take the majority of my time. I see my role as remedying the barriers that impact your ability to give the care you desire. One way I work to support staff is through identifying and advocating for equipment used to provide care. Recently, I have worked to increase the number of infusion pumps available for patient care and collaborated with Pharmacy to bring increased automation to the medication administration process and patient beds. The pharmacy project, starting now, will enhance your timely access to the medications needed for your patients. I continue to seek automation, equipment, and other resources to enhance your ability to care for patients. We will also begin to look at standards and mechanisms to support nurses performing telephone triage. I am privileged to advocate for and with you, our nurses, to provide the best care possible.

To accomplish our work, I continue to seek ways to create an environment where you can develop professionally and flourish as caregivers. In that role, it was my responsibility to work with my colleagues on the senior cabinet, to gain organizational and financial support for our Magnet journey. Examples of the support include the Clinical Ladder and the recruitment of the Associate Chief Nurse position for which we are actively interviewing. Also, this fiscal year we will implement an education fund that provides financial support so staff in all settings can attend external conferences and pursue certifications in a specialty area. You will be hearing more about that from our Education and Professional Development Council.

I have assumed a collegial role with our leadership team across the health system. I participate in the Clinical Leadership Meeting which puts me at the table with our physician leaders as we address clinical issues. For example, a summit occurred to address deep vein thrombosis, I represented the expertise of nursing, defining and explaining the nurses' role in this care as we worked collaboratively to enhance our practices.

Other clinical examples include my role as administrator for Infection Control and assisting with our organization's efforts to reduce nosocomial infections. We presently have a multidisciplinary group working to reduce ventilator associated pneumonias. This group has developed the elements of evidenced based care and will work to implement these practices house-wide.

I also have responsibility to work with you to enhance the quality of the nursing care of our patients. We have a number of nurse sensitive quality indicators that we study. The two that are our primary focus currently are pressure ulcers and patient falls. On the most recent skin care audit day, I spent time with nurses assessing patients, discussing the barriers to providing the most optimal care to improve our performance with reducing the incidence of pressure ulcers. We now benchmark our data for these nurse sensitive quality outcomes through our participation in the National Database for Nursing Quality Indicators through the University of Kansas. We have found that we have opportunities to improve our nursing care and live out our shared vision of becoming the premier provider of nursing practice in the Chicago area.

I also represent nursing at the Loyola University Medical Center Board of Directors meetings. In this setting, I have the opportunity to educate the community members and advocate for nurses at the highest level of our organization. This fall we will begin a strategic planning process for the health system.

*More CNE Corner continued on page 9*

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## Kudos to our Nurses

### Awards:

Mary Altier, RN, MSN, Clinical Quality Improvement Specialist, on March 14th, 2007 was awarded the "Champion of Immunization Award" from the Chicago Area Immunization Campaign. The award was presented to Loyola Health System for Innovation in Immunization Programs.

Christine Chaput , RN, BSN, CEN, Assistant EMS System Coordinator in the Department of Emergency Medical Services. Her paper, "Disaster Training for Prehospital Providers " was selected for the Illinois Emergency Nurses Association (ENA) 2007 Evidence Based Practice Award. Christine presented her findings at the Spring 2007 Illinois Symposium, Oakbrook, IL, May 2007; she also presented her poster at the ACEP Research Forum in September 2006.

Susan Finn RN, from department of Pediatric Mobile Health Unit , has been selected as the recipient of the 2007 Spirit of Ignatius Award. Niehoff School of Nursing Alumni awards a graduate that best characterizes "Curas Personalis" or Care of the Person. This presentation will occur: Sept. 22, 2007 1:30 p.m., Madonna Della Strada Chapel, LUC Lake Shore Campus

Maureen Gravey, RN, Lifetime Commitment to Cystic Fibrosis from Cystic Fibrosis Institute

Diana Hackbarth, Professor of Public Health Nursing at Loyola University Chicago, was presented the Lynn Kotsiantos Lifetime Achievement Award to for her dedicated service to the ALAMC, the public health community and her tireless efforts for tobacco control.

