This nurse cares about everyone she meets. She has the biggest and kindest heart. Her care and concern go far beyond the doors of Loyola and the community of patients and co-workers she has contact with every day. Her giving spirit has been to Mexico, where she traveled into the mountains to provide medical care to people who did not have access to it; to camps for two weeks at a time every summer where she provides care to handicapped children while their families have a break from the daily stressors of caring for a disabled child; and to local fundraisers where she dresses as a clown to help families in need. This nurse spends countless evenings after a long day at work going to homes of others to cook a meal, to help in the home to bring companionship when needed. She also has sponsored a child and provided necessary care, educational and play items.

This nurse does not take vacations for herself. I often wonder when she ever rests. When you ask what she has planned for any days off, she just tells everyone she is going to be with her "family." Her family seems to consist of all those, no matter how far away, for whom she cares. Those she has reached out to, wherever they may be, have felt her love and have been touched by her heart. This nurse is special.

Congratulations to our Nurse of the Year, Deborah Dore!
I want to congratulate you all for your outstanding work during our recent Magnet re-designation site visit. You all did an outstanding work demonstrating how we are committed to excellence in patient care. This re-designation is a difficult goal to achieve. Only 5 percent of all hospitals achieve that goal. The number of Magnet hospitals has been unchanged for about the past six months. There are still only 401 Magnet facilities in the United States out of an estimated 6,200 hospitals or 6 percent of all hospitals with the Magnet status. As of September 1, 2014, Illinois continues to have the largest number of Magnet hospitals with a total of 36. The next closest state is Texas with 32 organizations. We indeed stand apart from the majority.

This achievement is based on your commitment to our patients and their loved ones, to provide safe and high quality care and to also “Treat the human spirit.” I applaud all your hard work. I was most impressed by your passion in the profession of nursing session. The energy was contagious. I hope you feel very proud by how you represented Loyola. I know I am extremely proud of working with all of you.

The next step in the process is for the surveyors to complete and submit their report to the Magnet office for the Magnet board to review and make a recommendation. We will then be contacted by the Magnet office to set up a phone call to notify us of our results. Like the last time, we will schedule the phone call, so staff can attend and celebrate. In 2009, we scheduled this call in Tobin Hall and had about 75-100 in attendance. We will keep you informed as we hear from the Magnet staff. Typically, a board member from ANCC makes the call.

This process typically takes 8-12 weeks depending on the schedule of board meetings. Since the Magnet conference is only four weeks away, we will not know until after this conference. That gives us time to prepare to celebrate at next year’s conference.

As you know, Magnet is a journey not a destination, so as we await the final decision, we will continue our efforts to improve patient experience, safety and quality initiatives. We will continue to work on improving nursing communication, purposeful hourly rounds, pain management, reducing falls with injury and hospital acquired pressure ulcers. Watch for more information on strategies to improve these metrics. We will only continue to improve as a Magnet organization as we focus on these goals.

Loyola University Health System
Nursing Professional Practice Model
Role Model/Team Player: Mary Lomma

This nominee is an extraordinary person who represents nursing at its best. She is highly skilled, compassionate, a sound critical thinker and a collaborator who consistently displays the highest ethical standards. This nurse goes out of her way to share a smile and a kind word with others. She has outstanding communication skills with a strong desire to listen to and understand others. She is admired and respected by her peers and other healthcare colleagues. She is often described as Florence Nightingale due to her passion for her patients and her profession. This nurse is an avid enthusiast of learning. She strongly believes in strengthening the profession of nursing through the completion of specialty certifications. This nurse has a specialty certification and has helped others acquire their certification. This nurse takes her role very seriously in helping others acquire the knowledge and skills needed to be a safe and successful practitioner to ensure the highest quality of care for our patients.

Community Contributor: Minnie Matthew Thomas

For more than 10 years, our next nurse has gone to dangerous areas of India to provide care, comfort and hope for women who have turned to prostitution to survive. Many of these women and their children have acquired HIV. This nurse helps these women and children without thought of her own needs or the potential harm that could strike her in these places. She does this ministry so that the children of these women can become educated. Her hope is that through her intervention, compassion, education, love and support, she will provide these children with tools for self-esteem to leave the brothels where they live and build a better life for themselves. Often, their mothers are unable to leave due to illness, so this nurse provides comfort to help those children process the death of their mothers. This nurse performs this service by saying, “I do it all at the feet of Jesus.”

Innovator: Diana “Dee” Matz

This nurse exhibits excellence as an innovator. She is highly respected by the nurses and staff with whom she works. Some describe this nurse as having a special charisma that just draws others to her as they embrace her ideas to make patient-care improvements. It is not uncommon to see a group of nurses gathered around this person talking about ideas and changes that would make a great impact on patient care. This nurse is always thinking about next steps to make improvements and to deliver safe and high quality care. For several months, she gathered data and watched trends related to a patient-safety issue as it evolved. Passionate for her patients and concerned about negative events that some had experienced in the past, she was on a mission to make a difference. She studied the literature, asked questions, researched models and programs and called other hospitals who had instituted different programs in order to implement a new practice that helps to provide safer patient care. This practice is now used by several units.
2014 Nursing Excellence Awards

APN: Donna Mitchell

This APN goes above and beyond for her patients and co-workers on a daily basis. She does whatever is in her power to make patients happy and to find them the proper care they need. On one occasion, this nurse was caring for a patient who needed to be admitted. The patient did not want to stay, because she was concerned that she had left her windows open in the rain. This APN was able to convince the patient to stay by offering to go to her house and close the windows for her. After she did, the APN came back to see the patient and keep her company.

This APN also has been known to find affordable diabetic supplies to help control her patients’ diabetes. She also treats each person as an individual trying to make a plan for them that works with their daily schedules, physical and mental abilities, so the patient will be able to meet his or her goals. Her approach is very calming and soothing for patients, and her colleagues describe her as the shining star of Loyola and as someone they wish they could clone.

