



Nurse Link

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LIBRARY SEARCHES: Taking the Mystery Out of Finding Information
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So, you've just volunteered to research the most current practice for an issue on your unit. The next step doesn't have to be to hit the panic button ... the library is here to help you!

When researching a topic, you must continually ask the questions "What is the evidence for this intervention?" and "How do we provide best care?"

You need to make sure that your practice is evidence-based. By definition, evidence-based practice (EBP) is "the conscientious, explicit, and judicious use of the current best evidence in making decisions about the care of individual patients." It allows nurses to implement the most up-to-date, research-tested, and high-quality patient care (Beyea, S. & Slattery, M, 2006).

There are several options for finding the information you need:

- 1. You can sign up for a one-hour class in the library.**
 - Go to "loyola.wired" (intranet)
 - Type in your Login ID and Password in the Information Portal (left-side)
 - Click on "E-Learning"
 - Click on "Enroll in Class"
 - At top of this page, select drop down tab next to "Curriculum" and select "Library Classes"
 - Enroll in class, for example:
 - "What's at Your Library"
 - "Evidence-Based Medicine Resources"

If you cannot find a convenient time, please contact Jeanne Sadlik x65304 or jsadlik@lumc.edu who will arrange an individual class for you.

- 2. If you don't have time to go to a class,** there is on-line training available.
 - Go to EMR → "Health Sciences Library" OR to "loyola.wired" and select "Library" in upper right-hand corner
 - Click "Training and Education" tab
 - Select "Guides and Tutorials", choose from several topic, including:
 - Searching Nursing Concepts
 - Researching a Topic
 - Locating Journals in the Library

- 3. You can also take e-learning modules on various library topics** and get credit on your transcript for completing them.

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



I want to begin this edition of Nurse Link by thanking all of you for your hard work through the Joint Commission survey. As you know, we had seven surveyors here for five days doing tracers throughout the organization. We did receive full accreditation. The surveyors commented that nursing staff was confident and knowledgeable. I spent the week with one of the nurse surveyors and I was very impressed how calm and responsive you all were. Although the survey is of the entire organization, nursing is the primary group that are questioned and observed. So congratulations and thank you for all your efforts!

I hope all of you have completed the most recent employee opinion survey on-line. The first totally on-line employee opinion survey we did here at Loyola was when we did the RN survey last year. I want to thank all of you who are working with me to make Loyola an exceptional place for RNs to work. For several years our RN turnover rate has reflected well on our ability to retain RNs. At the present our RN turnover rate is well below the national and regional average. We experience a turnover rate of 8.45% while locally the average is 12%. So working to improve our RN satisfaction is working from strength.

When we received our results from the RN satisfaction survey done in January of this year I was very pleased to see the progress we have made. First we had a 65% response rate, which provides us confidence in the results. Eleven of the twenty two items showed significant improvement while eight remained the same. In fact, we continued to show significant improvement since the 2004 employee opinion survey.

It is nice to see that as we listened to you and worked with you, we saw an increase in our results. As we have benchmarked our salaries, shared more openly our processes and addressed positions in need of market adjustments satisfaction with pay has improved. You report that you feel challenged and use your talents well as you care for patients here at Loyola. I am glad to see that you feel satisfaction in all of the ways you bring your knowledge, skills and experience to care for the complex patients who come to Loyola for care. In particular, we exceeded the Magnet mean for personal and work/life balance, you are able to use your job skills and your ideas and suggestions are seriously considered.

It is good to celebrate what we have done to improve our work environment for nursing and all of our employees. We still have work before us to meet magnet status and I look to you to help us improve our satisfaction even higher. Two areas of particular opportunity are reflected in the questions that ask if you intend to be working at this organization in three years. This is one of the items that showed a slight decrease. With all of the opportunities open to nurses at Loyola, I would hope that you would seek the opportunity to advance your career here before deciding to look outside. We have the clinical ladder for those who wish to remain in direct patient care. And we have multiple units, ambulatory sites and ancillary positions to challenge nurses with new skills and knowledge. We have a growing number of Advance Practice Nurses and are beginning to develop APN clinics as these roles are increasing and expanding. We have opportunities for growth into management roles and we provide clinical faculty for Loyola's Neihoff School of Nursing, opportunities abound.