Megan Kuck, RN, MICU, received the 2007 Lifesaving Partner Award, April 26, 2007 for her achievements in partnership with Gift of Hope Organ & Tissue Donor Network to increase life-giving organ and tissue donation in Illinois and northwest Indiana.

The Operating room was awarded the Summit award which AORN recognized local chapters for membership growth.

Dominique Zenon, RN, BSN, Staff Nurse in the Department of Emergency Medical Services. Her paper, "Ischemic Modified Albumin: A New Biomarker for Diagnosing Acute Coronary Syndrome in the ED " was selected for the Illinois Emergency Nurses Association (ENA) 2007 Evidence Based Practice Award. Dominique presented her findings at the Spring 2007 Illinois Symposium Oakbrook, IL, May 2007.

### Certifications:

Vicki Bacidore, RN, MS, credentialed as first nurse practitioner in the emergency department

Lori Chiappetta, RN, trauma nursing core course instructor.

Grace Hooker, RN, Critical Care Registered Nurse

Ginger Lewis, RN, Certified Urology Registered Nurse.

Heather Przybyl, RN, Critical Care Registered Nurse

Christine Tallian, RN Oncology Certified Nurse

### Degrees:

Pat Braun, RN, APN, MSN received her PHD May 2007

Linda Juretski, RN, NNP, MSN received her PhD March 2007

April Puzon RN received her MBA

### Presentations:

Vicki Bacidore, RN, MS, May 2007:  
Difficult Diagnostic Decisions, Illinois State ENA Spring Symposium, Oakbrook, IL

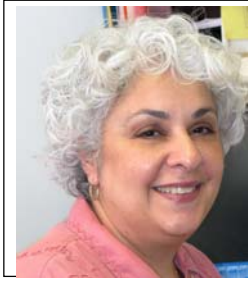
Deborah Holman, RN, BSN, April 2007:  
Utilization and Benefits of an Indwelling Bowel Catheter: Achieving Maximum Performance, 20th Annual Symposium on Advanced Wound Care, Tampa, FL

Mary Grace Lach, RN, BSN, CCRN, March 2007:  
Lung-Transplant Process, 33rd Annual Midwest AACN Conference, Arlington Heights, IL



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## Organizational Involvement:



Jacalyn Kareb, RN, MS, CHPN, was annually appointed to the Best Practices Committee for the Illinois Home Health Council for 2007. The Committee's charge is to create disease management best practices to be shown on the website for the Illinois Home Care Council, including best practices in billing and coding. This would include collaboration with the Illinois Foundation for Quality Health Care (the PRO designated by CMS to work with home health agencies on quality initiatives).



Carol Keeler, MS, RN, case manager for heart failure, has been recognized as a key team member that has helped make Loyola University Medical Center, one of the best hospitals in the United States for the treatment of heart failure in July 2007

## Volunteer News:

Meghann Drayna, 4ICU RN, volunteered for 2 weeks in Belize

Erin Mahoney, 4 ICU RN, aided Habitat for Humanity in Mississippi

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## 6-West and Bone Marrow Transplant units: Bee Safe, Don't fall

Linda Flemm, RN MSN, APN, AOCNS

The 6-West Hematology/Oncology (6W) unit and the Bone Marrow Transplant Unit (BMTU) have initiated a multidisciplinary Quality Committee focusing on the development of a population-specific falls prevention program. The committee was convened after a fall with an injury occurred. The group identified falls as an opportunity to improve the quality of patient care and highlight one of the National Patient Safety Goals. Over the past year, initiatives focused on staff education, environmental safety, bed alarm usage, and development of a Level III falls prevention program. The week of January 22<sup>nd</sup> was designated BEE SAFE: Safety Awareness Week for 6-West and BMTU to enhance and educate the staff on evidenced-based fall prevention. The week of activities included "Lunch and Learn" programs, as well as unit based in-services on gait belt training, documentation of a fall, bed check alarm system, and the message of touch. The staff was also offered seated back massages to stress the importance of evening care. 6-West and BMTU are currently piloting two fall risk assessment tools developed by the committee using evidence-based literature. The tools were designed specifically to their populations, evaluating for fall related injury focusing on disease and coagulopathies. The staff also developed a catchy slogan, which is visible on the patient education signs and tent cards placed in the patient rooms. The falls rate for 6-West has decreased significantly from 12.9 per 1000 adjusted patient days to 2.4. The poster won 1<sup>st</sup> place in the safety category at the Loyola Quality and Safety Fair. The nursing staff was very active in promoting this safety initiative. Margaret Zimowska is a member of the committee, "I think it has been successful because of the



