November 9-15, 2014 Loyola is celebrating Advanced Nurse Practitioner and Physician Assistant week. Are you curious about what “advanced practice” means and what areas they work in?

**Interesting Facts**
- Loyola employs over 100 APNs and PAs
- There are 9,517 APNs licensed in Illinois
- There are 3,097 PAs licensed in Illinois

**Advanced Practice Nurse**
In Illinois, an advanced practice nurse (APN) must complete an accredited educational program with a master’s degree in nursing (MS or MSN) or doctorate degree in nursing (DNSc, DNP, or PhD) and be board certified. APNs are independent practitioners who work in collaboration with other members of a health-care team in both inpatient and outpatient settings. An APN’s responsibilities are varied and may include: performing physical exams, diagnosing and treating illnesses, providing routine health care, primary and specialty care, wellness and disease prevention, prescribing medications, ordering and interpreting tests, performing routine procedures, providing patient education and support, assisting in surgery and collaborating with other health-care professionals. APN services also are billable to Medicare, Medicaid and most insurance companies.

**Currently Loyola employs APNs and PAs in the following departments:**

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Continued on Page 5
Congratulations to all of our nurses and staff on earning the coveted Magnet redesignation. Many of you were there on October 24, 2014 to receive the good news in a conference call from the American Nurses Credentialing Center.

I was proud of the many accolades and positive feedback we received from ANCC, including remarks about our strong community involvement, our interdisciplinary collaboration, our programs for patient safety and the overall excellence in care we provide.

Loyola is now among 5 percent of healthcare organizations with the elite redesignation from the American Nurses Credentialing Center (ANCC). There are 401 Magnet facilities in the United States out of an estimated 6,200 hospitals with the Magnet status. Illinois has the largest number of Magnet hospitals with a total of 36.

Thank you to those of you who were involved with the application process, which spanned more than two years and resulted in a submission that was more than 3,500 pages long.

As nurses, we are humble. I encourage you to celebrate this achievement and share the good news with others. I look forward to working with you as we gather stories about your good work for the next redesignation in 2018.
New Level 3

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Kudos to Nursing

Continued

Clinical Ladder July 2014

New Level 4

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CERTIFICATIONS:

Certified Emergency Nurses:
- Monica Regotti, Emergency department, CEN*
- Gary Risler, Emergency department, CEN

Certified Medical Surgical Nurse:
- Elfega Gomez, 4Tower, CMSRN
- Annie Norris, 4 Tower, CMSRN??
- Bridgette Seiler, 7SW, CMSRN

Certified Critical Care Nurse:
- Jill Grnzlewski, CV ICU, CCRN
- Katherine Santarromana, 3MICU, CCRN*
- Renaldo Tacuboy, 2ICU, CCRN

Certified Perioperative Nurse:
- Teresita Chelgren, ASC/OR, CNOR*
- Joan Solitis, ASC/OR, CNOR*

Certified Neonatal Intensive Care Nurse:
- Kimberly Rienton-Ong, 5NICU, NCC-intensive care nursing
- Therese Systsma, Labor and Delivery, NCC-inpatient obstetrics*

NCC Certified Electronic Fetal Monitoring
- Ashley Skahill, APP/Mother-Baby, C-EFM

Emily Benesisto, Outpatient dialysis, has become a certified Nephrology nurse (CNN)

Beena James, 3SE, has become certified as a Progressive Care Nursing (PCCN)

Kimberly Koziol, Family Medicine, has become a certified in Ambulatory Care Nursing, (RN-BC)

* Recertification
Marcella Niehoff School of Nursing offers six different nurse practitioner specialty tracks including:

- Family Nurse Practitioner
- Family Nurse Practitioner with Emergency Nurse Subspecialty
- Adult-Gerontology Acute Care Nurse Practitioner
- Adult-Gerontology Primary Care Nurse Practitioner
- Adult-Gerontology Primary Care Nurse Practitioner with Oncology Specialty
- Women’s Health Nurse Practitioner

Marcella Niehoff School of Nursing offers three different clinical nurse specialist specialty tracks including:

- Adult-Gerontology Clinical Nurse Specialist
- Adult-Gerontology Acute Care Clinical Nurse Specialist
- Oncology Clinical Nurse Specialist

The Marcella Niehoff School of Nursing currently does not offer programs for a nurse midwife or a nurse anesthetist.

