2012 Nurses Week
Monday, May 7th to Friday, May 11th
"Healthy Nurses—Healthy Teams—Healthy Patients"

Our theme this year is "Healthy Nurses—Healthy Teams—Healthy Patients". We want to celebrate all that nurses do to improve the health of our patients. We realize that to be most effective for our patients nurses need to be healthy themselves and work together as healthy teams.

Monday, May 7: Wellness Fair and Art of Nursing Exhibit SSOM Rooms 160 and 170, 11am to 2pm

Tuesday, May 8: Celebration Mass, Paul V. Galvin Chapel, 12 pm
Blessing of the Hands will also take place throughout the main campus on Tuesday and during the week at the Ambulatory Sites

Wednesday, May 9: 5th Annual Award Recognition Ceremony honoring Nursing Excellence Award Winners, Clinical Ladder and Nursing Certifications, SSOM-Tobin Hall, 4:30 pm with Reception following in SSOM Cafeteria

Thursday, May 10: Mini-Wellness Fair and Art of Nursing Exhibit, Loyola Center for Fitness, 8 to 9:30 am
Unit Celebrations planned by each unit / Distribution of Gifts by Managers

Friday, May 11: Selection and Announcement of Raffle Winners
Unit Celebrations planned by each unit / Distribution of Gifts by Managers

<table>
<thead>
<tr>
<th>DATE</th>
<th>EVENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday, May 7, 2012</td>
<td>WELLNESS FAIR SSOM-160 11 a.m.-2 p.m.</td>
</tr>
<tr>
<td></td>
<td>ART OF NURSING EXHIBIT SSOM-170 11 a.m.-2 p.m.</td>
</tr>
<tr>
<td>Tuesday, May 8, 2012</td>
<td>NURSES WEEK CELEBRATION MASS Paul V. Galvin Chapel 12 p.m.</td>
</tr>
<tr>
<td></td>
<td>5th ANNUAL AWARD RECOGNITION CEREMONY FOR NURSING EXCELLENCE, CLINICAL LADDER AND NURSING CERTIFICATION SSOM-TOBIN HALL 4:30 p.m.</td>
</tr>
<tr>
<td>Wednesday, May 9, 2012</td>
<td>BLESSING OF THE HANDS—Throughout the day main campus and during the week at Ambulatory Sites</td>
</tr>
<tr>
<td></td>
<td>Reception to follow SSOM Cafeteria</td>
</tr>
<tr>
<td>Thursday, May 10, 2012</td>
<td>MINI-WELLNESS FAIR ART OF NURSING EXHIBIT Loyola Center for Fitness 8-9:30 a.m.</td>
</tr>
<tr>
<td>Friday, May 11, 2012</td>
<td>Selection and Announcement of Raffle Winners</td>
</tr>
</tbody>
</table>

Continued on Page 3
Happy Nurses’ Week!

I want to thank the Magnet Ambassador Council for their hard work in planning this year’s events. They have been very creative and thoughtful in scheduling activities throughout the week. This year’s theme is “Healthy Nurses, Healthy Teams, Healthy Patients.” This theme complements the Trinity Health System’s focus on the health of its associates. In order for us to provide the best care to our patients, we need to take care of ourselves. The healthcare environment continues to change and the pace of change has increased the stress on healthcare providers. To support the staff we have planned two health fairs during the week, free massages, and a gift to assist you in tracking your wellness journey.

Last week, I was asked to attend the Biggest Winner’s recognition program. The group had lost over 180 pounds as a whole over several months. The participants talked openly about the importance of the support of the entire group, the needed commitment to exercise (walking was the exercise of choice), and the commitment to eat healthy with a focus on portion size. The group has achieved this success in large part to the support of each other, the dieticians, the Fitness Center staff and staff from Human Resources. What a wonderful accomplishment! I too have begun on the journey to improve my health. I have lost weight and now I am focused on increasing my walking in frequency and duration. We all need support to enhance our health, let us start this week and move forward in supporting each other in achieving a healthier lifestyle!