teamwork on 6-West, everyone has been involved. The mascot "Bee Safe" has also drawn a lot of attention to our program by patients and visitors." All of their hard work has resulted in a safer environment for their patients. So when you see a bee remember our slogan, "Bee Safe, Don't fall. Please call. Buzz your nurse".

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## Shared Decisions: Council Updates

“Magnet is not a project to be finished; it is a process to grow, a process of professional practice and development.”- Sandy Swanson

### **Education and Professional Development Council (EPDC)** Barb Hering

The Nursing Education and Professional Development Council has been meeting for 8 months. We are excited about what we have been able to accomplish for nursing at Loyola including the quarterly publication of *Nurse Link*, our very own nursing newsletter. The newsletter is now available on the intranet:

[www.luhs.org](http://www.luhs.org)

At the home page select: *Nursing at Loyola*

On Right hand side of the home page select: [Nurse Link](#) for newsletter

We are also in the final stages of developing guidelines for an education stipend. You will be able to apply for these funds to help you defer part of conference and certification expenses.

Be on the lookout for a new e-learning module on Nursing Practice Standards – for example “The Code of Ethics for Nurses” and “The Nurse Practice Act 2007”. These are the standards that guide our daily nursing practice.

Currently our council is examining Magnet Force 11 (Nurses as Teachers) and Force 14 (Professional Development). We will be letting each unit/department know what documentation they will need to support these Magnet expectations, including orientation, continuing education and certification.

Loyola has many great programs in place – thanks for all your hard work!

### **Nursing Research Council-** Mary Morrow, Pam Clementi

The research council continues to journey onward. Our monthly meetings provide an opportunity for the members to learn about nursing research at Loyola through presentations by nurse researchers, trends in research at other local Magnet Hospitals, as well as dynamic discussions related to the future of nursing research at Loyola.

Monthly research educational exchanges have provided educational information on such topics as library resources, evidence based practice and moving quality projects to research. The sessions were interactive, engaging and informative. Participants brought their questions and research ideas to the sessions and research mentorship process is being developed. Future research educational exchanges are to include showcasing Loyola current nursing research, steps in the research process and involvement in multi-site research projects. Our aim is to make the research educational presentations also available via e-learning. Further details are forthcoming.

If you have any research questions or ideas percolating feel free to contact Pam Clementi (69515) or Mary Morrow (64484).

*Council Updates continued on page 7*

### **Nursing Professional Practice Council (NPPC)**

*Cindy Zaletel and Daria Ruffolo co-chairs of the committee with Sue Flores as their administrative liaison*

The NPPC is currently working on many professional practice projects including care of the ventilator-assisted patient, eye care for the patient at risk, care of the bariatric patient, pain management, and updating the staff nurse job description. Additionally, committee member Jacalyn Kareb is chairing the NPPC's EBP Model Development Subcommittee. The goal of the subcommittee is to develop an EBP Model to assist nursing in integrating evidence based practice.

The subcommittee lists the desired characteristics of a model for EBP at LUHS as:

Defines EBP

Graphic depiction

Flowchart to delineate process in model

Adaptability across practice settings

Supports interdisciplinary care/collaboration

Supports LUHS nursing vision & mission

Draws from literature

Simple

Can be taught via practice example

Can be used to address care of individual patients and populations

Identifies sources of evidence

Speaks to strength of evidence

Recognizes need to evaluate effect of new practices

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## Perspectives on Nurse's Week Planning