**Physician’s Assistant:**
In Illinois, a physician assistant (PA) must have completed an accredited educational program with a master’s degree of medical science (MMS) in physician assistant studies and be board certified. A PA’s responsibilities include: taking a medical history, performing physical exams, diagnosing and treating illnesses, ordering and interpreting tests, developing treatment plans, giving advice on preventive health care, assisting in surgery, and writing prescriptions. Physician Assistants may be working in both the inpatient and outpatient settings. PA services are billable to Medicare, Medicaid, and most commercial insurance. Loyola University currently does not offer a physician’s assistant program, however there are six programs throughout Illinois.

**Looking for more information?**
Advanced Practice Nurses go to the Illinois Society for Advanced Practice Nursing at [www.isapn.org](http://www.isapn.org)
Physician Assistants go the Illinois Academy of Physician Assistants at [www.illinoispa.org](http://www.illinoispa.org)
# Loyola Advanced Practice Providers

## Administration
- Weszelits, Sandra APN
- Horwath, Harkila CRNA
- Hines, Natalie CRNA
- Murray, Patrice APN
- Weszelits, Sandra APN

## Anesthesia Department
- Adams, Karen CRNA
- Ali-Burford, Zarina CRNA
- Ander, Jennifer CRNA
- Bade, Linda CRNA
- Briggs, Ann CRNA
- Butler, Deborah CRNA
- Cardin, Gregg CRNA
- Darna, Jeff CRNA
- French, Claire CRNA
- Guijarro, Jacqueline CRNA
- Hines, Natalie CRNA
- Horwath, Harkila CRNA
- Ismail, Cassie CRNA
- Kettner, Alisha CRNA
- Krawczyk, Susan CRNA
- Marinaro, Joseph CRNA
- Nelson, Karen CRNA
- Poljakov, Yelena CRNA
- Slezak, Susan CRNA
- Smith, Karen CRNA
- Stack, Michele CRNA
- Thoma, Andrea CRNA
- Vovaraka, Jane CRNA
- Woodard, Kenyetta CRNA
- Young, Betty CRNA

## Anesthesia PAT/Pain Management
- Murray, Patrice APN
- Kim, Eun APN
- Ruffolo, Daria APN

## Bone Marrow Transplant
- Brush, Mary APN
- Firkus, Jaime APN
- Kiley, Karen APN
- Payan, Monika APN
- Porter, Nancy APN
- Volle, Miriam APN

## Cardiology
- Rey, Judith APN
- Weelum, Michael APN
- Stiff, Stephanie APN

## Dermatology
- Lee, Chan How PA-C

## Emergency Medicine
- Bacidore, Vicki APN

## Endocrinology/Metabolism/Nutrition
- Bertucci, Terese APN

## Endocrinology Surgery
- Rinella, Nadine APN

## ENT
- Anderson, Sara APN
- Johnson, Siobhan APN

## Family Medicine
- Andreoni, Colleen APN
- Gaughan, Bridget APN

## Gastroenterology
- Dorsey, Megan APN

## Hematology/Oncology
- Dedic, Tara APN
- Ellegood, Michele APN
- Rohaly-Davis, Jacqueline APN

## Hepatology
- Gill, Debra APN
- O'Mahoney, Magan APN

## Internal Medicine
- Mitchell, Donna APN

## Minimally Invasive Surgery
- Anderson, Katherine APN

## Neonatal
- Hummel, Patricia APN
- Juretschke, Linda APN
- Naber, Margaret APN
- Petro, Barbara APN

## Neurology
- Millsap, Lisa APN
- Perrin-Ross, Amy APN

## Neurosurgery
- Nielsen, Magan APN
- Potocki, Karen APN
- Raetz, Patricia APN
- Ryan, Anna APN
- Schilling, Erin APN
- Smolenski, Angela APN