An additional opportunity for improvement exists in enhancing manager/staff communication. With the increase in shared decision-making at the system and unit level we are working with all levels of nurses to enhance participation and communication. We recognize that we work in a complex, busy organization that makes communication difficult at times, particularly when so much is happening. We also know we can do better than we have done. We are asking that managers and staff work together to define each unit's specific communication needs and find ways to enhance communication.

Even since we did this survey, we have done much work. The development of our nurse councils and the work that is being accomplished through these councils is excellent. We have implemented a practice change in oral care for ventilated patients which has simplified our policy, streamlined nurses work and is more in line with what the evidence shows to be best practice. We have just implemented the nurse education stipend to assist staff nurses with certification and conference attendance.

CNE Corner continues on page 9

Introducing Deborah A. Jasovsky PhD, RN, CNAA, BC, Associate Chief Nurse Executive

Dr. Deborah Jasovsky is the new Associate Chief Nurse Executive recruited from New Jersey to join the nursing team at LUHS. She has been a successful Magnet Program Director for more than 5 years in her previous position as well as being a Magnet Appraiser for this international program recognizing nursing excellence.

Dr. Jasovsky was also responsible for nursing research and project management in geriatrics, implementing a new hospital online policy and procedure system, patient satisfaction, and internal/external nurse recognition. Her past experience includes critical care nursing, staff education, clinical trial research and nursing research. A large amount of her experience has been in nursing administration for Woman & Children's services, critical care, house supervision, nursing quality, staffing and informatics.

As an adjunct faculty member, Dr. Jasovsky taught undergraduate and graduate nursing research and nursing leadership courses and is the 2007 recipient of the Professional Recognition award from the NJ Organization of Nurse Executives. She is looking forward to working with the LUHS nurses on our Magnet journey.

Welcome to our Journey Deborah Jasovsky!

Kudos to our Nurses

Degree:

Stacy Hubert, 3 NESW Assistant Nurse Manager, Completed her MS in Health Services Administration from University: University of St. Francis

Judy Mc Hugh, Nursing Performance Improvement, received her MSN in Health System Management

Certification:

Stefanie Bluemer RN, 6 West, Accomplished her Oncology Certified Nurse, July 2007

Marilyn Buhrke, RN, Department of Quality & Resource Management, MIDAS+ Certified System Manager (MCSM)

Janice Duffy RN, General Medicine Clinic, Obtained Travel Health Certification, May 2007

Judy Mc Hugh, Nursing Performance Improvement, received a certificate for Outcome Performance Management

Kerri Schmaling RN, MICU, Achieved CCRN, September 2007

Awards:

Vicki Keough, Asst Dean Nursing Graduate Program and Faculty School of Nursing, is this year's recipient of the Frank Cole Emergency Nurse Practitioner Award from National Emergency Nurses Association. This award is given each year to one ENP across the nation.

Publishing:

Christine Chaput, RN, Emergency Department: Published, Disaster Training for Prehospital Providers
In the Prehospital Emergency Care Journal, October-December 2007

co-authors: *Christine Stake, Matt DeDeluhery, Katherine Martens, MD, Mark Cichon, MD*

Judy Mc Hugh RN MSN, co-authored, July 2007,
University Health System Consortium Sentinel Event Management and
Prevention: Best Practice Recommendations White Paper and Sentinel Event Member Survey



- Go to “Loyola Wired”
- Type in your Login ID and password
- Select E-Learning
- Enroll in CBL
- Scroll “Display Course List by Curriculum” and select “Responsible Searching”, choose the module you are interested in, for example:
 - Importance of Responsible Searching
 - Evidence Based Practice in Nursing
 - Searching Pegasus
 - Searching CINAHL

4. Want to know if a particular journal is in the library?

- Go to Health Sciences Library & look in the QuickLinks section on the bottom left of the screen
- Select “Electronic Journals A-Z” and “Library Catalog (Pegasus)” to find out if the article/book is either on-line or physically available in Loyola’s library.
- Select “Request an article/book not owned by the library” if you are unable to find the information you need.