Sandy Swanson, Chair: Nurse's Week Planning Committee

Mary Altier and Pam Clementi, Co-Chairs: Nurse's Week Planning Committee

The Ambassador Committee of the Magnet Committee undertook the task of planning Nurse's Week activities. This represents the first time staff nurses were involved in the process of organizing and implementing all activities. This group generated creative ideas for the week and worked diligently on providing celebrations and activities that highlight Loyola's nurses. Our theme, "Called to Care" illustrated the dedication that nurses have to the profession as they flourish and extend themselves to help others. The learning centered around the reality of time frames, resources, money, meeting new people and collaborating with them to accomplish the goal of meeting the needs of over 2000 people. Following are the thoughts of the co-chairs of the committees:

As co-chair of the Spirituality committee, I am happy to report that the whole experience is worth the involvement. Working and getting to know everyone gave me a sense of personal satisfaction. My deepest gratitude and thanks to everyone who helped us. After everything is said and done, the success for the Nurse's Week Celebration is most unforgettable. It was delightful to seeing everyone smile during the luncheon and Mass. This new experience has given me the strength to say, "I can do this one more time". We welcome all those interested to participate in planning next year's activities.  
–Adalia Beatingo Co-chair Spirituality Committee

Volunteering to be part of the nurses week committee seemed like a daunting task. We had a strict budget, over 2000 nurses and technicians, and only a limited amount of time to plan and implement activities. Despite these circumstances, we accomplished our goals and learned valuable lessons along the way. Our goals included recognizing the positive impact of nurses across the Loyola system, highlighting nursing excellence, and promoting professional development.

We learned how to deal with problems occurring in the planning process. We learned about teamwork and cooperation within different departments throughout the health system. We now understand the importance of having dedicated, hardworking individuals on committees. In the end, the nurses on this committee put together an amazing week and successfully recognized and highlighted our friends and colleagues in nursing.  
– Erika Elganzouri Co-Chair Recognition Committee.

What is it like to be a sub-committee chair for Nurses Week? Well, it's many things. It is hectic, it is scary, it's a big learning experience, but most of all it's a big honor. I have never been involved in planning such an important event. I was lucky to have an excellent group who

graciously volunteered and completed their tasks cheerfully and in a timely manner.

We opted to do some new things this year, for example lunchtime education programs designed to empower our nurses. Finding rooms for the events was challenging. We discovered wonderful members of the Loyola staff who dedicated themselves to make the week special for nurses. One of the highlights of the week was the song, "Called to Care" especially written for us. Our own Shauna Glenn (2 ICU) was a highlighted vocalist in the song which made it especially meaningful.

Being on the committee required attendance at several meetings, plenty of phone calls and collaborating with others. I am happy I was given the opportunity to participate. I strongly encourage anyone who is interested to step up and volunteer. I can't wait to see how wonderful next year's week will be

- Dona Kare, Co-chair Celebration Committee

Participating in nurse's week planning was a rewarding challenge. We developed ideas of interest for learning opportunities and sought recruited individuals to present their topics. It required coordination with everyone's schedules and securing rooms in various locations. We had a great team and that all came together. We met new people and developed new relationships. It was a flurry of activity that week but a most enjoyable experience. After the events of Nurse's Week we met again and presented feedback to help benefit next year's planning group.  
- Susan Martinkus and Dian Gruber Co-Chairs Daily Events

We would also like to extend our appreciation to the many departments who supported and guided us through this tremendous undertaking. Special thanks to: The Executive Leadership Group, Senior Nursing Leadership, the Nurse Manager Group, Pastoral Care, Marketing, Video Development, Housekeeping, Physical Plant and Grounds, Loyola Center for Fitness & Health, Food & Nutrition, Human Resources, EAP, Nursing Education & Support and the nursing administrative support staff.

*Council Updates continued from page 5*

**Nursing Quality & Safety Council (NQSC)- Judy Mc Hugh and Carmen Barc**

In keeping with its mission, "Building a Safe Healthcare Environment," the NQSC continues to provide education on the quality process and safety initiatives. In early 2007, the council began discussing how outside agencies such as the Joint Commission (TJC) and the Centers for Medicare and Medicaid Services (CMS) impact the hospital. These organizations drive quality and safety initiatives including the National Patient Safety Goals and the National Hospital Quality Measures (core measures).