## Occupational Medicine
- Fearon, Lorraine APN

## Oncology CNS
- Flemm, Linda APN

## Orthopedic Surgery and Rehabilitation
- Davidson-Bell, Victoria APN
- Meador, Matthew APN
- Mitchell, Robert APN
- Pietrowski, Dorota APN
- Radi, Joshua PA-C
- Robbins, Crystin PA-C
- Roberts, Stephan APN
- Stakenas, Steven APN
- Pediatric Gastroenterology
- Crisostomo, Mary APN

## Pediatric Surgery
- Mowinski, Karen APN
- Pediatric Wt Management
- Hanson, Nikki APN

## Pediatrics Mobile Health
- Finn, Susan APN
- Pediatrics SON
- Andreoni, Vicki APN

## Psychiatry and Behavioral Neurosciences
- Bauer, Laura APN

## Pulmonary and Critical Care Medicine
- Fitz, Sarah APN
- Mahoney, Erin APN

## Radiation Oncology
- Schaidle, Colleen APN

## Radiology
- Judkins, Eevin APN

## School of Nursing Medicine
- Scott, Jewel APN

## Student Health
- Laff, Marianne APN

## Surgery
- Dahlurus, Karina APN
- Gigliotti, Patricia APN
- Kelly, Elizabeth APN
- Spearin, Megan PA-C

## Trauma, Surgical Critical Care and Burns
- Burrell, Tameka APN
- Frederick, Linda PA-C
- Galambos, Linda APN
- Petersen, Paula APN
- Supple, Kathy APN
Spotlight on APNs

I am a clinical nurse specialist (CNS) for the Cancer Service Line. I have been in oncology nursing for 20 years and an APN for 8 years. I am an Advanced Oncology Certified Clinical Nurse Specialist (AOCNS). Currently, I participate both locally and nationally on the Oncology Nursing Society.

In my role, I serve as an expert resource to all adult oncology nurses in both the inpatient and outpatient settings, as well as, a liaison to other non-oncology departments for chemotherapy issues. My role also includes assisting with annual and unit competencies and facilitating orientation by meeting with preceptors and new staff. I promote Magnet nursing by providing clinical leadership and mentoring to oncology nursing staff through promotion of nursing certification, clinical ladder advancement, and professional development.

Another component of my role is planning and coordinating formal oncology education programs including chemotherapy classes and oncology nursing certification review classes. I developed and maintain the Nursing Oncology intranet website which serves as a central location for oncology resources including fast fact sheets on chemotherapy. Newly certified oncology nurses are also recognized on the website.

As a CNS, I facilitate a collaborative interdisciplinary approach in providing quality patient care, by participating in hospital wide committees, oncology policy development/revisions, and monitoring quality improvement activities. For example, I am co-chair of the interdisciplinary Chemotherapy QI committee, where we examine chemotherapy near misses and errors, update policies and procedures using evidence based practice, and continuously evaluate the chemotherapy process within the institution.

Recently, I worked with an interdisciplinary team to develop the Lung Cancer Screening Program that was launched in February 2014. This program raises community awareness of the ability of lung screening CT scans to save lives in patients at high risk for development of lung cancer. As the dedicated lung cancer screening coordinator, I have received over 300 referrals from primary care physicians, pulmonologist and other providers. This screening program to date has detected 3 lung cancers.

Being a CNS is very rewarding. As I reflect on my role over the last 8 years, I feel proud of my contribution to high quality patient care and investment in the future of Loyola oncology nurses. Please feel free to contact me if you have any questions about the CNS role at lflemmi@lumc.edu or extension 6-3119.