Nurse Leader: Kathy Pryzbyl

This nurse manager's commitment to nursing excellence is unyielding. When she began as a manager about two years ago, the unit satisfaction scores were well below the national average. She made this her first priority and the unit has seen a steady increase ever since. This nurse manager also has a thirst for knowledge and quality. She consistently reads nursing journals, attends conferences and workshops to stay current in clinical practice and management. When the CAUTI numbers on her unit started to increase, she asked the staff how they were doing Foley care. When she found everybody was doing their own thing, she went back to the nursing literature to find the answer. When the answer turned out to be good old soap and water, she immediately ordered a case of bar soap and educated the staff. Her unit has not had a CAUTI in more than 4 months.

Under her direction, a staff survey also found that the unit needed a larger garbage can in each patient room. When this manager came through and had garbage cans delivered, it was like Christmas morning on the unit. Who would have thought something so simple could improve employee satisfaction.

This nurse will help her staff achieve any professional goal. She is supportive of her staff attending graduate school and understands the commitment it takes to complete a MSN while working full time. She also encourages staff to become certified and often hands out study materials and application information to help her nurses.

Coach/Mentor: Teresa Rasmussen

This nurse deserves the highest recognition for being an excellent coach and mentor. She is an amazing person who demonstrates Magis behaviors in everything that she does. This nurse serves as a 24/7 sounding board. Her entire team of 140 people feels comfortable contacting her at all hours of the day, because she is always calm, approachable and trustworthy. During her last vacation in Mexico, she was still responding to texts and emails, because she didn’t want her team to have to wait for a response. Her phone is constantly buzzing with messages from the nightshift and dayshift teammates who are seeking her out for guidance. Her office is a revolving door of nurses coming in not just for candy, but to ask for advice and direction on a patient-care concern or a personal issue. Just recently, she was on her way out the door when we heard a code called on our unit. She immediately put her purse down to go help ensure our team safely and effectively handled the emergency. This excellence in care and teaching is something this nurse demonstrates on a daily basis.
2014 Nursing Excellence Awards

Patient Advocate: Shannon Tadel

This nurse is one of Loyola’s best patient advocates. She uses all of the resources at her disposal to deliver excellent patient-centered care. She is not afraid to speak up on behalf of her patients, and she does not take “No” for an answer. Her passion for her patients and their families is apparent in how committed she is to them. This nurse recently served as an advocate for her patient when a family was brought to Loyola and admitted after a very serious car accident. This nurse was assigned to deliver care to the Mom. After a few days in the hospital, the Dad improved and was transferred to the floor. The Mom remained in the unit in critical condition. Unfortunately, the Mom took a turn for the worse, and it was evident that she would die. This nurse coordinated with social workers, pastoral care and the other units where the children and the Dad were admitted to arrange a time when the entire family could be together in the patient's room before the Mom died. This nurse stayed with the family to answer their questions and support them throughout this difficult time. Hours later when it is was obvious that the Mom would not live much longer, this nurse made sure the patient's husband was at her side holding her hand while she passed away. This story is just one example of this nurse’s commitment to family-oriented care.

Clinical Expert: Karen Thomas

The fact that nursing can be a challenging profession is well known. Our next award winner’s expertise has been crucial to helping her colleagues overcome challenges. This nurse is a leader on her unit who acts as a clinical resource and champion of professional development for newly hired and experienced staff. She is a dynamic preceptor and mentor with an outstanding teaching style. Her office door is ALWAYS open and she will never tell you NO or that she is too busy. This nurse is a gracious and positive person who demonstrates Magis values every day. This nurse’s creativity and knowledge of current trends and evidenced-based practices is invaluable to Loyola. She uses her critical thinking skills to identify, assess and plan interventions for issues related to the care delivered on her unit. This nurse deserves recognition for the many ways she has personally improved the quality of care delivered by nursing here at Loyola.

Role Model/Team Player: Candice Zavala

This nurse is a role model for all of the nurses on her unit. She is a preceptor to new nurses and nursing students and a very knowledgeable educator to all staff. Her professional, friendly and knowledgeable demeanor makes her a go-to resource. This nurse also is a great team player. She is always willing to jump into any situation to help fellow staff members. When she hears of an emergency, she is always there to offer her clinical expertise and do anything she can. This nurse can take charge of a 37 to 71-bed unit while staying calm and organized. She is a clinical ladder 3 nurse and is certified in ACLS. This nurse also has headed up multiple committees, one of which being the wound care group, which created a pressure ulcer-teaching module for nurses on her unit. The module has been a success, because the unit has had no nosocomial pressure ulcers for 1 year. It is her colleagues’ belief that because she is so goal-oriented many of her protégés go on to become charge nurses or move on to the master's level of nursing. This nurse is a great asset not only to our unit but also to the entire Loyola health system.
Are you thinking about going back to Nursing School? Undergraduate? Graduate?
The Loyola University Medical Center offers education assistance benefits for courses taken at Loyola University Chicago to eligible employees.

Full Time
The Educational Assistance Benefit is for full-time employees who have been employed in a regular full-time position for one full year prior to the beginning of a semester or quarter. Full time employees must remain in a regular full-time status while receiving the full time educational assistance benefit.

Part Time
For part-time Educational Assistance Benefits, a part-time employee must be employed in an eligible regular part-time position (0.50 FTE and above for nursing classifications and 0.60 FTE and above for non-nursing classifications) for one full year prior to the beginning of a semester or quarter. Part-time employees must maintain part-time status (0.50 FTE and above) while receiving the part-time educational assistance benefit.

Undergraduate Educational Assistance Benefit
Eligible full-time employees will receive a benefit payment up to a maximum of $10,000.00 each calendar year. Eligible part-time employees will receive a benefit payment up to a maximum of $10,000.00 each calendar year, prorated based on employee FTE status (e.g. maximum payment for an employee with a 0.50 FTE status is $5,000.00 each calendar year). Employees hired in the 12 hour shift program (0.90 FTE Program are considered full-time for purposes of tuition benefit dollar amounts).

