



# Nurse Link

Volume 2 Issue 1

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## Test Your Knowledge of Methicillin-Resistant Staphylococcus Aureus and Clostridium Difficile *Magnet Force: 6 and 10*

Janis Corcoran Bartel MSN RN CIC

### *What is Methicillin-resistant Staphylococcus Aureus (MRSA)?*

It is a type of bacteria that is resistant to certain antibiotics such as methicillin, oxacillin, penicillin and amoxicillin. Staph infections such as MRSA can occur when patients with weakened immune systems are hospitalized. These infections can present as bloodstream infections, urinary tract infections, pneumonia or surgical site infections. MRSA infections originating in the community are usually manifested as skin infections such as pimples or boils and can occur in otherwise healthy people. The infected area is often red, swollen and painful to touch and can be mistaken for a spider bite.

People may become colonized (present in the nose or on the skin) with MRSA and harbor it indefinitely without symptoms. Healthcare staff can be the link for transmission to patients via hands that are contaminated. That is why it is so important to wash hands with soap and water or handgel before and after giving direct patient care. Another route of transmission is environmental surfaces, equipment or devices used on a number of patients without being cleaned in between.

Patients and staff who are colonized or infected with MRSA can be successfully treated with medications. Patients with MRSA should be placed on contact precautions (gown and gloves after handwashing) to prevent the transmission to other patients.

### *What is Clostridium Difficile (C-Diff)?*

One bacterial organism which presents a risk to hospitalized patients is *Clostridium difficile*. Particularly in elderly patients, it may result in serious illness. The bacteria in the intestines form spores which enable *C-diff* to survive in the environment outside of the body. The normal intestinal flora is altered when antibiotics, such as penicillin (ampicillin), clindamycin and cephalosporins are taken to treat infection. The side effect of these antibiotics is excessive diarrhea accompanied by abdominal pain, fever and dehydration. *C-difficile* should be considered in any patient who develops diarrhea and is on antibiotics. The laboratory test is the only reliable way of confirming the diagnosis.

Two antibiotics are known to be effective in treatment. Metronidazole taken by mouth is the first choice. If this is not effective, Vancomycin taken by mouth can be given. The risk of relapse is about 20-30% of patients. Antidiarrheal agents such as Lomotil and Immodium have been shown to increase the severity of symptoms and should not be taken.

Patients should be placed in contact isolation (gowns, gloves and private room) at the first sign of diarrhea to prevent the spread to other patients.

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

### **Magnet Force: 1**



Happy New Year! As the year's change, it is important to reflect on the accomplishments of the prior year and then to set goals for the coming year. Last year seemed to be the year of the survey with multiple IDPH visits, the Joint Commission triannual visit and the new CMS site certification for Transplant Services. This trend continues with The Joint Commission Stoke Certification, the IDPH for recertification for Pediatric Critical Care, the Illinois Nurses Association recertified us as a CEU granting organization and in February we anticipate a site visit of our Perinatal Program. Throughout all these surveys, I have been so impressed with

the professionalism, presence and confidence that staff demonstrated under pressure. I personally want to thank you for your hard work to make all these surveys successful.

This next year will be a year of significant changes. In April, we will open the new building which will include new Cardiac Catheterization Labs, Electrophysiology Labs, an MRI, 12 operating rooms, an expanded Surgical Reprocessing and two new inpatient units. The new building also includes significant support space for all these areas plus a new lobby to welcome patients and visitors with a water feature and a healing garden. In April, we will open the areas that are accommodated in the new building. The second phase will be renovations of spaces in Russo to connect with the new building and completion of the support spaces for Surgical Services and Cardiographics.

The new inpatient units will provide an environment that is patient and family centered. All the rooms are private with easily accessible handicap bathrooms. Each room has space and amenities for family members to stay with their loved one including a sleep sofa and a desk area. With this new design, we plan to implement a new model of care for these units. We want to see if we can revise our work process to be more supportive of patient/family. Subsequently, we believe we can significantly enhance our patient satisfaction. We are currently working with staff nurses and managers to help us develop this model. I am very excited about the model of care to better meet patient and family needs.

Besides the opening of the new building, we continue to focus efforts to address new standards of practice required by the regulatory bodies. The Center for Medicare and Medicaid Services (CMS) has instituted a new regulatory requirement that became effective January 1, 2008. We now must report all deaths of patients who were in restraints within the last 24 hours and up to the last seven days to CMS (Medicare). All these cases must be reported within one business day. In order to meet this requirement, Admitting, when notified of a death, now calls the nursing staff to ask if the patient had been in restraints within the past seven days. If the answer is yes, the physicians are contacted to complete the death certificate and to determine if the restraints were a contributing cause of death. The next business day, a review of the chart is completed and a questionnaire required by CMS is completed and faxed to their office by Sue Flores or myself.