- Make sure you first check that Loyola does not own the article/book because if they do, your request will be returned to you – possibly wasting valuable time.

5. Don’t forget you can access the library from off campus by signing up for Archer (proxy server) under “Health Sciences Library”.

- Click on “Register for off-campus access (Archer)” found in QuickLinks section.
- After submitting this form, you will get an email notification confirming you log in and [password by the end of the next business day.
- Contact Donald Nagolski at x65308 or dnagols@lumc.edu

Finding the information you need is as close as the library or your computer. Sometimes the hardest part of any project is to know how to start collecting information. These instructions will take the guesswork out of that mystery.

Beyea, S. & Slattery, M. (2006) *Evidence-Based Practice in Nursing: A guide to Successful Implementation*. Marblehead, MA: HCPro, Inc.

Shared Decisions Making Councils

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

Nursing Quality & Safety Council (NQSC) *Judy Mc Hugh, Carmen Barc* NQSC continues to fulfill its mission of “Building a Safe Healthcare Environment” by educating nursing staff about Magnet Force 7. Force 7, Quality Improvement, includes ongoing monitoring, evaluation, and improvement of *nurse-sensitive outcomes* appropriate to the clinical setting(s) as well as benchmarking (compare) our outcomes against a national, regional, or state databases (Magnet Recognition Program 2005)

Nurse Sensitive Indicator defined by the American Nursing Association ANA:

Reflects the structure, process, and outcomes of nursing care. The **Structure** of nursing care is indicated by the supply of nursing staff, the skill level of the nursing staff, and the education/certification of nursing staff. **Process** indicators measure aspects of nursing care such as assessment, intervention, and RN job satisfaction. Patient **outcomes** that are determined to be nurse sensitive are those that improve if there is a greater quantity or quality of nursing care (e.g., pressure ulcers, falls and intravenous infiltrations).”

http://nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/PatientSafetyQuality/NDNQI/NDNQI_1/NursingSensitiveIndicators.a.spx

NQSC continues on page 9

NEPDC, NRC and NPPC updates continues on page 6

- Since Loyola has joined the National Database of Nursing Quality Indicators (NDNQI), we are able to compare ourselves to similar institutions on a national basis. One of the nursing sensitive indicators for NDNQI is Pressure Ulcer rate and as part of the Magnet application process, it is necessary to decrease our breakdown rates. The concept of a skin care project in 4ICU was developed in May 2006 when the manager and 3 staff members met to discuss the incidence of pressure ulcers and the most commonly noted skin care issues in the unit. The project mascot "**STU**" was chosen and named as an acronym for **S**kin Care, **T**urning, and **U**lcer Prevention. Over the course of last summer and early fall, plans were made and tools developed to implement the skin care program.

A rollout date of October 1 was set and numerous projects were completed prior to that date. Educational signs were developed for the most commonly identified skin care issues such as turning every 2 hours, NG/Dobhoff tube taping, heel elevation, and documentation of breakdown. These signs were laminated to be displayed in the medication rooms and staff bathrooms and rotated on a weekly basis. A Skin Care Team composed of 12 nurses from all shifts was formed to serve as a resource and to promote the project. Evidence-Based and Best-Practice articles were collected and placed in a reference binder. Promotional signs announcing "Watch for STU" were placed throughout the unit and the STU mascot was placed on all project materials.