LUMC Employee Undergraduate Tuition Benefit Instructions
- Apply to Loyola University Chicago and be accepted as student.
  To review programs available go to [http://www.luc.edu/nursing/undergrad/index.shtml](http://www.luc.edu/nursing/undergrad/index.shtml)
- Any questions regarding the RN to BSN accelerated program, you can contact Lori Salinas at 773-508-8328 or lsalinas@luc.edu
- Any questions regarding any of the undergraduate programs, contact the Office of Undergraduate Admission at 312-915-6500 or admission@luc.edu.
- Read LUMC Educational Assistance Benefit Policy. (Go to “Policies” and then “Human Resources”)
- Register for classes through Loyola University Chicago.
- Complete a Tuition Benefit Requisition and submit to LUMC Human Resources Department a minimum of three (3) weeks before first day of classes. (this form is available on the Loyola Human Resources Department page on the intranet)
- Complete the online FAFSA form (Free Application for Federal Student Aid) before the academic term for which the benefit is being requested, but typically in the spring semester prior to each academic year. [www.fafsa.ed.gov](http://www.fafsa.ed.gov)
- Tuition benefit will be applied to LUC student account up to the maximum number of approved credit hours for the term, but not to go above the maximum dollar amount per calendar year as indicated in LUMC Educational Assistance Policy.

Graduate Tuition Benefit Continued on Page 7
Graduate Educational Assistance Benefit

Eligible full-time employees will receive a benefit payment up to a maximum of $10,000.00 each calendar year. Eligible part-time employees in this group will receive a benefit payment up to a maximum of $5,000.00, prorated based on employee FTE status (e.g. maximum payment for an employee with a 0.50 FTE status is $2,500.00). Employees hired in the 12 hour shift program (0.90 FTE Program are considered full-time for purposes of tuition benefit dollar amounts.

LUMC Employee Graduate Tuition Benefit Instructions

- Apply to Loyola University Chicago and be accepted as student.
  To review programs available go to [http://www.luc.edu/nursing/graduate/](http://www.luc.edu/nursing/graduate/)
- Any questions regarding the nursing graduate programs, you can contact Amy Weatherford, Graduate Enrollment Advisor at 708-216-3751 or aweatherford@luc.edu
- Read LUMC Educational Assistance Benefit Policy.
- Submit to Department Manager (minimum of 30 days prior to registering for classes):
  - Letter of acceptance to LUC Graduate Program
  - Letter outlining reason for seeking graduate degree, the benefit that will result for LUMC from pursuit of degree, and employee's commitment to work at Loyola for three years after the completion of the graduate program.
  - LUMC Senior Management Graduate School Approval Form.
- Department Manager reviews employees request with Department Director for preliminary approval
- If request is granted preliminary approval, Department Manager indicates support on the LUMC Senior Management Graduate School Approval Form and submits with employee's documentation to division Vice President for review.
- If division Vice President approves request, signature is indicated on the LUMC Senior Management Graduate School Approval Form and forwards along with documentation from employee to LUMC Human Resources Vice President for review and final determination.
- If LUMC Human Resources Vice President approves request, signature is indicated on the LUMC Senior Management Graduate School Approval Form and forwards to LUMC Tuition Benefit Coordinator along with employee's documentation.
- The Tuition Benefit Coordinator will communicate final decision with employee via e-mail and mail (or e-mail) to employee the Graduate School Educational Assistance Agreement for employees signature and return to Human Resources.
- If approval is granted, employee is now eligible to register for classes (if not already done) through Loyola University Chicago.
- Complete a Tuition Benefit Requisition and submit completed requisition to the LUMC Human Resources Department along with signed commitment agreement a minimum of three (3) weeks before first day of classes. Employee must complete the online FAFSA form (Free Application for Federal Student Aid) before the academic term for which the benefit is being requested, but typically in the spring semester prior to each academic year. [www.fafsa.ed.gov](http://www.fafsa.ed.gov)
- Tuition benefit will be applied to student account up to the maximum number of approved credit hours for the term, but not to go above the maximum dollar amount per calendar year as indicated in LUMC Educational Assistance Policy.
- For more information on Loyola’s Tuition reimbursement program, please visit the intranet website. Go to “Loyola.wired” then select “Departments” then scroll down and select “Human Resources” and then select “Tuition”
- For questions you may contact Human Resources and speak to either Marcella Niera at 708-216-9408 or Alicia Malvaez, 708 216-9409

For a complete explanation of the requirements and approval process, please reference the Educational Assistance Benefit policy
Kudos to Nursing Clinical Ladder April 2014
Level 3 & 4

New Level 3

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Kudos to Nursing Continued

CERTIFICATIONS:
Oncology Certified Nurses (OCN):
- Brittany Larson, 6SW
- Katie Stone, 6SW
Blood and Marrow Transplant Nurse (BMTCN):
- Rachel Ochoa, 6BMT
- Sheila Wojtowicz, BMT coordinator
Inpatient Obstetrics (RNC-OB)
- Jayme Anderko L&D
- Therese Sytsma L&D
Electronic Fetal Monitoring (C-EFM)
- Taylor Ward 2APP/Mother-Baby
- Alyssa Paratore L&D
Svetlana Dordevic, 4ICU, has become a certified Critical Care Nurse (CCRN)
Mend Zhang, IP Dialysis, has become a certified Dialysis Nurse (CDN)

RE-CERTIFICATIONS:
- Kelly Arroyo (Krause), 4PICU, certified Pediatric Nurse (CPN)
- Manda Baker, ED, certified Emergency Nurse (CEN)
- Tiffany Libby, ED, certified Emergency Nurse (CEN)
- Teresa Fortenberry, Utilization review, Oncology Nurse (OCN)
- Jill Headtke-Berezky, OR, certified Perioperative Nurse (CNOR)
- Myra Hipolito, PACU, certified Pediatric Life Support nurse
- Debbie Schroeder, NICU, RNC-NIC
- Joanne Kurek, NICU, RNC-NIC