Educational Background
Loyola University Chicago, Bachelor of Science in Nursing
Rosalind Franklin University of Medicine and Science, Master of Science in Nurse Anesthesia
Loyola University Chicago, Doctor of Nursing Practice (Anticipated graduation: May 2015)

Clinical Role
At Loyola University Medical Center, CRNAs deliver anesthesia care in a variety of settings including the Operating Room, Ambulatory Surgical Centers, Interventional Radiology, Gastrointestinal Laboratory, Magnetic Resonance Imaging and Electrophysiology and Cardiac Catheterization Laboratories. Patients range in age from infants to elderly persons, receiving elective, required or emergency surgeries. CRNAs care for surgical patients throughout the surgical continuum. Surgical patients are evaluated preoperatively for the development of an anesthetic plan. Surgical patients are then prepared for surgery through education of the anesthetic process and placement of peripheral and arterial lines. The anesthetic plan includes induction, maintenance and emergence of anesthesia during the intraoperative phase. General anesthesia, monitored anesthesia care and/or regional anesthesia are administered to ensure adequate depth of anesthesia and pain management. Patients are monitored closely during the surgical procedure and the anesthetic is modified to ensure maximum safety and comfort. CRNAs complete a postoperative evaluation to monitor recovery from anesthesia and provide immediate postoperative care.

Professional Organization Roles
Active participation in professional organizations provides professional development through mentoring and learning opportunities. At the national level, I am a member of the American Association of Nurse Anesthetists. At the state level, I am a member of the Illinois Association of Nurse Anesthetist (IANA). I am currently the CRNA Representative for the Illinois Society of Advanced Practice Nurses (ISAPN). The ISAPN represents the interests of all APN specialties in Illinois, including Nurse Midwives, Nurse Practitioners, Clinical Nurse Specialists, and CRNAs. I am also an Illinois Healthcare Action Coalition (IHAC) Practice Workgroup member. IHAC is the statewide initiative to advance the future of nursing through education, practice, leadership and collaboration.

My passion for the nurse anesthesia profession continues to grow everyday through each patient encounter and each professional organization experience. Please feel free to contact me if you have any questions related to the CRNA role: cishmael@lumc.edu.
Joshua Radi, MSM, PA-C
Orthopedic Surgery

I am a certified Physician Assistant (PA) for the Trauma Division of the Orthopedic Surgery Department. I attended Western Michigan University’s PA program from 2009-2011 and graduated with a Masters degree in the Science of Medicine. Following this, I attended the yearlong post-graduate orthopedic surgery residency program at IBJI. I began working at LUMC in 2012. As the senior orthopedic PA at LUMC, I work directly for the orthopedic trauma division with fellowship trained orthopedic trauma surgeons Hobie Summers, MD, William Lack, MD and Mitchell Bernstein, MD. My role includes personal clinic hours where I see new patients, post-operative patients, return patients, and fracture care evaluations. I am responsible for pre-operative history and physicals and scheduling surgical cases, first assisting in major orthopedic trauma surgery and performing post-operative care. I instruct medical students/interns peri-operative technique including but not limited to wound closure. For the orthopedic trauma service, I serve as a liaison between the outpatient clinics, operating room, and help to coordinate care with Victoria Davidson-Bell, APN who performs the majority of the hospital floor management. I have an integral role in preventing peri-operative medical error by maintaining consistency while residents rotate thru the service lines.

I have created orthopedic trauma protocols for most surgical fracture patterns, which allows the residents and nursing staff to streamline processes and reduce common mistakes. Peri-operative antibiotic guidelines were recently reviewed and I assisted with the transition for the Orthopedic Surgery Department by distributing guidelines for the residents and coordinating with the Anesthesia Department. I also coordinate pre and post-operative regional nerve blocks with the Pain Service to improve post-operative pain in trauma patients.