One of the major tasks was the development of a 12-question audit tool to be used on all patients in the unit every Monday, Wednesday, and Friday. Members of the Skin Care Team are assigned to do the audits on a rotating basis during the course of a normal work day (no one has to be "off unit" to do these audits). A "Comments" column was added to the audit to explain any special circumstances and the completed audits are kept in a binder until the patient is discharged from the unit. In addition, on the first day of every month, head-to-toe skin assessments are performed on all patients using the Quarterly Skin Ulcer Data Collection form utilized by the house-wide skin care group.

On October 1, 2006, the project was officially launched. The head-to-toe assessments were done, the audit tool was implemented, and the first of 10 laminated signs promoting specific skin care interventions were posted in the unit. After collecting data for 3 months and compiling the results in a bar-graph format, the next phase of the project was ready for implementation.

A skin care education board was designed with an accompanying mandatory written competency. The 4ICU Skin Care Standards were developed and included such items as Braden Scale required for all 4ICU patients regardless of age, all patients out of bed at least 3 times per day unless medically contraindicated, and NG/Dobhoff tubes taped to the upper lip rather than the nare. Flowcharts for Pressure Ulcer Risk Assessment and a Pressure Ulcer

Prevention Protocol were developed in a pocket-size format and laminated for all RNs and PCTs in the unit. Each member of the Skin Care Team was then assigned a group of 4-5 staff members with whom to meet on a one-to-one basis to hand out and review the educational materials. The expectation was made clear that staff participation in the project was mandatory.

Additional education boards highlighting the 4ICU Skin Care Standards and the EPIC order sets for skin care products were displayed in the unit. Further interventions included increasing the number of reusable pillows to promote adequate turning (keeping the sacrum clear of the mattress with turning), stressing the need for early TLS x-rays to promote early mobilization of patients, and the purchase of 3 new cardiac chairs to facilitate patient activity. Based on the literature reviewed, the decision was made to consider patients as high risk for breakdown if the Braden Score was 16 or less (rather than the current 11 or less). Future plans include a monthly multidisciplinary review of all pressure ulcer cases to analyze the occurrence and identify areas for improvement.

The project has greatly increased awareness of skin care issues in 4ICU and held the staff accountable for following the unit standards. By choosing areas of improvement specific to the 4ICU population, we were able to narrow our focus and improve our outcomes. For the past 7 months, 4ICU has had >95% compliance with each of the criteria on the skin care audit. We have had no heel breakdown since the beginning of the project and are focusing our efforts on sacral and occipital breakdown. In addition, the standards have been incorporated into the unit culture and are considered a basic expectation of all staff members.



Nursing Education and Professional Development Council (NEPDC) -Barb Hering , Debbie Marra

The Education & Professional Council is very excited to introduce the new Education Stipend benefit! We have had about 30 applications for this first quarter – so the news is spreading. A special edition of *Nurse Link* promoted the Education Stipend, along with members of the committee meeting with your Managers to distribute posters and answer their questions. Please let us know if you have any suggestions – this is your benefit, let's make it work for you! You can download the criteria and application on the internet @ www.LoyolaMedicine/feature/nursing. Contact Barb Hering, RNC (NICU) at bhering@lumc.edu with questions or suggestions.

The committee is also busy developing the Nursing Standards into learning modules for you. The standards include Staffing and Scheduling Guidelines, Nursing Bill of Rights, Patient Bill of Rights, Nursing Code of Ethics, and the Nurse Practice Act. The first standard we are focusing on is the Nursing Code of Ethics. Even though we all practice excellent nursing care, it will be interesting to learn more about the basis of the standards that guide our daily care.

We would not want to forget to mention the great Nursing newsletter, *Nurse Link*, which is publishing its 4th edition. It's a great way to keep in touch with Nursing at Loyola. Go to www.luhs.org, select "Nursing at Loyola", and select "Nurse Link". Thanks and congratulations to all of you who have contributed material for the publications.

As always, please let any of the committee members know if there's anyway we can help you to fulfill your educational and professional development; We'd love to hear from you.