In reviewing the charts, I question whether every restraint is needed especially when the patient is comatose. It's time we looked at our practice and start questioning if a particular patient requires the restraint. Protocols were designed for patient safety but each event interferes with the patient's right to be free of restraints whenever possible. I urge each of us to ask ourselves "is this restraint really necessary" before placing a patient in restraints and to reinforce your decision with the patient care techs too. Thank you for your assistance with the process.

The coming year will also be the year, we prepare our documents for submission for our Magnet application. Debbie Jasovsky, the Associate Chief Nurse will oversee this process. We can submit up to 15 inches of supporting evidence demonstrating the 14 Forces of Magnetism. We will need a number of staff to assist in the completion of the documentation but we will need to collect the stories of all the good work you do in providing excellent patient care. If you have a particular example you would like included, please contact myself or Debbie. The creation of this document will be wonderful opportunity to reflect on our accomplishments.

Finally, I want to announce Mary Morrow as the New Director of Nursing. In this role Mary will be responsible for special projects, Patient Care Policies and Procedures, and promotion of practice changes to improve our quality measures, especially pressure ulcer prevalence and the Positive Patient Encounter program to enhance patient satisfaction. Special projects will include oversight of our participation in multi-center initiative entitled "Transforming Care at the Bedside" funded by the Rand and the American Organization of Nurse Executives, and oversight of the reporting processes for the new statewide staffing.

*CNE corner continued on page 8*

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

### **Presentations:**

#### **Daria Ruffolo, RN MSN-CS, CCRN ACNP**

Southern Illinois Trauma Symposium-Springfield Oct 21, 22, Anemia in Trauma When is it time for Blood? and The Complex Pelvis Fractures: Bones, Blood and More

Illinois Symposium of Advanced Practice Nurses--Oak Brook Oct 26, The Adult Acute Abdomen and More and Airway in Trauma: Its All About the "A"

Contemporary Forums: Chicago Nov 5, 6: The Complex Pelvis Fracture: Bones, Blood and More  
Diagnostics in Trauma: It is Not all Black and White

#### **Mary Morrow PhD, APRN, BC**

Saint Xavier University School of Nursing/Center for Nursing Scholarship Qualitative Research: Another Voice in the Evidence-Based Practice Debate, 10/27 - Feeling Unsure: A Universal Lived Experience



#### **Pam Clementi PhD, APRN, BC-FNP**

Saint Xavier University School of Nursing/Center for Nursing Scholarship Qualitative Research: Another Voice in the Evidence-Based Practice Debate, 10/27 Patient Expectations During Health Care Encounters: A Grounded Theory Study

The 4th Annual Nursing Research Symposium Achieving Excellence with Evidence-Based Practice

**Sponsored by:** Northwest Community Hospital, OSF Saint Anthony Medical Center, Delnor Community Hospital, Childrens Memorial Hospital, 11/7 Poster Presentation - Patient Expectations During Health Care Encounters: A Grounded Theory Study

### **Certification: Magnet Force: 12 and 14**

*Wow, look out OR!* The following RNs were CNOR certified in September 2007; Rizalina Bista, Therese Borzym, Wilhelmina Brown, Moises Contawe, Girlie Rose Espinosa, Lorinda Frasca, Myrna Inductivo, Bernardine Loper, Loribelle Lorenzo, Jose Gener Malinis, Eileen O'Grady, Maria Revita, Sheri Rogers, Maria Cristina Valero and Sharon Valtman

Recertification of the CNOR: June 2007: Jill Anderson, July 2007: Julia Leeberg, Deborah Marra, February 2008: Pacita Brillantes.