Another very special activity during Nurses’ Week is the Nursing Excellence Award Ceremony. This year we have named the Nurse of the Year Award in honor of Fanchon Knight. Her family has established a fund for nurses in her name to support nursing and nursing education. Fanchon passed away in December 2005. She worked at Loyola for many years in a variety of roles. Her most recent position was working in the Cardinal Bernadin Cancer Center with head and neck cancer patients. In all of her roles, Fanchon was a consummate role model for her peers. But this attribute certainly shined while working in the Cancer Center. Fanchon developed melanoma and during her final days had the Cancer Center staff come to her bedside so she could give her colleagues a list of what her patients needed to have done. Fanchon certainly exemplified the art and science of nursing. Her commitment to her patients truly defines the attributes of the Nursing of the Year Award. This spring after consultation with Fanchon’s family, we will now use the funds to recognize the recipients of the Nurse of the Year. This will allow us to increase the value of the award for Nurse of the Year.

To remind you, the awardees are nominated by staff or faculty and reviewed in a blinded format by previous winners. I want to thank the review committee for their support and hard work throughout this process.

Finally, I want to thank all of the nursing staff for all your hard work over the past year. Your commitment to provide our patients and their families with high quality care is exceptional. I look forward to another year as we continue to strive for clinical excellence, an outstanding patient experience, and greater engagement of all the staff. Enjoy the week!
Nurses Week Continued from Page 1

The Wellness Fairs will include booths focusing on the Eight Dimensions of Wellness: Environmental, Financial, Occupational, Intellectual, Spiritual, Physical, Emotional, and Social. The booths will also feature the many roles of nurses that make up our nursing teams.

This year we have selected two Loyola charities to donate to -- the Neonatal Intensive Care Renovation and the Comfort Care Blanket Project. To raise funds for these projects, nurses will have the opportunity to buy raffle tickets at the Wellness Fairs and place their tickets in the drawing for the baskets of their choice. Winners will be announced on Friday of Nurses Week.

We will have eight wellness themed baskets from the Nurses Week Committee and units/departments/sites are also invited to make a basket for the raffle or donate items for us to include in the baskets.

We will have the Art of Nursing Display as part of the Wellness Fairs. Nurses are encouraged to submit examples of their artistic talents for the display such as craft projects, quilts, photographs, poems, etc.

Please contact Linda Nicol (lnicol@lumc.edu) or Barb Pudelek (bpudele@lumc.edu) if you would like to participate with a display at the Wellness Fairs, submit something for the Art of Nursing Exhibit, or donate a basket or basket items for the raffle. HAPPY NURSES' Week!!

Kudos to Nursing

Certifications
Tamara Eston BSN,RN, Labor and Deliver, CLC, Certified Lactation Counselor
Julie Kramer BSN, RN, New Born Nursery, CLC, Certified Lactation Counselor
Katie Bormann, BSN, RN, 6 MBTU, OCN, Oncology Certified Nurse
Amy Konopasek, BSN,RN, Cancer Center, OCN, Oncology Certified Nurse
Kris Hassels, and Shannon Tadel, 4ICU obtained CCRN, Jan 2012

Recognition
Karen Kiley,APN-BC, AOCN, Bone Marrow Transplant, 2011 Recipient of the Chicago Chapter for the Oncology Nursing Society certification scholarship

Linda Flemm, MSN, APN, AOCNS, Cancer Service Line was appointed to the first individual learning needs assessment (ILNA) development committee for the Advanced Oncology Certification CNS ILNA program

Publication
Mary Maryland, PhD, MSN, APN-BC, American Cancer Society Nurse Navigator, Published Patient Advocacy in the Community and Legislative Arena, in Online Journal of Issues in Nursing, January 2012

Presentation
Barbara Hering, Neonatal ICU Presented Birth Head Trauma at the National Association of Neonatal Nurses Annual Fall Conference, September 2011

Educational Advancement
Rebecca Murphy, Operating Room Obtained a MSN, from Loyola University Chicago
## Kudos to Nurses