Nursing Research Council (NRC)- Mary Morrow, Pam Clementi

The research council continues to move forward. As research and evidence based practice articles are reviewed, it is important that nurses know how to evaluate the quality of the article in order to determine the level of validity and credibility of the findings. Currently the research council is reviewing several research critique forms and will be making a recommendation for a form to be used house wide.

Paula Hindle has worked closely with Dr. Kennedy, Dr. Brubaker and Dr. Androwich to expand the list of staff that is able to be Principle Investigators on their research studies.

Nurses who are allowed to serve as Principle Investigators on their research studies must have their master's degree and have an adjunct faculty position with the Neihoff School of Nursing. To find out more about becoming an adjunct faculty member with the Neihoff School of Nursing, please contact Dr. Gayle Roux at ext. 82917.

Pat Braun presented her dissertation research at the November Nursing Research Educational Tea. The title of her research was 'The process of transition of care of the neurogenic bowel in the preadolescent with spina bifida'. Her presentation was well received as she shared her findings and some insight into Grounded Theory Methodology.

Nursing Professional Practice Council (NPPC)

The professional council has been working together to develop evidence based professional practice. One example is the Rapid Response Team- see page 7 for further details.

Do you like to write?

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!

In hospitals across the nation, rapid response teams (RRTs) are the buzz. These mobile critical care teams respond immediately to the concerns of bedside nurses when patients' conditions may be deteriorating. Their goal is to collaborate with bedside nurses and give prompt critical interventions to head off further deterioration and cardiac arrest. The Institute for Healthcare Improvement's (IHI) 100,000 Lives Campaign has promoted RRTs as an effective intervention to reduce cardiac arrests and overall mortality rates, and the RRT concept is considered a patient safety goal by the Joint Commission on Accreditation of Healthcare Organizations.

WHO WILL MAKE UP THE TEAM?

It is just such a team that is currently being launched here at Loyola. The team will consist of an ICU nurse and a respiratory practitioner. The nurses that will be part of the team will have a minimum of 2 years ICU experience, ACLS certified and a Level 3 nurse. The respiratory therapist will be a "Practitioner 3" and ACLS preferred. Additionally, part of the group page will include the nursing supervisor and the person in charge of bed control, this will serve to help in facilitation of an ICU should the need arise. It is this combination of skill and expertise that will be in collaboration with the nurse caring for the patient to optimize outcome.

WHY HAVE AN RRT?

The goal of this team is to provide an immediate response to the concerned nurse caring for a patient. The nurse will identify a change in the patient's condition and notify the physician of the change. If the nurse is unable to make contact with the physician, the physician is unable to come to the patient's bedside or determines there is no need for intervention at this time; the nurse may then activate the RRT. The criteria for activating team are as follows:

Rapid Response Team

Pager 11122

Criteria to call Rapid Response Team (RRT)

Step #1

Staff worried about the patient or uncomfortable with situation	Acute change in respiratory rate <8> 28 per minute
Inadequate or no response from physician	Acute change in saturation <90% despite O ₂
Acute change in heart rate <40> 130 BPM	Acute change in conscious state
Acute change in systolic blood pressure <90 mmHg	Acute change in urinary output < 50 ml in 4 hours

Step #2 RRT will arrive to patient's room in 5 minutes

Step #3 RRT will consult with you on the patient's status: SBAR should be utilized for immediate communication to the team

Step #4 Physicians will be called and updated by nurse & RRT together

Step#5 The patient will be transferred to a higher level of care as needed

Step#6 Complete the documentation of the RRT recording sheet

PATIENT CARE:

The team will arrive and assist with the assessment of the patient and make the determination if there is a need for interventions and/or facilitation of movement to a higher level of care. The team members will be working under a set of prescribed standing orders that have been sanctioned by the chief of staff office and are to be utilized to facilitate the stabilization of the patient. They include such things as hanging intravenous fluids, initiating oxygen therapy, suctioning, arterial blood gases, chest x-ray, breathing treatments, and dextrose administration.