The Emergency nurses have been busy as well; Vicki Bacidore, Bridget Gaughan, Lori Chiappetta and Jackie Nichols have completed the CEN

Elizabeth Mirabella, GI Lab, Obtained Certified Gastroenterology Registered Nurse, CGRN, November 2007

### **Volunteer: Magnet Force: 9 and 10**

Linda Millbrandt, RN is a Clinical Research Nurse in Radiation Oncology. She has worked with patients with cancer at Loyola for over 10 years. Linda is also the President of the Parent Teacher Organization (PTO) for Praireview Elementary School. Linda spearheaded a family service project to make fleece blankets for hospitalized children, especially those undergoing cancer treatments. More than 100 Praireview Elementary School pupils and several students from nearby junior high and high schools made the blankets. The money for the material to make the blankets was donated by local businesses, parents and Loyola nurses in the research and radiation departments. Each child also made a card to accompany the blanket. The 102 blankets were donated to the Ronald McDonald Children's Hospital of Loyola University Chicago. The blankets were distributed to the children undergoing cancer treatment in the Cardinal Bernardin Cancer Center and children currently admitted to the hospital this holiday season. The children and parents really enjoyed this project. One student said, "It felt good to make the blankets for them. It makes Christmastime fun for the kids." Hopefully, the cuddly bright blankets helped brighten the day for children spending the holidays in the hospital. **This nurse exemplifies Magnet Force 10 Community and the Hospital.** What a wonderful project, many thanks to Linda Millbrandt, RN, Julie Ziman, child life coordinator, who helped distribute the blankets, and many others who donated money for materials.

### **Publications: Magnet Force: 6,7,12 and 14**



Pat Hummel, MA, APN, NNP, Neonatal ICU, was recently published – read about her evidence based findings in Hummel P. Puchalski M. Creech SD. Weiss MG. Clinical reliability and validity of the N-PASS: neonatal pain, agitation and sedation scale with prolonged pain. Journal of Perinatology. 28(1):55-60, 2008 Jan.

*Kudos continued on page 4*

**Awards: Magnet Force:12,13 and 14**

Linda Juretschke RN, Neonatal ICU "JOGNN 2007 Reviewer of the Year"- the official journal of the Association of Women's Health, Obstetric, and Neonatal Nursing (AWHONN). The honor is given once a year to a member of the JOGNN Editorial of the criteria Review Panel as recognition for outstanding contribution to the journal as well as to this specialty area of nursing. One for being awarded this honor is having given service to the journal as a member of the Editorial Advisory Board



From left to right T. Piotrowski, L. Doloszycki, B. Hartman, C. Kelly

**Introducing New Management Magnet Force: 1**

**New to Loyola:**

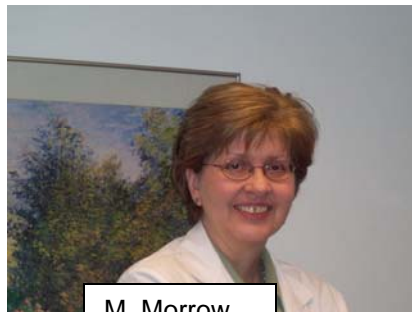
Laura Doloszycki, BSN Manager of 2ICU  
Bobbi Hartman, BSHL Manager of Heart Transplant Unit/CCU  
Caroline "C.J" Kelly, BSN, MSC Manager MICU  
Tom Piotrowski, RN, BSN, CNRN, CAN-BC Manager of 2 Northeast  
Carol Scheffendorf, MS, RN, BS, BSN Administrative Director of Trauma/EMS/Burns

**New to Position:**

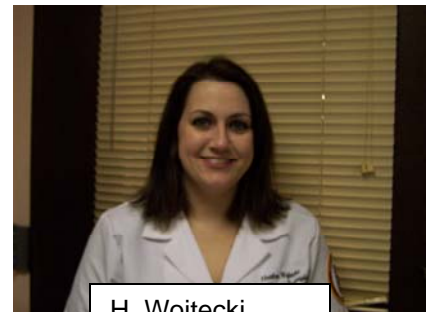
Mary Morrow, PhD, APRN, BC Director of Nursing Administration  
Heather Wojtecki BSN, Manager of Bone Marrow Transplant Unit



C. Scheffendorf



M. Morrow



H. Wojtecki

**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

Test Your Knowledge continuation from Page 1

An order for *C-diff* automatically triggers a *C-diff* isolation order in EPIC. If the patient has a roommate, the roommate should be moved to another room. Criteria for lifting isolation precautions include: when a patient has completed treatment and is asymptomatic, or there is complete resolution of symptoms for longer than 72 hours.

Environmental surfaces and equipment in the room (i.e. Dynamap) should be cleaned with a disinfectant after patient use. Use of disposable supplies is recommended. During times when large numbers of patients are affected with *C-diff*, the Centers for Disease Control (CDC) recommend the use of a bleach solution in addition to the standard disinfectant cleaning agent.

Discharge instructions for patient and family include good handwashing, cleaning the home environment and taking medications to treat *C-diff* appropriately.