### Clinical Ladder Recognition

#### New Clinical Ladder 3

<table>
<thead>
<tr>
<th>FirstName</th>
<th>Last Name</th>
<th>Dept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lori</td>
<td>Black</td>
<td>MICU</td>
</tr>
<tr>
<td>Sandra</td>
<td>Camargo</td>
<td>3HTU</td>
</tr>
<tr>
<td>Teresita</td>
<td>Chelgren</td>
<td>ASC</td>
</tr>
<tr>
<td>Patricia</td>
<td>Grabowski</td>
<td>Burr Ridge Infusion</td>
</tr>
<tr>
<td>Eileen Joy</td>
<td>Kirstein</td>
<td>Burr Ridge Infusion</td>
</tr>
<tr>
<td>Vanessa</td>
<td>Knudson</td>
<td>2ICU</td>
</tr>
<tr>
<td>Yvonne</td>
<td>Lawrence</td>
<td>HVC Holding</td>
</tr>
<tr>
<td>Linda</td>
<td>Linke</td>
<td>4 Tower</td>
</tr>
<tr>
<td>Kathryn</td>
<td>McIntyre</td>
<td>2NE</td>
</tr>
<tr>
<td>Laura</td>
<td>Moilanen</td>
<td>2WICU</td>
</tr>
<tr>
<td>Camille</td>
<td>Moses</td>
<td>2ICU</td>
</tr>
<tr>
<td>Rachel</td>
<td>Sand</td>
<td>3MICU</td>
</tr>
<tr>
<td>Kyla</td>
<td>Seegers</td>
<td>HVC Holding</td>
</tr>
<tr>
<td>Tiffany</td>
<td>Splunge</td>
<td>7SW</td>
</tr>
<tr>
<td>Johnson</td>
<td>Vachachira</td>
<td>HTU</td>
</tr>
<tr>
<td>Stephanie</td>
<td>Yelton</td>
<td>ED</td>
</tr>
</tbody>
</table>

#### Renewal Clinical Ladder 3

<table>
<thead>
<tr>
<th>FirstName</th>
<th>Last Name</th>
<th>Dept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jill</td>
<td>Anderson</td>
<td>OR</td>
</tr>
<tr>
<td>Lisa</td>
<td>Coy</td>
<td>ASCOR</td>
</tr>
<tr>
<td>Siobhan</td>
<td>Davey</td>
<td>2W</td>
</tr>
<tr>
<td>Maria</td>
<td>Galvan</td>
<td>OR</td>
</tr>
<tr>
<td>Lisa</td>
<td>Knutson</td>
<td>7 BICU</td>
</tr>
<tr>
<td>Elizabeth</td>
<td>Martin</td>
<td>4ICU</td>
</tr>
<tr>
<td>Marsha</td>
<td>Moran</td>
<td>LaGrange Dermatology OR</td>
</tr>
<tr>
<td>Julia</td>
<td>Rinaldi</td>
<td>OR</td>
</tr>
<tr>
<td>Sheri</td>
<td>Rogers</td>
<td>OR</td>
</tr>
<tr>
<td>Lisa</td>
<td>Rolnicki</td>
<td>2ICU</td>
</tr>
<tr>
<td>Joan</td>
<td>Soltis</td>
<td>ASC</td>
</tr>
<tr>
<td>Miriam</td>
<td>Tourmai</td>
<td>4ICU</td>
</tr>
</tbody>
</table>