PILOT AND BEYOND:

The pilot was initiated on 6NE with RRT members originating from MICU and the HTU. With several successful interventions it was decided that the RRT should become a hospital-wide initiative. Currently, the 3NEW has gone live and soon there will be inservices on 6W. The medical resident staff have been provided learning sessions on the projects and soon the surgical staff will be brought up to speed as the inservicing and launches move onto the surgical units.

Ultimately, the goal is to have good communication and good early recognition of triggers that mean our patients are getting into trouble. Nurses always like another set of eyes to see their patients and to help in quick decision- making when minutes count. It is just this need that the RRT can meet.



Sister Fran's Inspiring Thought-

Fran Glowinski osf

"Our universe is constantly being transformed. Our life is what our thoughts make of it." - *Marcus Aurelius*

Dear Ones,

In anticipation of writing something for Nurse Link on coping with change, I asked a number of your colleagues what kind of inner resources help them negotiate changes...especially that are not of their making. They boiled down to these:

- *keeping an open mind, especially through praying to be open...
- *closing my ears to negative chatter, even my own inner kibitzing...
- *remembering times when unwanted change eventually had silver linings...
- *distracting myself with something I like to do so I don't stay at my pity party overlong...
- *focusing on positive consequences...I love learning, so I focus on what I'll get to learn that's new
- *considering what my patients are going through and realizing I've got it pretty good...
- *my upbringing: my work ethic is that if the change isn't illegal or immoral, I just do it because that's what's expected of employees...
- *learning how to cope with someone I admire who does it well, I've had good modeling...
- *support from my family and peers...*taking heart from other changes I've made...
- *enjoying more consciously the things I can...*being able to negotiate how some of the change goes...
- *remembering I'm **choosing** to work here...

I'll end with a wish, a quote that made me chuckle, and the prayer we say at the end of Staff Prayer here in the Cancer Center every Thursday morning. (7:45-8:00 am...all our welcome).

My wish is that each of us can dig as deep as is needed to find the grace to make the changes our ever-evolving system requires.

"God grant me the serenity to accept the people I cannot change, the courage to change the one I can, and the wisdom to know it's me." (Author unknown)

May we be at peace.
May our hearts remain open.
May we know and experience our connection to the Divine.
May we be healed.
May we be a source of healing for all we meet or pray.

Introducing... Reflections of a Nurse

Many nurses have shared their personal perception of "Purpose, Practice and Presence". We will be publishing YOUR story here.



You must be the change you want to see in the world.

-*Mahatma Gandhi, Indian political and spiritual leader (1869-1948)*

My Story

Lisa Johnson, BS, RN, TNCC, TNS

I think that it can be overwhelming, at times, to hear of all of the trouble and suffering in the world. It almost seems as though the Bad greatly outweighs the Good. Of course, this line of thought may then lead to the conclusion that the average individual cannot possibly affect positive change in any significant way. I could not disagree more.

We all weave our own special talents into the fabric of our society, ideally to create or maintain a more humane and sustainable civilization. I truly believe that my talents have been best utilized in my role as a registered nurse. Perhaps I inherited an aptitude for the art of nursing from my compassionate and medically savvy father, or, possibly, I was exposed to great nursing role models during my own health problems as a child; whatever the source of inspiration, my career is truly my calling, and has provided me with a perfect synthesis of intellectual, emotional, and spiritual fulfillment. More so, nursing has equipped me with an extraordinary tool with which I can truly 'make a difference', whether for one person at a time or for many.

Each day, we, as nurses, have a fresh opportunity to revise our game plan, improve upon our practice, or, at the very least, learn from prior experiences. Each day, we have a chance to make a lasting imprint upon another person's life. I often reflect upon my many memories of positive, mutually beneficial interactions that I have had with my patients, and use those recollections to enhance my current nursing practice. When I recall a former patient who told me that, during a midnight check, I had spoken to her using words of reassurance that only her deceased mother had ever used, I am reminded of the importance of therapeutic touch and comfort, even in a critical care environment.