It is our responsibility as nurses to insure the safety of our patients, family members and ourselves by abiding by good infection control practices. The infection that you

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## Focus on Ambulatory Pediatrics *Magnet Force: 6,7,9,11 and 14*

Laura Belling RN



From left to right: Stacy Vallianatos, RN, Lucy Juchas, PCT, Laura Belling, RN, Kevin Walton, PCT, Annette Jenero, RN, Paula Zwiebel, RN, Amy Guess, RN, Keila Hawkins, PCT

Located on the Maywood campus in the Loyola Outpatient Center (LOC), are the general pediatric and pediatric subspecialty clinics as well as both pediatric and medicine pediatric resident practices. LOC pediatrics can be a very busy place. On a daily basis, the office may have up to 150 patient appointments and handle as many as 200 patient calls.

The Pediatric practice is staffed by nurses, patient care techs and service representatives who are expert in the care of children. It is our goal to not only provide excellent patient care, but to treat the family as well. The office has general, acute and specialty pediatric visits. It also offers a nurse triage line where parents or caregivers may call to speak with a nurse regarding their child's health.

The triage line is staffed by RN's who have completed additional training in Pediatric triage, as well as a service representative, Annemarie Lally, who is the point person for all contacts with families, residents and faculty. Annemarie's exceptional organizational skills

and attention to detail help triage to run smoothly.

The nurses in LOC Pediatrics were the pilot office to utilize EPIC triage. EPIC triage is a protocol based system in an algorithm format. Barton-Schmidt pediatric protocols are loaded into the EPIC system and are triggered by "reason for call". The protocols guide the nurse's interview with the parent or caregiver and also suggest the disposition or care advice. The nurse has the ability to edit the care advice based on her own clinical judgment.

This past year the nurses have been working in tandem with the second year pediatric and medicine –pediatric residents in triage. This has given the resident physicians additional experience in telemedicine which will be invaluable when they become attending physicians.

Another initiative this year was to initiate developmental testing for our patients under 2 years old. With the help and enthusiasm of our developmental specialist, April Gann, we have been screening and making appropriate referrals for this very vulnerable patient population. It is our hope that by identifying developmental issues early, therapies may begin at the very first sign of a problem resulting in far better outcomes.

It takes cooperation by all levels of staff to help LOC Pediatrics function well. The clinic has an active Quality Improvement Committee with representation by physicians, residents and staff where problems and concerns are addressed and solutions suggested. It is concern for our patients and families that continues to challenge the staff and physicians to make improvements to the quality of care given in the clinic. We are committed to this goal and continually look for ways to improve the lives of our patients and families.

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

### Magnet Ambassador Council-2007 Accomplishments

Deborah A. Jasovsky PhD,RN,CNAA, BC

- Monthly meeting established at two different times for nurse representatives from all departments invited
- Magnet program introduced with supporting documents to help the Magnet Ambassadors bring back to their staff
- Developed graphic for Magnet Journey which incorporated theme of "Called to Care"
- Nurses Week celebration coordinated by nursing staff from both inpatient and outpatients departments created banners, posters, videotape and incorporated magnet graphic and theme. Daily events included programs addressing professional development and advancement, physical and emotional health, and spirituality
- Reported on different methods used for shared decision-making to assist implementation across the system in each area
- Contributes material to Nurse Link, a publication created by nursing staff to keep nurses informed about the nursing activities at Loyola
- Developed intranet web site to communicate with nursing staff throughout the System including nurses in the news e-submission
- Assisted with development of nursing council and liaison meeting days
- Expanded committee member responsibility to communicate council updates with staff and bring council concerns to appropriate council representatives

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

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

**Nursing Education and Professional Development Council (NEPDC)** Barb Hering RNC, MSN, APN/CNS  
Debbie Marra RN,BSN, CNOR

The Education and Professional Development Council is excited about what we have been able to accomplish this past year, including quarterly publishing of a hospital-wide Nursing newsletter, *Nurse Link*, development and funding of a Nursing Education Stipend. As we meet to discuss our 2008 goals, we will continue to work on development of the Nursing Standards. Our first standard that will be presented in the very near future will be the Nursing Code of Ethics. We will also be working on ways to make the 2 Magnet Forces that we are responsible for (Force 11: Nurses as Teachers and Force 14: Professional Development) come alive on your units in a very real and practical way. The Education Stipend is gaining steam as more of you hear about it. We're very pleased that Loyola offers this great benefit to those of you who wish to obtain or renew your NCC Certification or attend a conference. Please refer to the website ([www.luhs.org](http://www.luhs.org) ... click on "Nursing at Loyola" and then on "Education Stipend") for answers to the most common questions and application forms that can be downloaded. If you need additional help, please email Barb Hering at [bhering@lumc.edu](mailto:bhering@lumc.edu). Thank you all for your support and encouragement this past year. You are the most important link in everything we do!