Members were shown how to access quality data on Loyola's portal as well as public sites (e.g. [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)). Additionally, Loyola Nursing participates in the American Nursing Association's National Database of Nursing Quality Indicators (NDNQI). These measures and indicators reflect the impact of nursing care on outcomes. Loyola has selected the following indicators for national comparison: inpatient falls, pressure ulcers, nurse staffing, nursing turn-over, pediatric PIV infiltration, and pediatric pain. We now have the capability to compare (benchmark) our outcomes to "like hospitals (>550 beds) and like nursing units (critical care, medical, surgical, med-surg, rehab, step-down and soon pediatrics)".

Other council educational activities include LuAnn Vis' (Center for Clinical Effectiveness) presentation on "Quality Improvement Basics". She explained the Plan-Do-Study-Act (PDSA) model for quality improvement. This is the current model hospital departments/units use to develop, implement, and evaluate quality improvement efforts. Jeanne Sadlik (LUHS Health Science Library Coordinator) demonstrated how to navigate the Loyola Health Sciences Library site in her presentation "Evidence-based Practice Resources". The library has several free services and databases on the intranet.

At our last meeting, Kathy Przybyl, RN. (Chair, 4 ICU Skin Care Committee) presented the "Do You STU?" Pressure Ulcer Reduction Project. Her unit demonstrated Shared Decision Making by instituting Monday-Wednesday-Friday skin care audits, monthly head-to-toe skin assessments, and monthly pressure ulcer reviews. The 4 ICU nurses successfully reduced pressure ulcers and improved nursing documentation, while maintaining pressure ulcer rates below the NDNQI Critical Care benchmark. Next month, Michael Wall (Center for Clinical Effectiveness) will discuss "Understanding and Presenting Quality Data".

Nurses Week "Called to Care" was a great success! To encourage a culture of quality improvement and safety, the NQSC distributed "Anti-Stress Kits for Quality"

*Council Updates continued on page 8*

**Hello, Dears.**

**Stressed? Right up to here and no where to go with it? Thanks to Barb Buturusis, I now have a second phone line that offers a 2-4 minute guided relaxation that you can listen to for the full 4 minutes or hang up on when you need to go. The number is x72149. As soon as you hear my voice, press 2 to begin the relaxation.**

Sr. Fran Glowinski, osf  
Chaplain, Pastoral Care  
708-327-2149  
708-216-9056

**"Hope is hearing the melody of the future; faith is dancing to it today."**

**--Ruben A. Alvez**

Sr. Fran will be sharing her thoughts in the Nurse Link, look for her inspiring thoughts



## Nursing Quality & Safety Council (NQSC) continued

The NQSC is currently working on Inpatient and Outpatient Nursing Quality Dashboards. What is a dashboard and why do we need one? A Nursing Quality dashboard can tell you at a glance key quality and safety information. The initial Inpatient indicators will be fall rate, nosocomial pressure ulcer rate and applicable core measures. The initial Outpatient indicators will be procedural sedation and universal protocol. Additional indicators will be added to meet the needs of all nursing departments. Fiscal year 2008 priorities also include evaluating pressure ulcer rates and recommending a pressure ulcer reduction program.

If you have any questions about the presentations mentioned or you're interested in joining the NQSC, please contact a NQSC member, Judy McHugh or Carmen Barc.



### *Building a Safe Healthcare Environment*

## Anti Stress Kit for Quality

- Rubber Band:** To remind you to stretch your new ideas and your mind to new limits so you will continue to grow and reach your potential.
- Life Saver:** To remind you to think of your peers as your "life savers". Care about each other and help each other through the stressful times that occur in life.
- Penny:** To remind you the value of your thoughts – BIG ones and little ones! Share them with others.
- Eraser:** To remind you that we all make mistakes and with an eraser they can be erased, as can our human mistakes be overcome.
- Toothpick:** To remind you to "pick out" the good qualities in others and yourself and to be tolerant and accepting of the differences of others.
- Paper Clip:** It's important to "keep it all together." Find the balance in your physical, professional, and spiritual life. Explore the resources and programs available to you.