Reflections continue on page 10

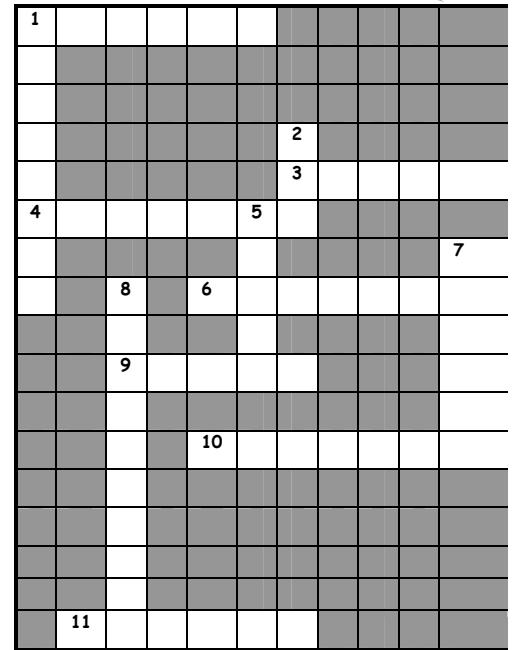
The education stipend had its first quarter applicants reviewed. Twenty-nine of the twenty-nine applicants received reimbursement through the new education fund. What HUGE Success! The Nursing Education and Professional Development Council would like to remind applicants to complete a pink Expense Report so they can get reimbursed through payroll.

Magnet designation requires that we have at least 12 nurse-sensitive indicators, 10 of which are baseline indicators defined by the (ANA) and two selected by the hospital. Below is a list of the 12 nurse-sensitive indicators that we are currently collecting. Six of them are already entered into the National Database of Nursing Quality Indicators (NDNQI).

NURSE Indicator	Measurement
Mix of RNs and Unlicensed Staff Caring for Patients in Acute Care Settings (NDNQI)	Mix Measures the percent of registered nursing care hours as a total of all nursing care hours on an acute care unit. A secondary measure would be the percent of RN contracted hours of total nursing care hours.
Total Nursing Care Hours Provided per Patient Day (NDNQI)	Total number of productive hours worked by nursing staff with direct patient care responsibilities on acute care units per patient day. Additional data collected for this indicator are RN contracted hours, total contracted hours, RN nursing care hours per 1,000 patient days. WinPFS provides this data3
Patient Falls (NDNQI)	The rate per 1,000 patient days at which patients experience an unplanned descent to the floor(includes lowered to the floor) during the course of their hospital stay.
Patient Satisfaction with Pain Management (H-CAP)	Sample of patient opinion of how nursing managed their pain
Patient Satisfaction with Educational Information (H-CAP)	Sample of patient perception with satisfaction with education
Patient Satisfaction with Overall Care (H-CAP)	Sample of patient perception with satisfaction with overall care
Patient Satisfaction with Nursing Care (H-CAP)	Sample of patient perception with satisfaction with nursing care.
Nosocomial Infection Rate/Healthcare Acquired Infection Rate	Measure to determine rate of infection. Currently we are collecting rates for Central Line, Ventilator Associated Pneumonia, Surgical Site, MRSA, VRE and C-Diff Infections.
Nurse Staff Satisfaction (Moorehead)	Job satisfaction expressed by nurses working in hospital settings as determined by scaled responses to questions designed to elicit nursing staff attitudes toward specific aspects of their employment situation.
Pressure Ulcers (NDNQI)	This measure would be defined and calculated as: Total Number of Patients with hospital acquired Stage I, II, III or IV Ulcers/Number of patients surveyed - Additional data is collected to show a relationship between nursing assessments using the Braden Scale and the development of pressure ulcers
Pediatric Pain (NDNQI)	Pediatric Pain cycle is evaluated to determine the prevalence (occurrence) of a complete pain cycle (assessment/intervention/reassessment) and to establish the average length of time between pain assessments on the pediatric and neonatal units. This indicator is also compared to the nursing hours worked
Pediatric PIV (NDNQI)	Pediatric Peripheral Intravenous Infiltration (PIV) is evaluated to determine the prevalence of PIVs on the pediatric and neonatal units . This indicator is also compared to the nursing ours worked

If you have any questions about the information presented in this article, please contact Judy McHugh, Carmen Barc or your NQSC representative. Enjoy the crossword puzzle "What is your skin IQ?"