**Nursing Research Council (NRC)-** Mary Morrow, PhD, APRN, Pam Clementi, PhD, APRN, BC-FNP

Nursing research continues to advance at Loyola. The council has been charged with developing a common framework for evaluating strength of evidence in research and evidenced-based practice articles. As of this printing, the council will consider the framework used by the Iowa Model of Evidence-Based Practice. A formal recommendation to the Practice Council will be forthcoming.

**Pat Hummel**, RNC, MA, NNP, PNP presented her landmark research on the N-PASS Pain Assessment Scale at our January 2008 research education tea. See her corresponding article "Clinical reliability and validity of the N-PASS: neonatal pain, agitation and sedation scale with prolonged pain" in the *Journal of Perinatology*, 2008, vol. 28. Pat has presented her scale all over the country and nurses are using it internationally.

Several nurses have presented their new research projects at our council meetings.

**Pam Clementi**, PhD, APRN, BC-FNP is developing an instrument to test the Patient Expectations During Health Care Encounters Theory.

**Carol Kostovich**, PhD, RN presented her recently approved research project that she, Pam Clementi, PhD, APRN, BC-FNP and Michelle Poradzisz PhD, RN, CNE will be conducting collaboratively. They will be studying RN Preceptor-Preceptee compatibility using the Myers-Briggs Type Indicator.

**Amy Perrin-Ross**, MSN, CNRN, recently presented in Europe her team's research "Reduction of Injection-Site Reactions with Hydrocortisone, Witch Hazel, or Moisturizing Lotion after Subcutaneous Interferon Beta 1a Treatment for Multiple Sclerosis".

**Mary Ann Chybilk**, MSN, RNC, APRN/CCNS and Judy McHugh, MSN, RN are actively applying for site coordinator status for two different multi-site research projects. The study Mary Ann will be involved in is a study looking at Acuity-adjusted Staffing, Nurse Practice Environments and NICU Outcomes, while Judy will be involved in the University of Iowa study looking at the Impact of System-centered Factors and Processes of Nursing Care on Fall Prevalence and Injuries from Falls.

We also welcomed our new Associate Chief Nurse, Deborah Jasovsky, PhD, RN to the council. We will be working on our 2008 goals and continue to encourage RNs to ask research and practice questions at the bedside to ensure we are providing the best care for the patients we serve. Remember, you need to present your research project to the nursing research council before submitting to the IRB. We meet on the first Tuesdays of the month at 10:30 AM in Room 1618, North doors. Please contact Pam Clementi at x 69515 or Mary Morrow at x 64484 to be placed on the agenda.

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## How Sweet it is...New O.R. Suites *Magnet Force: 6,7,12, and 14*

Wilhelmina Brown RN,BSN, CNOR Bernardin Loper RN,BSN, CNOR

"Trauma code yellow! ...Trauma code red!...the phone rings and the person on line yells: "we're coming up!...GSW to head and abdomen!" You hang up the phone and shout out instructions: "Trauma's coming up!...grab the emergency Neuro and emergency lap!" You hear the 'beep...beep...beep' sound, look up, and the trauma patient and the ER staff's in front of you! You grab every available O.R. staff to go to the trauma room.

No, this is not a scene from "Scrubs" nor "House"...it's just one of the many exciting events of a Level I Trauma facility. The main Operating Room in Russo Pavilion averages 900 varied and complex surgical procedures per month. The present number of O.R. suites is 19. In keeping with the demands of time, we are looking forward to the new expansion in which the number of suites will increase to 28 in 2008.

The staff nurses are not far behind in coping with the fast growing changes and expansion. We've been preparing ourselves, armed with education and technology. Within the last year, 16 nurses achieved their CNOR certification (Certification for Professional Achievement in Perioperative Nursing Practice). There's a total 31 % of CNOR certified nurses as of this writing. 37 % of the O.R. staff is at Level III or above. Magnet Councils have been formed and the councils have been active and effective with regards to Quality review, Staff scheduling, Evidence-based practice, Recruitment & retention.