BOOKS AND JOURNAL ENTRIES:

Initiatives to Enhance Patient Flow

- Conduct a daily bed huddle to determine number of admissions, anticipated discharges, surgical cases, ED census, OR/EP/Cath Lab cases; and staffing needs.
- Analyze staffing/census every four hours and match staffing to census.
- Anticipate discharges/daily discharge cleans by using Teletracking and discussion at the daily huddles.
- Discuss discharge plans for any patient here 4 days or more at the Medical Director, Unit Manager and Case Manager huddle every day.
- Conduct daily WIND (What Is Important for Discharge) rounds with Medical Director, Manager, and Case Manager.
- Discuss LOS cases in excess of 10 days to determine potential post-hospital placement or discharge at a weekly meeting with the Case Manager, Manager, and APN.
- Co-locate patient populations (i.e., Hepatology on 3rd floor) for better patient management.
- Establish contracts with external psychiatric facilities and nursing homes to transition to the next level of care quickly.
- Evaluate better patient management to reduce 30 day readmissions at a large interdisciplinary 30 day Readmission Committee.
The National Lung Screening Trial (NLST), a large National Cancer Institute (NCI)-sponsored, randomized controlled trial, recently confirmed that screening individuals at high risk for lung cancer with an annual low-dose CT (LDCT) of the chest saves lives. As a result of the NLST findings, the National Comprehensive Cancer Network (NCCN) recommends that high-risk individuals undergo annual LDCT screening and smoking cessation.

This recommendation is based on the following data:

- One in 100 high-risk patients enrolled in the study were found to have lung cancer on the first screening exam.
- One life was saved for every 320 high-risk patients screened with LDCT over two years (three screens), resulting in a 20 percent lung cancer-specific mortality benefit versus annual chest radiography.

Any physician may enter a “LUNG CANCER SCREENING REFERRAL” into EPIC. The Lung Cancer Screening Coordinator, Linda Flemm, will contact the patient and complete a screening questionnaire to determine if they are at high risk.

- Are they between the ages of 50 and 80?
- Do they currently smoke or have a history of smoking?
- Have they smoked at least a pack a day for 20+ years?
- Do they have other risk factors for lung cancer not including second hand smoke?

If the patient is at high-risk the coordinator will schedule the test at either Loyola Center for Health at Burr Ridge or River Forest. The coordinator receives the LDCT results and provides this information to the patient by phone as well as sending a letter to the patient’s home.

If a patient has a positive finding, a consultation appointment in the Lung Cancer Screening Clinic is recommended for further evaluation and follow up. This clinic meets weekly on Thursday afternoons. There is a multidisciplinary conference before clinic where the patients are presented and discussed by the Radiologist, Pulmonologist, Thoracic Surgeon, Oncologist and Lung Cancer Screening Coordinator. A plan is developed based upon the NCCN guidelines and this is discussed with the patient at the clinic visit. To date, there have been over 300 referrals and 3 cancers have been identified.

If you have questions about the lung cancer screening program contact Linda Flemm at 708-216-3163

Don’t forget to talk to your patients about smoking cessation!

Want more information on how to start the conversation?
Go to this site for a free nursing CE program: [www.noep.org](http://www.noep.org)

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**American Cancer Society**
1-800-227-2345
(Order smoking cessation brochures)
[www.cancer.org](http://www.cancer.org)

**Illinois Tobacco Quitline**
1-866 QUIT -YES
(1-866-784-8937)
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[www.lungil.org](http://www.lungil.org)
Moral distress is a term that is becoming more commonly used and understood in the health care professions. It is a concept and experience that nurses have understood for a long time. The early definitions and research took place in nursing settings. Moral distress is described as the painful feelings or psychological disequilibrium caused by a situation where a person believes she knows the ethically ideal action to take but cannot carry out that action due to institutional obstacles. It may also be caused by making a moral decision but not performing the moral behavior indicated by that decision. In short, moral distress is caused by a person believing she knows the right thing to do but being unable to do it. If moral distress remains unaddressed and unresolved, it can lead to job changes, burn out or nurses leaving the profession altogether.

Moral distress can be identified and measured in different groups of nurses and research has begun to explore it in other health professionals. But, identifying moral distress is not sufficient. Developing interventions for addressing and alleviating it are vital, but not yet clear. Because it is a multi-faceted issue, with personal, unit, and institutional factors contributing to it, moral distress is a challenging area to tackle. Here at Loyola, a multi-disciplinary team conducted a pilot study to explore an intervention to address moral distress.

The study was conducted in the Burn Intensive Care Unit (BICU). In this unit, there were 2542 admissions from 2008 through 2011. The severity of the burns ranged from 0% (inhalation injury only) to 96% total body surface area (TBSA) and the average length of stay was 7.95 days with a range of 1 day to several months. Leggett et al state, “These nurses care for patients who have been in disfiguring and painful accidents, may have self-inflicted injuries, or may have been harmed by another person. This care can be demanding and recovery extremely lengthy, with multiple interventions and surgeries over time. Given the intense and potentially distressing nature of nursing in a Burn ICU, it is reasonable to hypothesize that nurses in these settings are likely to experience some level of moral distress.”

Because there was no published literature on burn nurses and moral distress, the first phase involved telephone interviews with four other BICUs around the country. Key informants included the nurse managers and staff nurses. We gleaned information on whether they experienced moral distress and what steps they took to address it, either individually or as a unit.

Phase two involved randomizing nurses from our BICU (n=13) into two groups. Group A was given the Moral Distress Scale-Revised (MDS-R) and Self-Efficacy Scale (SES) before the intervention and Group B received them after. The intervention given to both groups simultaneously included four 60 minute education sessions on moral distress, definitions, signs and symptoms, case studies and possible strategies for addressing it. We also collected written evaluations on each session.