Becoming a PA has opened up many doors. I direct commissioned as an officer for the United States Michigan Army National Guard in 2011, and am currently a Captain responsible for training combat medics and maintaining soldier medical readiness. I am also the North Central Regional Director for the PAOS (Physician Assistants in Orthopedic Surgery).

To date, there are six PAs at LUMC and the role is relatively new at this institution. I am very proud to be a PA here at Loyola and look forward to working with those involved with the care of mutual patients. Please do not hesitate to contact me if you have questions or concerns about the role of PAs. I can be reached at jradi@lumc.edu.
Loyola Wired Certification Resources

Want to become certified? Go to Loyolawired, then Departments, then Nursing, then Certifications.

New Certification

In an effort to promote certification, the Nursing Education and Professional Development Council has provided the following information. You may also use the Education Stipend to apply for reimbursement of certification/re-certification fees.

New A How-to-Guide for Certification (641 KB)

New How Does Loyola Support Certification (66 KB)

Certification Information Sheets:
- Critical Care Nurse (337 KB)
- Medical-Surgical Nurse (224 KB)
- Pediatric Nurse (340 KB)
- Neonatal ICU Nurse (348 KB)
- Progressive Care Nurse (339 KB)
- Oncology Nurse (232 KB)
- Ambulatory Nurse (226 KB)
- Stroke Nurse (225 KB)
- Cardiac-Vascular Nurse (202 KB)
- Ambulatory Nurse (226 KB)
- Bone Marrow Transplant Nurse (317 KB)
- Emergency Nurse (202 KB)
- PeriAnesthesia Nurse (332 KB)
- Rehab Nurse (227 KB)

To access the Magnet list of approved certifications please click on ANCC website and click on the link titled "Selected Examples of National Certification for Submission on DIF"
For the past 20 years, there’s been a movement in medical education to renew and refocus our efforts on professionalism. This focus on professionalism has been seen as a response to the ever-expanding commercialization of healthcare as well as a clarion call to individual physicians to profess their commitment to the ideals of medicine. Although I applaud the efforts of educators and their focus on medical professionalism, I believe that our commitment to professionalism needs to expand beyond medicine. In our current healthcare system, patients are treated not only by physicians, but by nurses, social workers, chaplains, allied health professionals, pharmacists, dentists, PAs and many others. We all need to be committed to the norms of professionalism and inter-professionalism.

As an example of interprofessionalism, I’m currently co-teaching a course on professionalism and professional ethics. In it, we are studying the codes of ethics of various healthcare professions. After studying the American Medical Association’s Code of Ethics, my students and I examined the American Nursing Association’s Code of Ethics. Although both professions are committed to many of the same ethical tenets, some differences became clear. For instance, both the AMA code and the ANA code place dignity at the very top of their ethical precepts. Principle 1 of the AMA code states: “A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.” Provision 1.1 of the ANA Code states the following: “1.1 Respect for human dignity -A fundamental principle that underlies all nursing practice is respect for the inherent worth, dignity, and human rights of every individual. Nurses take into account the needs and values of all persons in all professional relationships.” Thus, both medicine and nursing stress the dignity of the patient. On the other hand, these codes differ somewhat when addressing issues related to reporting incompetent colleagues. The ANA code states the following: As an advocate for the patient, the nurse must be alert to and take appropriate action regarding any instances of incompetent, unethical, illegal, or impaired practice by any member of the health care team or the health care system or any action on the part of others that places the rights or best interests of the patient in jeopardy.

And the AMA Code states the following: A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities. http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/principles-medical-ethics.page?

Although both principles exhort physicians and nurses to report incompetent colleagues, the AMA code limits this requirement to physicians; the ANA code broadens this mandate to “any member of the health care team or the health care system.” This one example shows how seriously the nursing profession takes the issue of reporting incompetent or impaired colleagues.