An AORN (Association of PeriOperative Nurses) Meadowood Chapter 1424 was formed last 2006 and has been actively participating in some of the Hospital-wide projects like Flu shots (vaccines) and Thanksgiving baskets. We are looking at the possibilities to reach out to the community by doing some other community-related activities. Members meet every second Wednesday of the month with invited guest speakers to give talks and lectures on topics pertinent to the O.R. practices. This is also an outreach and networking effort to communicate with other Perioperative Nurses in the neighboring hospital facilities.

The O.R. has been busy orientating new employees. The Staff Educator, Team Leaders, Preceptors/Mentors and Staff nurses have been reaching out to welcome all the new staff. Patient Safety Goals has been the main focus of our practices. We recently acquired the new Surgicount Matrix bar code technology, an aide in tracking sponges used during surgical procedures. We too have entered the world of Robotics ( DaVinci Robot), a revolutionary and fascinating advancement in Surgery. Loyola O.R. is a dynamic and progressive unit. We draw from our experiences to support our expansion. Once the dust settles, we will be able to render better support to our community. It is surely sweet to have new O.R. suites.

Coming soon, Mark Cerkvenik, Director of Organizational Development, will be contributing to our newsletter. Organizational Development is available to assist departments with the Cultural Diversity and Teamwork. Please contact Kathy Nybo 6-5815 for more information.

***Magnet Force: 13 and 14***



Photos from DaVinci Manual, 2007, Intuitive Surgical, Inc



*Council Updates continuation from page 6*

### **APN Magnet Council**

Pat Hummel, MA, APN, NNP, PNP and Mary Phillip, APN

The APN Council is a new council open to all APNs at Loyola. The council provides an opportunity for APNs to work together and to advance the APN role in the Magnet way. There are at least 67 APNs and 15 CRNAs at Loyola.

Currently, we are working on developing a generic job description for APNs, which would be tailored to each APNs individual role. We are also working on a Peer Preceptor Program to welcome and guide new APNs.

Another goal we have is to strengthen our relationship with the School of Nursing by offering to precept students and in turn getting research assistance from the faculty.

We are in the early stages of developing our council. Members are excited about the opportunity to come together and work together as a group. We have lots of ideas!

The APN Council meets the first Thursday of the month from 12:00pm-1:00pm in room 3282 in the EMS building. All APNs are welcome. E-mail questions to either at [phummel@lumc.edu](mailto:phummel@lumc.edu) or [mphillip@lumc.edu](mailto:mphillip@lumc.edu).

*Continuation on page 9*

**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](mailto:tpavone@lumc.edu) for submission.



The Paths We Take  
Lynda L. Lewis 3NEWS/Tele

Nursing, why do I choose this path to wander down? Well, honestly I cannot answer this question with a simple reply. I ask myself all the time but no answer pops into my mind. I have come to the conclusion that nursing is in my heart and always has been from a little girl and still today. I have always expressed the decision to become a nurse. When asked the question why, the only answer I could come up with was simple “because I want to!” So, when it was time to make a career decision, nursing it was. It was definitely not an easy path but it was well worth it. I continue to practice this profession day to day because my job not only helps save peoples lives, but it lets me connect with people and share my ambitions with those who may not have them. My life truly

changed since I have become a nurse. True my hours at work have become longer and I have more responsibility, but it brings me nothing but happiness to know that what I have done has helped a patient become one step closer to recovery. No, nursing is not all about joy. As we all know we are all here for a limited time on earth. Why not make a difference while you are here.

There was a family who was at the hospital basically for the support of my patients’ last moments. One of the family member asked me “how much longer do you think she has?” because they wanted to gather the whole family for the last moments of prayer. I thought to myself, how do I answer this question. I am not psychic! Well, in using basic knowledge of the course of death and basic experience, I was able to tell the family that then, would be a good time for their last moments of support and prayers. Soon after they finished, the patient expired.

It is always a sad moment when losing a patient but the family thanked me so much for taking the time to care and just letting them enjoy the last moments with their family member. This just brought a feeling over me that I cannot explain, but that feeling is what makes me choose that path of nursing and continue to practice it for as long as I can!

### Sister Fran’s Inspiring Thought-

*Fran Glowinski osf*

The other day I came across this quote: “At God’s command, the world sprang into view. Why not? Voice is the outward form of spirit and words are the spirit’s concrete manifestations. Spirit through words assumes new substantial form. Why not? It happens in human creative activity every day.... Spirit can give voice, we that, and **words** or symbols properly activated **can produce change and even create physical substances out of ideas**. Composers do it. Set designers do it. Politicians do it....” (from Frederick Sontag, *The Spiritual Connection*)

And, I thought to myself, nurses most definitely do it, maybe even at times without realizing it. You daily bring so much to life for our patients (and, hopefully, each other) as the Spirit works through your words.