Directly after the intervention was completed, a significant difference was found in the median MDS-R scores for the two groups. Group A had a median score of 40.5 and Group B had a median score of 92 (U=36, z=2.14, P=.032). This difference was contrary to expectation as Group B showed a higher level of moral distress after receiving the intervention. The MDS-R was administered again six weeks post-intervention and this significant difference in the median scores between Groups A (60.5) and B (69) was not observed at this point (U=32, z=1.58, P=.114).

There are several possible explanations for our somewhat unexpected findings. First, we defined and described moral distress which may have been a new concept for some nurses and participating in the study may have given them a language for “naming” it. Second, completing the intervention may have raised their awareness of moral distress. Third, spending one hour per week for a month thinking and talking about moral distress may have increased their level of or sensitivity to moral distress. Once the intervention was completed and time passed, the difference in the levels of moral distress were not detected.

In the individual feedback, the nurses who participated stated they appreciated being able to identify moral distress and hear that others experienced it too. Moral distress can be an isolating experience. The nurses appreciated the opportunity to talk about it and hear about how other nurses try to deal with it.
Blood and Marrow Transplant Certification: BMTCN
Rachel Ochoa, RN, OCN, BMTCN

About 2 years ago the Oncology Nursing Society began conducting surveys of its members to determine the need for a certification in Blood and Marrow Transplant nursing (BMTCN). In 2011, I obtained my Oncology Certified Nurse (OCN) certification, however my work experience for the last 4 years has been with Bone Marrow Transplant patients. Having worked with both general oncology patients and bone marrow transplant patients, I am able to distinguish the differing needs that are unique to the BMT population. We meet the needs of our patients based on their disease, chemotherapy regimens, symptoms, and specific type of transplant.

Caring for BMT patients does require a unique set of nursing skills. When the Oncology Nursing Certification Corporation (ONCC) offered the first BMTCN test this year, I thought it was a good opportunity to validate this specific knowledge and skillset that is unique to this patient population. I spent time reviewing the recommended texts in preparation for the test. This gave me the opportunity to really research and read up on the areas that I may have been less familiar with such as immunology/immunotherapy, concepts pertaining to the science behind transplant, chemotherapy regimens, and FACT accreditation. I took the test in February and successfully passed.

Ultimately, certification validates a nurse’s unique nursing experience, distinguishes one amongst their peers, and is often sought out by employers. Nursing certifications are credentials that confirm a nurse’s knowledge base and actions in the day to day care for our patients.

To take the exam a minimum of 1,000 hours of BMT nursing practice (adult or pediatric) within the two-and-one-half years prior to the application deadline date and a minimum of 10 contact hours of continuing nursing education in BMT nursing. To find out more information for the exam go to the Oncology Nursing Certification Corporation at [www.oncc.org](http://www.oncc.org). To apply online go to [https://registration.oncc.org/](https://registration.oncc.org/). The BMTCN® Test consists of 165 multiple-choice items. Of those, 125 items count toward the candidate’s score. Free practice test questions are available at [www.oncc.org](http://www.oncc.org). The nonmember fee is $586 and ONS member is $386. Once you pass, please utilize the Education Stipend for a $300 reimbursement. Certification renewal is due every four years and may be done by maintaining competency or retaking the exam.

To date, two nurses from the bone marrow transplant department have successfully passed the Blood and Marrow Transplant

Becoming a Stroke Certified Registered Nurse
Teresa R. Rasmussen, BSN, RN, SCRN

As a Joint Commission accredited Primary Stroke Center, all Loyola RN’s are required to take some part or all of the Hemisphere’s Stroke Competencies. Taking these exams, already provided to nursing free of charge, is the perfect way to prepare for taking the Stroke Certified Registered Nurse exam (SCRN) and earn the SCRN credential. This American Nurses Credentialing Center (ANCC) recognized exam is relatively new and is offered by the American Board of Neuroscience Nursing (ABNN). Getting certified as an SCRN means that you are an expert in the care of stroke patients and demonstrates that you have the knowledge to provide excellent care to this specialized patient population.

In order to be eligible to sit for the exam, the ABNN recommends that you have at least two years of current direct or indirect stroke nursing experience. The ABNN also offers resources on their website ([abnn-certification.org](http://abnn-certification.org)) to aid in the preparation and application process for this challenging exam. The exam consists of 170 multiple choice questions, and you will get your official test results in 6-8 weeks from taking the exam. The exam fee is $380.00 for non-members and $285.00 for ABNN members. Once you pass, don’t forget to utilize the Education Stipend to cover the exam fee!

The SCRN exam is offered at three different times of the year – February, May, and September. Application deadlines can be found on the ABNN website. Once you earn the SCRN credential, you will need to renew every five years. Like other certifications, you may renew by maintaining competency via continuing education or by retaking the certification exam.

The Neuroscience Nursing units are happy to share their resources with anyone interested in taking this exam. Thus far, six nurses have taken and successfully passed this certification, and several more have signed up for the September 2014 exam block. We have practice exams available for anyone interested, so please contact us!
Lord, Teach Me To Be Generous
Chaplain Bob Andorka

Lord, teach me to be generous.
Teach me to serve you as you deserve;
To give and not to count the cost;
To fight and not to heed the wounds;
To toil and not to seek for rest;
To labor and not to ask for reward
Except that of knowing that I do your will. Amen.

This simple prayer is the Prayer of Generosity written by St. Ignatius of Loyola almost 500 years ago. It is one of a number of prayers written by Ignatius during his lifetime. It has inspired and nourished people on their spiritual journey and continues to do so for countless people today. It is certainly a prayer worthy of reflection as we celebrate the feast of St. Ignatius on July 31.