*Anti Stress Kits were given out during Nurses Week 2007*

## Don't Miss the Magis Picnic! Monday, Sept. 10

Starlight picnic for overnight shift  
1-3 a.m., in the hospital cafeteria

LUMC picnic  
11 a.m. - 2 p.m., 5 - 6:30 p.m.  
outdoors between fitness center & SSOM

The Ambulatory and other off-campus departments will receive their food on an alternate date during the week of September 10th.

Check with managers for specific dates and times.

## We Need Your Help!

Can bring school supplies to the Magis picnic?

Show your Magis spirit and bring any school supplies to the Magis Picnic on Monday, September 10.

Your donated supplies provide vital support throughout the year as we tutor children patients in our Reading, Writing & Recovery Program® within the Ronald McDonald® Children's Hospital of Loyola University Medical Center.

Thank you for your help.

## Nursing in the Pain Clinic *Christine L. Bollier, BSN Clinical Coordinator of Neuroscience and Pain Clinic*

The nurses staffing the pain clinic have witnessed significant clinic growth and change over the last twelve years. Technology plays an increasingly greater role in pain management. The advances in the field have provided ongoing challenges and learning opportunities for these nurses, Maureen Kolbusz RN, BSN and Sandy Walton RN BSN.

Ten years ago Vicodin or Tylenol # 3 were the drugs of choice for pain management. and very few procedures were done with fluoroscopy. Today, pain management has evolved into an area that demands fluoroscopy for most procedures. Interventional pain management has increased and the use of opioids for pain relief has decreased.

A recent conference in Minnesota, "The Body in Pain: The Challenge for Nurses", supported the multi-modal approach to pain management. Interventional therapy with a combination of psychological therapy, biofeedback, physical therapy, and adjuvant medications has given patients alternatives to opioids alone to control their pain. New medications in neuropathic pain and depression are some examples which contribute to the combination therapy approach.

Opioid therapy is still necessary treatment for many patients with both chronic and acute pain. The pain clinic nurses are aware of needs for adjustments in therapy and utilize an opioid contract for patients on chronic opioids as an objective way to deal with abuse or potential abuse of medication.

Kolbusz and Walton believe as Pain Management nurses they are privileged to see the success of effective pain management, the immediate relief some interventional therapies provide, and the hope of patients who are willing to try any intervention possible for pain relief. "If I could invent one drug, it would be something similar to a local anesthetic, without certain side effects, which would provide **permanent** pain relief."



*Pain clinic RNs from left to right: Sandy Walton and Maureen Kolbusz*

*CNE Corner continued from page 2*

At Loyola, we are also lucky to also have an excellent School of Nursing. Recently, I was included on the search committee for the Dean position of the Neihoff School of Nursing. It was a wonderful opportunity to work with our colleagues at the school. I look forward to working with Mary Walker, new Dean and the faculty to enhance our collaboration to promote education, practice and research.

In a different way, I have advocated for nursing beyond Loyola by participating with the Metropolitan Chicago Health Council (MCHC), Illinois Organization of Nurse Leaders and the American Organization of Nurse Leaders. MCHC just held a CNE Summit in conjunction with area colleagues from all the schools of nursing to address the issue of Illinois' nurse shortage now and in the future. I have also participated in the statewide political policy development which has resulted in the Illinois Nurse Staffing Law which will require public reporting of nurse staffing. It is so important that we expand our connections beyond this campus to benefit from the experiences and learnings of our colleagues to better deal with challenges we all face. Overall, I see these as important ways to support Loyola Nurses in their role and also contribute to the development of our profession.

Enhancing the role of the CNE to an executive level role was a critical element in the culture change that we are working on together. We have added system-wide nursing councils to enhance staff participation in decisions about nursing practice. These changes create the structure and foundation for our culture change and our magnet journey. Over the next several months we will work together to create a strategic plan for nursing at Loyola and enhance our shared decision making processes. Your participation is critical. I need to know what you are accomplishing and where you are struggling. I continue to be extremely proud of the opportunity to be your CNE and am privileged to advocate for and with you, Loyola nurses. Each day I have the opportunity to see your commitment, your living out your vocation and making your "call to care" very real for our patients and for our profession.

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