Besides much needed or critical information and instruction and explanation, words of comfort, consolation, signals of understanding and hard-won wisdom find their way to our patients’ ears and hearts through your voices. And from my experience with you on the floors and in the clinics, I would even be so bold as to say that seeds of healing are often embedded in your words. All this you do not only by **what** you say, but **how you say it**. Through all the non-verbals like pitch, tone, cadence and facial expressions as well as the words themselves, you encourage feelings of patience and confidence.

I’ll end with a wish for each of you. Wherever your nursing takes you, may you hear the words for which your heart hungers. And may you continue to give voice to the Spirit of Healing, the Spirit of Hope.



*CNE Corner continuation from page 2*

Mary received her Bachelor’s of Science, Master’s and PhD. in Nursing from Loyola University. She has held a number of positions at area hospitals but has been employed at Loyola since 1994. During that time she managed the Heart Failure Program, Cardiac Rehabilitation, Preventative Cardiology Clinic and 3 NEWS. Mary has also chaired the American Heart Walk, co-chaired the Nursing Research Council, and oversaw the processes to ensure compliance with the Joint Commission CORE measures project for Acute MI.

Mary will continue to support part-time 3NEWS until we recruit a replacement. Please join me in congratulating Mary.

**Nursing Professional Practice Council (NPPC)**-Daria Ruffolo, RN MSN-CS, CCRN ACNP& Christine Adams RN-BC, BSN

The NPPC committee has been working toward several exciting new changes for Loyola nurses.

One of our team's goals is to bring evidence based practice to Loyola's nursing practice. A subcommittee has been formed to create an EBP model that all nurses may use. Using an adaptation of Marita Titler's Iowa Model, a grid and flowchart are being refined to facilitate and guide staff nurses. Our goal is to provide clearly defined steps making the use of EBP easy and successful. We as co-chairs of the NPPC committee met with Deborah Jasovsky as Loyola's Magnet Nurse Leader. With her guidance and encouragement the decision to move forward and begin to use EBP has been made. Our goal is to initiate and inspire bedside nurses throughout the institution to identify areas of concern, and then use an EBP model to validate or make changes in nursing practice. This will provide an avenue for all nurses to provide the safest, best, and most effective patient care. Jeanne Sadlik, Loyola's Coordinator of Reference and Education Services, met with our committee as a group and gave us an overview on the process of conducting database searches. This will help our committee provide mentors in the EBP process.

After intensive brainstorming, numerous nursing practice questions arose. We decided to begin with a basic and universal issue. Our conundrum will focus on the practice of taking vital signs, questioning technique, frequency, personnel involved, and equipment used. Volunteers are needed to guide and begin the initial EBP project.

**Hurray! All have agreed to reinitiate nursing grand rounds!**

Commitment, communication, education, fellowship, and fun may be had by all. We eagerly look toward rounds that will motivate and inspire nurses across the continuum to use evidence based practice.

Volunteers are being eagerly and actively sought. Please contact us Daria Ruffolo RN MSN-CS CCRN ACNP Trauma/Surgical Critical Care Nurse Practitioner [druffol@lumc.edu](mailto:druffol@lumc.edu) or Christine Adams RN-BC BSN Staff Nurse 6NE [cadams5@lumc.edu](mailto:cadams5@lumc.edu)

**Nursing Quality & Safety Council (NQSC)** Judy Mc Hugh, RN, MSN, Carmen Barc, RN, BSN

**"... we cannot change the human condition, but we can change the conditions under which humans work."**  
(Reason, 2000)

As healthcare providers we are all committed to ensuring that our patients receive safe, effective care. At the same time we realize that, in the complex environment of healthcare, errors and near misses do occur. Our commitment to our patients mandates that we learn from these events to prevent them from occurring in the future. One of the techniques we use to learn from serious errors and near misses is the Root Cause Analysis (RCA). The Joint Commission defines a sentinel event as an "unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof". Root cause analysis is a process for identifying causal factors that underlie an event. Both primary and contributing factors are ascertained.

Although RCA is relatively new to medicine, it has been utilized in other industries for many years. The basic philosophy of RCA is founded in industrial psychology and human factors engineering. It focuses on systems and processes rather than individuals. This has resulted in a major paradigm shift for health care. Error management has moved from "a culture of blame" to "a culture of safety".