Though simple in its design, I find it rather confronting in its request. It begins with us asking God for instruction on how to live a life of generosity, of giving rather than receiving. It stirs up images of humble, selfless service and sacrifice. It goes on to name those actions necessary to be generous; to give, to fight, to toil and to labor. Then the confrontation - it challenges us to remember the toll that such generosity will take – count no costs, heed no wounds, seek no rest, ask no reward. I don’t know about you but those images are not the comforting images that come to my mind when learning how to be a generous person.

Yet as I reflect more deeply on this prayer of generosity, I see it spirit alive and active in the daily work of our nursing staff. Nurses tirelessly give exceptional, compassionate care to patients and their families. They know what it is like to fight for their patients well being and advocate for their best interests. They toil under the effects of fewer staff, longer hours, more responsibilities, changing procedures and difficult patients. They labor to juggle work, home, school, parenting, and self-care while keeping the needs and care of patients and families in the forefront. In reality, our nurses teach the whole Loyola community what it means to be generous people.

But this generosity is not limited to direct patient care only. Some nursing staff has also offered their kind and charitable natures in support of the Comfort Care Project. The Comfort Care Project is an ongoing effort by Loyola’s Pastoral Care Department to offer handmade blankets to patients and their families in critical care situations. Since 2009 chaplains have been providing a warm blanket to comfort patients and their families in moments of traumatic illness, suffering, loss and death. Loyola staff, including nurses from multiple units as well as staff from the hospital’s clinical and G.I. labs, housekeeping, administration, and professional areas were instrumental in making over 900 blankets in 2013.

As we look ahead to making blankets for Christmas 2014, we invite you and your nursing units to consider helping in this effort. Our goal again this year is to give one blanket to every patient in the hospital on Christmas Day. During Christmas 2013, we distributed over 400 blankets to patients. We would welcome your generous help* by considering using your recognition week (e.g. Nurses Week, Respiratory Week, ..etc) to make a donation of time or money to support Comfort Care Project. In the end, as we celebrate the feast of St. Ignatius Loyola this year, we are all challenged to be generous on our life journey and find joy in knowing that ultimately it is God’s will that gets the praise. Amen.

*Also consider supporting Comfort Care in the following ways: volunteer to make blankets individually or with your family, donate a Joanne or Hancock Fabric gift card, hold a fundraiser, cut/tie blanket on our Friday afternoon blanket making sessions, use blanket making as a team building opportunity for your group. Contact Pastoral Care Dept. x69056 for more info.
Reflections of a Nurse

Debby Dore, RN

I consider it a privilege to be a nurse and I am honored to share reflections about my career.

**Dedication**
I have had great joy and satisfaction as a nurse. It is not simply a job. I believe it is my calling.

**Dream**
I always only wanted to be a nurse. For career day in grammar school I dressed up in my aunt’s nursing uniform. As I continued my education I held onto this dream. In high school my chemistry teacher discouraged me from going into nursing but God had another plan. 40 years later here I am.

**Duties**
During the four decades of serving as a nurse, I have been employed in a variety of settings. I began my career at an inner city acute care hospital. It was there I met Daisy. She touched my heart. This dear woman was the first patient I cared for who died. Her life greatly impacted me and even now so many years later, I still remember her.

My favorite job was working in a skilled nursing facility. I was petrified to work there and resisted it at first, but oh how rich it was to serve this population! There was such joy and many tears during my four years there.

I have laughed, cried and done things I could not have imagined I was able to do. In addition to my employment, I’ve had the opportunity to utilize my nursing skills as a volunteer on missions trips. I have gone to Peru and Mexico. There was a language barrier and cultural differences and I faced unfamiliar medical needs to treat. It was a humbling experience. My heart was moved with compassion as I saw the vast need. I have also been a volunteer at summer camps for children with disabilities. Caring for these kids my skills were again stretched but I am so grateful to have helped in a setting of fun and faith. I have realized how much I need God’s guidance in order to provide excellent care that is best suited for my patients.

**Destiny**
Being a nurse has been a life-long dream. and I've realized during my decades of dedication to this noble profession, it is not merely my duty - it is my delight and my destiny.

Clinical Ladder Applications are due Quarterly:
October 31st, January 31st, April 30th and July 31st!

Go to the Nursing Website for Updates to the Clinical Ladder
Trinity Health and Catholic East Nursing Professional Practice Conference

The 7th Annual Nursing Professional Practice Conference
Course Name: TH - UCO - The Nurses Role in the Community & Population Health Management was on April 3, 2014.

This is so interesting; don’t let the title fool you. You may have read the conference’s objectives that were sent as a mass e-mail. The presentations may have caught your attention and then you forgot about it. Well, little did you know, you missed out.

This was the first opportunity (that I know of) for LUHS to participate in a 20 state strong nursing teleconference. The teleconference was housed at the Gottlieb site where 35 Loyola University Health System employees participated. The first 20 minutes of the conference involved a quick overview of the 48 sites that had signed into the call. Most of the introductions included participants’ location, how many were in the room, and then a shout-out to proclaim a bit of the group’s personality; mostly, that was sharing the group’s favorite sports team. The Gottlieb group’s shout out went something like: “Good morning from Loyola, we have 35 in the room and Gooooo Hawks!” . After hearing from all, it was estimated that 760 participants were in attendance.

The conference had a population health theme. Population Health is "the health outcomes of a group of individuals, including the distribution of such outcomes within the group (Kkindig and Stoddart, 2003).” Nora Trilolo, PhD, RN, NEA-BC, Catholic Health East (CHE) vice president and CNO, Gay Landstorm, PhD(c), RN NEA-BC, CNO, of West Division CHE Trinity Health and Dr. Mary Ellen Bensik, chief medical officer, Health Networks CHE Trinity Health, shared our organization’s strategic plan of bringing a successful transition for managing populations. Healthcare focus has shifted gears. No longer is the aim to make provisions to prevent illness and promote wellness.

The field of nursing is still wrestling with how best to address moral distress and enable nurses to cope with it and not simply survive but flourish both professionally and personally. Nurse managers can proactively create opportunities for nurses on their units to discuss and address those tough cases which may lead to moral distress.