What Is Your Skin IQ?



Across

1. Black hard tissue
3. An open sore
4. Substance that debrides
6. Removes dead tissue
9. Layers of tissue sliding against each other
10. Fluid in wound
11. Loose dead tissue

Down

1. Red from vasodilation
2. Thick fluid indicating infection
5. Fluid in interstitial spaces
7. Loss of epidermis
8. Hospital acquired

Answers to Skin IQ on page 11

We have developed a mechanism for master's prepared nurses to be the primary investigator on nursing research and we have begun our work on nurse sensitive quality indicators (falls and pressure ulcers) comparing ourselves against a national benchmark.

Thank you for your partnering with me and our nursing management team in moving the practice of nursing forward at Loyola and also creating an environment where nurses can feel satisfied with the work they do. Together we can accomplish great things!

Women's Health Center and Breast Care Clinic

Christine L. Bollier, BSN, Clinical Coordinator of Neuroscience and Pain Clinic

The women's health center, located on the second floor of the out patient building, services patients with routine gynecologic, obstetric, breast care, and high-risk pregnancy needs. Utilizing shared decision-making, the women's health clinic has provided ambulatory clinics with a shared governance model. This busy clinic of six RNs (two part time in breast care), one LPN, and four PCTs supporting 25 doctors meet to discuss situations at hand. Robyn Thurston, reports formal monthly staff meetings and ad hoc meetings almost weekly to continue the discussion process. Recently a process for screening post-partum depression developed in this manner. When the clinic was hiring another nurse, each of the nurses interviewed the candidates for direct input into the manager's decision. Another example of teamwork is shared data collection with the QI projects.

Magnet nursing concepts of a "trusting atmosphere, freedom to deliver quality patient care, and the opportunity for professional nurses to participate in decisions that affect their practice and work environments" (HCPPro, Inc, 2006, p7), provide job satisfaction despite a hectic clinic with constant physician/patient needs. When the clinic nurse has a few minutes of down time, she supports the triage nurse by opening the nurse pool in-basket to respond to requests. This allows for requests answered in a timely manner.

The high-risk pregnancy nurse coordinates a multidisciplinary team depending on the patient's situation. If the patient has a co-morbid disease, previous medical records are obtained to speed up the provider's plan of care.

Reflections continuation from page 8

And, when I remember a patient who went into cardiac arrest and was fully resuscitated twice in a 12-hour period, only to be up in a chair a few days later, laughing and drinking a strawberry shake, I am reminded that an individual is not a statistic, and that each one possesses the ability to 'beat the odds'. Patients like these, along with many others, help me to learn about myself and improve upon my vocation more than they may realize.

Judging by my own experiences, I truly believe that the effects we have on each other's lives have a much greater impact than we might sometimes believe. For, our seemingly small and insignificant gestures have the ability to reverberate far beyond their obvious boundaries!

In order to qualify the patient visit with a perinatologist, a nurse evaluates each referral with a reason for the visit; i.e. ultrasound, amniocentesis, first trimester screening. This process allows for the high-risk population to enter into a consultative practice. When consultation is no longer needed the patient returns to the referring provider for care.

As Loyola ambulatory nurses unite with the Magnet nurse initiative, may we continue to learn from examples such as seen in the women's health clinic.



Pictured in photo from left to right: Margie O'Connor RN, Carol Worth LPN, Bette Okamoto RN and Kristin Schirott RN

How Was Your Skin IQ?

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