According to the National Center for Patient Safety, RCA investigates three questions. "What happened?" "Why did it happen?" and "What to do to prevent it from happening again?" RCAs do not focus on the individual, but rather on the processes and systems that may have led to an event. RCA drills down through all levels of cause and effect to determine which processes or systems need to be improved to avoid event recurrence. RCA is conducted by a multidisciplinary team including organizational leaders, subject experts and those involved in the event.

At Loyola, staff is to report any occurrence, situation or circumstance that threatens the safety of patients or visitors, including near misses and adverse events. (LUMC Adm. Policy QAPS-005: Patient and Visitor Safety Event Reporting). The Department of Patient Safety and Risk Management evaluates the event and it is discussed by the Medical Care Evaluation and Analysis Committee (MCEAC). If the occurrence is deemed a sentinel event, Senior Cabinet is notified and a VP or AD is assigned to conduct a RCA. An action plan with strategies to reduce risk is developed. Improvements are implemented as dictated. Currently, learning from RCA is presented at Quality Committees and at Leadership Roundtable.

For further information about patient safety events and how to complete a report enroll in the Patient Safety E-learning Module. For questions about patient safety or root cause analysis, contact Anne Porter, ext. 65544.

***Do you like to Sing?***

***Calling all nurses who would like to join the choral group for the Nurses Week Celebration. E-mail [abeatin@lumc.edu](mailto:abeatin@lumc.edu) if interested.***

## Enhancing the Loyola Experience..... Enhancing your Career

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

The process for selecting staff on the units will be based on an applicant's clinical experience and patient satisfaction approach. Each applicant will be directed to complete an online employment survey assessment prior to interviews. Individuals selected will be interviewed by Human Resources and a three member panel consisting of service line directors, nursing managers and staff nurses to evaluate fit with the patient-centered care model. Criteria to be used to help in determining a good fit include past performance as documented in annual performance evaluations, manager/peer recommendations and scheduling flexibility. Magis nominations and written patient compliments will also be included in the selection decisions.

Interviewing of internal candidates will begin in early February and external candidate interviewing will begin by mid-February. Specific staffing patterns will be finalized by mid-February and communicated before any offers are extended for the new units.

Interested individuals are encouraged to immediately apply for these new positions since a limited number of internal candidates will be able to transfer at a given time in order to meet patient needs on the new and existing units.

This is a great opportunity to practice nursing in a patient-centered environment within a state-of-the-art facility. Explore the possibility to enhance your career.

### Refer a Friend or Family Member

We are looking for some talented, customer-focused nurses and patient care technicians to join Loyola and we would like to thank you for your help in referring qualified candidates. An Employee Referral program (ERP) is being offered for a limited time for current employees recommending **inpatient RNs and PCTs** that are hired during the months of February through April. Specific guidelines apply to this program and information will be mailed to employee homes and will also be available in Human Resources.

Thank You payments are as follows:

February 1, 2008 – April 30, 2008

**RN –**

\$1500 total paid in two increments:

\$500 at the successful completion of 3 months employment

\$1000 at the successful completion of 15 months employment

**PCT –**

\$750 total paid in two increments:

\$250 at the successful completion of 3 months employment

\$500 at the successful completion of 15 months employment

### *Nursing Education: CEU Programs*

#### *Magnet Force: 7 and 9*

#### **Cutting Edge Concepts in CV Care**

Tobin Hall, Room 190

7:00 am—2:30 pm

Sat., February 16, 2008

**5.7 CEU**

#### **Women and Children Complexities in Care**

Tobin Hall, Room 190

7:00 am—2:45 pm

Sat., March 15, 2008

**6.2 CEU**

#### **Organ Transplant**

Maguire Bldg., Room 2812

7:30 am—3:45 pm

Thur., March 27, 2008

**6.6 CEU**

#### **Live Life, Give Life**

Leischner Hall, Room 390

7:30 am—3:30 pm

Sat., April 5, 2008 **TBD CEU**

#### **12 Lead EKG**

Mulcahy, Room 0721

7:30 am—3:30 pm

Fri., April 18, 2008

**TBD CEU**

#### **Trauma Pearls**

Tobin Hall, Room 190

7:30 am—3:30 pm

Sat., May 3, 2008

**TBD CEU**

#### **Emergency Care Conference**

Tobin Hall, Room 190

7:30 am—3:30 pm

Sat., June 7, 2008

**TBD CEU**

### *Do you like to write? 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](mailto:tpavone@lumc.edu) for further information.

***A great way for clinical ladder  
advancement!***

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