References:
4 Ibid., 523.
5 Ibid., 522.

Landstorm stated, with this shift in practice, “Those needing acute care will be thought of as treatment failure.” Trilolo added, “The scope and the scale of this practice initiative are different than the US has ever experienced.” Dr. Mary Ellen Bensik reminded the group that health care must partner for better quality within today’s value-driven forces.

The presenters also discussed the aims of population health as improving experience of care and improving health of patient populations while decreasing costs. Each of the presenters had unique ways to motivate the group to this new wave of practice. Services will need to be developed to ensure appropriateness of care. Landstorm stressed the importance of shared governance councils as it will take a village to begin to develop great ideas to treat populations.

The conference ended with organizations sharing best practices that were working for them. Dr. Bensik discouraged “pilot projects”; she encouraged implementing small steps enabling health-driven communities. Small steps ideas that have had positive results treating communities were inspiring and promising.

Three best practice ideas included:
- Colleen Meggers, RN, BSN, MHA - Mercy Clinton: Behavioral health via telemedicine
- Kim Saiwick EdD RN, LMHC-Holy Cross: Screening for breast cancer at parish centers
- Michelle Mazzacco and Mary Beth Ritkowski, MSN - Recruiting new RN grads to fulfill home-care staffing needs

I invite you to share any coordinating medical care ideas as we continue treating that one human spirit.

Ethical Considerations Cont’d

The newer nurses valued discussions with the more seasoned nurses, especially knowing the latter also experienced moral distress, as well as discussions about how they coped. Participants wanted more time to brainstorm about strategies for addressing it personally and on their units.

The field of nursing is still wrestling with how best to address moral distress and enable nurses to cope with it and not simply survive but flourish both professionally and personally. Nurse managers can proactively create opportunities for nurses on their units to discuss and address those tough cases which may lead to moral distress.

References:
4 Ibid., 523.
5 Ibid., 522.
A Sense of Urgency: Notes from the Catheter Associated Urinary Tract Infection (CAUTI) committee

Elaine Trulis, MS, BSN, RN, NE-BC Infection Prevention and Control

The CAUTI Committee was formed to work toward the goal of zero infections. The Committee is multi-disciplinary, with representation from nursing and physician leadership, staff nurses, PCTs, Infection Prevention, and Medical Information Systems. Catheter-associated urinary tract infections (CAUTI) are largely preventable conditions. Institutions are taking a closer look at these reportable infections that can increase morbidity, mortality, length of stay and hospital cost. What was once a common, seemingly innocuous procedure, is now considered by some a “one point restraint”.

While the prevalence of urinary catheters is unknown, what is known is this unsettling statistic: The risk of urinary tract infection can increase by 3-7 percent per day when an indwelling catheter is in place. Biofilm, that sticky tenacious “slime”, is the culprit. Biofilm contains bacteria, host cells and cellular by-products that help the bacteria ascend the outside, as well as the inside of the catheter.

The best way to avoid any device-related infection is to remove the device. Loyola instituted a nurse-driven decath protocol in 2011 to address the problem of prolonged and inappropriate catheter use, and help define populations in which catheter use is appropriate. But let’s start at the beginning! Aseptic insertion is essential to avoiding a CAUTI. The CAUTI Committee approved a one-day insertion practice observation that was conducted in May, by Infection Prevention staff in cooperation with clinical staff from our vendor, and department staff. The goal was to identify current insertion practices and determine education needed to standardize and improve practice. We can now move forward, in conjunction with Nursing Education, to update policy and bring new learning to staff. Many thanks to staff who helped us with this exercise by demonstrating their practice.

Once the catheter is deemed necessary and inserted using aseptic technique, then the tough work of maintenance begins. Part of maintaining the catheter is justifying its presence every day. For those catheters that cannot be removed, diligent daily care is required to deter the Biofilm mentioned above. The Committee members agreed that standardization was needed, however, we found little guidance in the literature. Daily/prn cleaning with soap and water, was the method of choice. In order to standardize care, more specific guidance was provided. We took cue from OB units and recommended the use of a peri bottle for rinsing after soap and water cleaning. Patients feel cleaner and have responded positively to this change.

Other evidence-based practices that can decrease CAUTI include: maintaining a closed system, avoiding irrigation of the catheter, avoiding dependent loops where urine can stagnate, and keeping the drainage bag below the bladder and off of the floor. During discussions with staff, we learned that proper positioning of the bag can be a challenge when patients travel for tests/procedures, or while ambulating. Emptying the drainage bag before traveling is an important practice to prevent reflux. The CAUTI Committee is working with testing and procedural areas to find solutions to these challenges.

Finally, the CAUTI Committee would like to thank the staff and managers who participate in analysis of CAUTI identified in their department. Managers are notified of the infection event by their Infection Preventionist and conduct a “debrief” with staff to share with the committee: what were the circumstances surrounding the infection, what could have contributed to the infection, and what can we do differently to prevent another infection. We are working together with a sense of urgency to conquer CAUTI.

References:


Take a peek at our updated web page for certification. It has been recently updated.
- Our council members can be your resource for certification. We have members from nearly every department within the hospital.
- The results of the Nursing Survey are in for 2014. We will be picking the 5 winners at the 8/5 meeting.
- We are continuing to prepare for the Magnet visit on August 20-22, 2014.
- Don't forget...you may apply for Education Stipend funds to pay for both certification and recertification fees up to $300 per year.