The ANA Code also encourages nurses to participate as agents of social change. Organized medicine gets the lion’s share of attention when it comes to issues of advocacy. Yet, nurses and the nursing profession can play an important role in initiating and furthering social reform. This approach reflects the notion that although nurses are advocates for their individual patients, they can also play a vital role in a broader social context. As provision 9.4 of the ANA Code states:

Being an agent of social change is a hallmark of professionalism. Taking professionalism seriously means that all of us in healthcare need to take it seriously. It’s important for nurses to become familiar with the norms of their profession by referring to the ANA code of ethics for guidance on ethical issues and speak out for social change when needed.
As I am writing this (very close to deadline) we are “knee deep” into our Mock TJC Survey. Sometimes it feels like “mock” surveys are more intense that “real” surveys. For one thing, we’re paying these people to find and flaunt our vulnerabilities. It’s so much easier to keep moving along assuming everything is fine.

But the reality is we do things to patients every day that exposes them (and us) to risk – the very things we do to alleviate symptoms and heal our patients put them at risk for other problems. That’s the reason we look to best practices and evidence-based plans – to learn from experience and minimize that risk.

CHE/Trinity is in the early stages of implementing some evidence based practices to improve transfusion safety across the system. Within those CHE/Trinity hospitals that use Cerner, the transfusion order sets are being changed to lower the hemoglobin “transfusion threshold” in non-bleeding patients from 8 gms/dL to 7 – a change we implemented at Loyola several years ago. They are also implementing a default value of “1” for the number of units of RBCs ordered for a non-bleeding patient (a change that Loyola will be making in November).

We are currently working on changes to the EPIC Blood Order sets. The planned implementation of these changes is early to mid-November and will include:
- A separation of the RBC order set into several separate order sets – Bleeding Patients, Non-Bleeding Adult Patients, Non-Bleeding Pediatric Patients and Pre-surgical Blood Orders.
- A change in the indications for some non-bleeding patients to lower hemoglobin “transfusion thresholds” to 7 or 8.
- A default value of “1” for the number of units ordered for non-bleeding patients.

All the changes we are making are evidence-based and intended to provide optimal patient outcomes. They clarify the “reason” the patient is being transfused and reduce variation in practice. Nurses have a key role to play in the success of this initiative. Always remember that when it comes to transfusion safety YOU are the patient’s best advocate.

- Be sure you know why the patient is being transfused and the expected outcome of the transfusion.
- Encourage physicians to only transfuse what the patient needs – when calling with lab results include any symptoms of anemia the patient may or MAY NOT be having. If the patient is asymptomatic encourage observation of the patient for changes rather than transfusion in patients who are not symptomatic.

Especially with inpatient red cell transfusions ~ transfuse one unit and reassess the patient.

If you have any questions or concerns please feel free to contact me

Thanks for all you do to keep your patients safe!

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**Clinical Ladder**

The deadlines for submitting your clinical ladder application are **January 31, April 30, July 31 and October 31**.

Three copies of the application should be submitted with binder clips or rubber bands only.

Please seek out a Clinical Ladder Liaison to review your application and provide feedback before submitting it.
When I'm in This Room, You're My Only Patient
Taken from the Oncology Nursing Society Connect Blog, September 11, 2014 ONS.
By Carol Cannon RN, BSN, OCN®

Recently, someone shared an exemplary story about a patient who said to her nurse, "I'm sorry I'm so needy today." And the nurse replied, "When I'm in this room, you are my only patient." And I thought to myself, Wow, what a great response. The nurse took that patient's concern, did not make the patient feel guilty or unworthy, and instead made it clear that the patient was a priority. The patient was reassured that she would have the nurse's undivided attention when it was appropriate.