<table>
<thead>
<tr>
<th>Education Stipend April 2014 Summary</th>
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<tbody>
<tr>
<td># of certifications</td>
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<tr>
<td>7</td>
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<tr>
<td>6</td>
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<td>Total amount distributed: 8,578.73</td>
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<td>Two denials – application lacked proof of payment.</td>
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Good Catch Stories were presented, to discuss how nursing intervention prevented a near miss event from reaching the patient.
- A Root Cause Analysis of a safety event, involving patient hand-off was presented, along with lessons learned and how the process has been changed post-event.
- “News You Can Use” featured a patient elopement event that had happened in California. This has led to an examination of Patient Elopement Policy and the creation of “Code Gold” by the Patient Safety Committee and Security.
- CHE Trinity Falls Collaborative progress presented and discussed.
- Surgical Care Improvement Project, Core Measures, NDNQI Skin and Infection Prevention and Control data was presented and discussed.
- Progress on the Humpty Dumpty Pediatric Fall Program and the Kinder Scale ED Fall Program was discussed.
- Changes to Fall Documentation were presented.
- Laura Rogers PhD RN presented her research study on Patient Falls.
- Medication Safety and changes to EPIC ordering process were presented.
- Method to conduct a unit-based Root Cause Analysis was presented.
- Preliminary results on Foley Insertion survey, conducted with a sample representation of RNs for adherence to policy was discussed.
- Magnet Corner: updates on the upcoming Appraisal were presented.

Continuation of practice model education
- Continuation of magnet re-designation prep
- Revaluation of council goals including "Ask Me About" topics
# Shared Governance Updates

## Nursing Professional Practice Council

**NPPC Co-Chairs:**
Jeanette Cronin RNC, BSN
Renee Niznik BSN, RN
Kathy Thiesse RN, ET

- Coordinated monthly nursing grand rounds offering for continuing education credits.
- Discussed and Reviewed Professional Practice Model & Magnet Components.
- Reviewed and approved policy changes.
- Formed a sub group on how to improve SBAR Report so nurses can utilize it.
- Reviewed and approved infection control practices (i.e., green caps on catheters).

## APN Council

**Co-Chairs:**
Ann Briggs MS, CRNA
Sandra Weszelits APN, MSN CPNP

- APN's are expanding roles to function at the highest level of licensure
- There has been an increase in APN billing over the past few quarters
- Planning 2nd Annual Advance Provider Conference in March, 2015
- Next Meeting September 16, 2014 5:30-6:30. Dr Whalen to present

## Nursing Research Council

**Co-Chairs:**
Pam Clementi PhD, RN-BC
Grace Hooker BSN, RN, CCRN

- The 3rd cohort of the Nursing Research Fellows continues to make progress in answering their research questions. Watch for information about the October Nursing Grand Rounds where the Nursing Research Fellows will share their research journey with you. General information about the Nursing Research Fellowship Program will also be shared.
- Watch your e-mail for information about the 4th cohort of Nursing Research Fellow that will be coming out soon.

**Nursing Research Fellowship Program**

- **Nursing Research & Evidence Based Practice (EBP) e-Journal Club**
  - Nurses you asked and we listened. A new format and process to access the Nursing Research & EBP e-Journal Club is being created at this time. Check your e-mail for more information. Our goal is to launch the next e-Journal club article by early September.

### New Co-Chair
- We are excited to announce that Grace Hooker, BSN, RN, CCRN, 4ICU staff nurse has been appointed as the new co-chair for the Nursing Research & Evidence-Based Practice Council.

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## Ambulatory Shared Governance Best Practice

Lynn Graham, RN

- Established February 2012, founded based on need for communication between our many Ambulatory sites
  - Meets every other month at rotating sites from 7:00-8:00 AM
- Focus on: Nursing Certification, annual Ambulatory Conference, Prior Authorizations, Vaccines for Children program, Sharing of pertinent/useful information between sites, coordination of sharing staff
- Any/all Ambulatory Nursing staff welcome

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**NURSE LINK**
**Perinatal Center:**

- Inpatient Obstetrics and Maternal Newborn Certification Preparation Course—9/10, 10/8, and 10/29
- Neonatal Pharmacology Update—September 30, 2014
- The S.T.A.B.L.E. Program—October 16, 2014
- The Drug Exposed Infant—October 21, 2014

*For further information or questions, please call the Loyola University Perinatal Center at 708-327-9050.*

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**Save the Date for**

**Continuing Education Programs Sponsored by the Department of Nursing Education**

**September thru December 2014**

Registration for these programs will open up approximately 4 to 5 weeks prior to each program date. Nurses will receive registration forms via their Loyola e.mail with full details regarding each program, including how to register.

**Certification Review Classes:**
These classes are designed to help candidates better prepare for exam success by reaffirming clinical knowledge and boosting test-taking confidence.

<table>
<thead>
<tr>
<th>Certification Review Class</th>
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<tbody>
<tr>
<td>Progressive Care Nurse Certification Review Class</td>
<td>Sept 19, 26, Oct 17, 24</td>
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<tr>
<td>* (offered for the 1st time)**</td>
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<td>Pediatric Nurse Certification Review Class</td>
<td>Oct 27, Nov 3, 10</td>
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<tr>
<td>Adult Critical Care Nurse Certification Review Class</td>
<td>Oct 31, Nov 14, 21, Dec 5</td>
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<tr>
<td>Ambulatory Nurse Certification Review Class</td>
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<tr>
<td>Pediatric Critical Care Nurse Review Class</td>
<td>Nov 7, 14, 21</td>
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<td>* (4 hours each day)</td>
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**Other Program Topics**

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<tr>
<td>Ambulatory Nursing</td>
<td>Sept 20</td>
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<td>Organ Transplant</td>
<td>Sept 27</td>
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<tr>
<td>Orthopaedics</td>
<td>Oct 18</td>
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<tr>
<td>Lab Result Interpretation * (offered for the 1st time)**</td>
<td>Oct 25</td>
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<tr>
<td>12 Lead EKG</td>
<td>Tentative, based on instructor availability</td>
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<tr>
<td>Neurovascular</td>
<td>Nov 8</td>
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<tr>
<td>Preceptor Workshop</td>
<td>Dec 10</td>
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**Nurse Link**

Executive Editor: Rose Lach
Managing Editors: Teri Boland, Joyce Despe, Linda Flemm, Josey Pudwill