I have found myself recently telling myself to stop trying to juggle so many tasks. Do one thing at a time. With our recent move and starting a new job and school, I feel like I can barely keep my head above water. There is always something to read, a task to be completed, money to be made, laundry to be done, and unless I allow myself a moment to sit and enumerate exactly what needs to be done and outline how I'm going to accomplish each task, nothing will get done.

It is hard to care for multiple patients. It's hard to multitask. In fact, it seems to me like multitasking is a bit overrated. If multitasking means that you are never fully present when doing one thing because you're doing other things at the same time, it doesn't really seem worth it, right? If one patient is more acutely ill, the other may receive less attention and time from me. If I'm answering my pager or phone in the room and rushing to complete the next task, that patient may feel their quality of care was substandard. It will be my goal over the next month to pause before I enter a patient's room and to try to the best of my abilities to be with that patient and only that patient for the time I am physically present—one thing at a time, one patient at a time.
### Education and Professional Development

**EPD Co-Chairs:**
- Diane Stace RN, MSN, APN, CCRN, CCNS
- Josey Pudwill RN, BSN, CPN

- Magnet site visit preparation - thank you to all council members who participated at the meetings leading up to and including the Council interview on August 22nd.
- Discussed changes to E-Journal Club format.
- Discussed opportunities available for Research Fellowship.
- Encouraged participation in Schwartz, Multidisciplinary and Ethics Rounds.
- Nursing Survey results reviewed and discussed.
- E-learning Modules: module on Automated Peritoneal Dialysis is available.
- Education Stipend: discussed continued availability of funds.
- Clinical Ladder: discussed national certification criteria.
- Education Liaison: next meeting November 20, 2014.
- Ambulatory Forum: update provided from most recent meeting.
- Certification: discussed updates to website, link to ANA-approved national certifications available on the website.
- Presentations on Leadership Personalities, Caring for the Caregiver, and Restraints and Falls.

### Nursing Quality and Safety Council

**Co-Chairs:**
- Karen Thomas MS RN PCCN
- Nancy Forcier BSN
- Lynne Hughes, RN
- Stephanie Wolski RN CNOR, NQSC
- Judy McHugh, Advisor

- Magnet Site Visit preparation was predominant in the beginning of the quarter, with great effect evidenced by a strong Council interview on August 22, 2014.
- Discussed Fall Injury as defined by the CHE-Trinity Falls Collaborative.
- Issues with EKG Bar Code Scanners were discussed with manager of that department.
- Discussed Magnet Site Survey.
- Discussed Transfusion Safety.
- Preparation for the Mock TJC survey was presented.
- Infection Prevention and Control presented CAUTI data and explained how to create a fishbone diagram to consider contributing factors for a CAUTI occurrence.
- Discussed the upcoming Fall/Restraint Marathon.
- A study on bacterial contamination in adhesive tape was presented.

### Nursing Professional Practice Council

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

- Continue to coordinate monthly grand rounds and offer continuing educational credits.
- Encouraging council membership see Rose Lach if interested.
- Discussed updates from magnet surveyors.

### Magnet Ambassador Council

**MAC Co-Chairs:**
- Theresa Pavone, DNP, RN
- Mary Lang, MSN, RN

- Shares experience from the Magnet Survey for re-designation - likely to learn of the re-designation results within 4-6 weeks.
- Continues to collect Magnet Hero Stories and how it relates to how “We Treat the Human Spirit”.
- Discussing next steps for nursing recruitment and retention efforts.
- Continues to promote the Ask Me About Campaign - the group is seeking committee members.
- Continues to promote nursing image.
Shared Governance Updates

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

- APN Week November 9-15, 2014
- Will host CEU program November 12, 2014 from 1200-1300 "Credentialing, Privileging and Competency Evaluation: An Overview of Standards, Emerging Trends and Best Practices"
- Planning will be starting for the Advanced Practice Provider CEU program to be held in March, 2015

Nursing Research Council
Co-Chairs:
Pam Clementi PhD, RN-BC
Sarah Depesa, RN, HTU/CCU

**Announcing the first Evidence-Based Practice article and the new and improved process to participate in journal club**

On October 1st the Nursing Research and Evidence-Based Practice Council launched the first ‘Evidence-Based Practice e-Journal Club article’ using a new process. So far, several comments have been shared about the new process:

- ‘easy to use’, ‘directions are easy to follow’, ‘thanks for making the change so more nurses can participate in the journal club’, and ‘this is a great way to learn about research and what the evidence is showing related to patient care’
- An e-mail was sent to all nurses on 10/1/2014. The EBP article completed critique form and the evaluation form were attached to the e-mail. Within the e-mail directions and links were included to access the article from the library and to access the survey monkey questions.
- To participate in the Nursing e-Journal Club:
  1. Print the article critique and evaluation form sent via e-mail sent on 10/1/14
  2. Select the ‘library’ link (see below) included in the e-mail announcement and follow the directions to access the article [http://ovidsp.ovid.com.archer.luhs.org/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&AN=00001786-201404000-00007&D=ovft&PDF=y]
  3. After reading the article and critique, select the ‘survey monkey’ link (see below) in the e-mail announcement and share your individual thoughts and opinions about the article answering each questions [https://www.surveymonkey.com/s/FDB9KR7]
  4. Contact hours will be awarded to those who read the article and critique, post an original thought or opinion to each of the discussion questions and complete the evaluation form. Send your completed evaluation form to Pam Clementi, Mulcahy Room 0701 by 12/31/14 to receive contact hours.
- Remember that Clinical Ladder (CL) points are awarded for participation in the e-journal club – see CL guidelines for more information

**Announcing the 4th Nursing Research Fellowship Program**

On September 28th the Nursing Research and Evidence-Based Practice Council marketed the opportunity to get involved in the 4th Nursing Research Fellowship Program. An application and flyer describing the program was attached to the e-mail. These documents can also be found on Loyola Wired Nursing Department website under announcements. Applications are due by 11/14/14 and the research fellows for the 4th cohort will be selected at the Nursing Research and Evidence-Based Practice Council in December. If you have any questions please contact Pam Clementi (pcleme1@lumc.edu or X69515).
Congratulations!!!!
The winners of the 2014 Loyola Nursing Education Survey have been selected:
- Karen Pelletiere RN, Lung Transplant Coordinator
- Tamara Eston RN, Labor & Delivery
- Sandra Camargo RN, HTU/CCU
- Carol Anderson RN, Women’s Health
- Kristi Dombrow RN, Emergency Room

Each of you will receive reimbursement to one nursing professional organization of your choosing for one year. (i.e. AACN membership for 1 year is $78.00)
Please contact Vanessa Prachack ext. 66272 for further information.

Continuing Education Programs

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<tr>
<th>Program</th>
<th>Description</th>
<th>Date</th>
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<tr>
<td>Preceptor Workshop</td>
<td>Designed to provide unit preceptors with the tools necessary for effective training of new staff. The intended audience for the Preceptor Workshop includes RN, LPN, PCT and CMA/RMA, however, the program is open to any Loyola / Gottlieb employee free of charge. The class combines lecture, group discussion and team activities to facilitate learning. Please join us if you are or plan to be a unit based preceptor for new staff.</td>
<td>December 10, 2014</td>
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Loyola Perinatal Center: Call X79050 for further information
- **Nov 13, 2014 @5pm at St. Alexius**: Autoimmune Disorders in Pregnancy
- **Feb 10, 2015 at Loyola**: Advances in Neonatal Hematology: Blood Products, Hyperbilirubinemia, Delayed Cord Clamping
- **Mar 10, 2015 at Loyola**: NRP Instructor Course
- **April 14, 2015 at Loyola**: Cardiac and Genetic Anomalies
- **May 2015 Date TBA at Gottlieb**: STABLE Renewal