#### Renewal Clinical Ladder 4

<table>
<thead>
<tr>
<th>FirstName</th>
<th>Last Name</th>
<th>Mgr</th>
<th>Dept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jill</td>
<td>Anderson</td>
<td>OR</td>
<td>L&amp;D</td>
</tr>
<tr>
<td>Julie</td>
<td>Barnstable</td>
<td>5S</td>
<td>Homer Glen</td>
</tr>
<tr>
<td>Kathy</td>
<td>Battaglia</td>
<td></td>
<td>Burr Ridge IMC</td>
</tr>
<tr>
<td>Christine</td>
<td>Besler</td>
<td>L&amp;D</td>
<td></td>
</tr>
<tr>
<td>Julie</td>
<td>Boothby</td>
<td>2WICU</td>
<td></td>
</tr>
<tr>
<td>Sarah</td>
<td>Born</td>
<td>3NEWS</td>
<td></td>
</tr>
<tr>
<td>Dragica</td>
<td>Durman</td>
<td>3MICU</td>
<td></td>
</tr>
<tr>
<td>Linda</td>
<td>Dybowski</td>
<td>ED</td>
<td></td>
</tr>
<tr>
<td>Lisa</td>
<td>Flynn</td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Jennifer</td>
<td>Graham</td>
<td>2ICU</td>
<td></td>
</tr>
<tr>
<td>Pamela</td>
<td>Hagedorn</td>
<td>PAR</td>
<td></td>
</tr>
<tr>
<td>Kimberly</td>
<td>Haritopoulos</td>
<td>NICU</td>
<td></td>
</tr>
<tr>
<td>Marianne</td>
<td>Horwath</td>
<td>2ICU</td>
<td></td>
</tr>
<tr>
<td>Nancy</td>
<td>Hoyne</td>
<td>4ICU</td>
<td></td>
</tr>
<tr>
<td>Kristin</td>
<td>Hucek</td>
<td>4Peds</td>
<td></td>
</tr>
<tr>
<td>Myrna</td>
<td>Inductivo</td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Mattie</td>
<td>Jernigan</td>
<td>Medical Specialties</td>
<td></td>
</tr>
<tr>
<td>Marzena</td>
<td>Jimenez</td>
<td>GI Lab</td>
<td></td>
</tr>
<tr>
<td>Jane</td>
<td>Kallan-Marra</td>
<td>NICU</td>
<td></td>
</tr>
<tr>
<td>Jeri</td>
<td>Katsaros</td>
<td>Radiology</td>
<td></td>
</tr>
<tr>
<td>Lindsey</td>
<td>Keeler</td>
<td>PAR</td>
<td></td>
</tr>
<tr>
<td>Adrian</td>
<td>Kelly</td>
<td>7SW</td>
<td>Homer Glen</td>
</tr>
<tr>
<td>Patricia</td>
<td>Klein</td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Catherine</td>
<td>Knowski</td>
<td>Medical Specialties</td>
<td></td>
</tr>
<tr>
<td>Julie</td>
<td>Kramer</td>
<td>Women's Health 2ICU</td>
<td></td>
</tr>
<tr>
<td>Maureen</td>
<td>Latorre</td>
<td>2ICU</td>
<td></td>
</tr>
<tr>
<td>Lisa</td>
<td>Lehner</td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Rosemary</td>
<td>Mathis</td>
<td>Peds Specialty</td>
<td></td>
</tr>
<tr>
<td>Linda</td>
<td>Neessen</td>
<td>ED</td>
<td></td>
</tr>
<tr>
<td>Tamara</td>
<td>Padula</td>
<td>3HTU</td>
<td></td>
</tr>
<tr>
<td>Brenda</td>
<td>Price</td>
<td>4ICU</td>
<td></td>
</tr>
<tr>
<td>Sherry</td>
<td>Ragusa</td>
<td>PAR</td>
<td></td>
</tr>
<tr>
<td>Twana</td>
<td>Rundle</td>
<td>Hospice</td>
<td></td>
</tr>
<tr>
<td>Margaret</td>
<td>Ryndak</td>
<td>HTU/CCU</td>
<td></td>
</tr>
<tr>
<td>Jane</td>
<td>Schacht</td>
<td>Lung Transplant 2NE</td>
<td></td>
</tr>
<tr>
<td>Debra</td>
<td>Terrell</td>
<td>Burr Ridge Pain/IMC</td>
<td></td>
</tr>
<tr>
<td>Aurora</td>
<td>Tnka</td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Maria Cristina</td>
<td>Valero</td>
<td>OR</td>
<td>4ICU</td>
</tr>
<tr>
<td>Taryn</td>
<td>Vrasich</td>
<td>4ICU</td>
<td></td>
</tr>
</tbody>
</table>
Recognizing and Addressing Moral Distress

Moral distress has received increased attention in recent years, for all nurses and particularly those working in intensive care settings. It is defined as a psychological disequilibrium, or negative feeling state, when a person cannot carry out what s/he believes to be the ethically ideal action because of institutional or personal obstacles (Jameton 1984, Wilkinson 1988). It occurs when there is a perceived violation of the nurse’s core duties and values and a feeling of being constrained from taking ethically appropriate actions (Epstein and Hamric 2009, Wilkinson 1988). When nurses experience morally distressing situations, which are not appropriately addressed, over time their level of moral distress rises. This ‘crescendo effect’ is an increase in the baseline level of moral distress for a nurse. The moral residue it leaves result in new situations triggering feelings of moral distress from past cases (Epstein and Hamric 2009). One reason for the growing concern about moral distress in nurses is that it has been linked to burnout, nurses leaving a position or the profession entirely (Epstein and Hamric 2009, Wilkinson 1988).

Mary Corley and colleagues (1995, 2001) developed the original Moral Distress Scale to measure and identify it. Factors that contribute to moral distress for nurses include: the organizational and ethical environment, inhibiting medical power structures, institutional policy, lack of time, lack of supervisory support and legal considerations. Additional factors include: treatment of patients as objects to meet institutional requirements, harm to patients, specifically pain and suffering, poor pain management, withdrawal of treatment without the nurse’s participation in the decision, failure to inform fully the patients or families about treatment options, and a disregard for patients’ choices about accepting or refusing treatments (Wilkinson 1988). Further contributing factors may include family conflict, incompetent colleagues, prolonging life/suffering, or no one making the decision to stop aggressive treatment when it is only prolonging death (Epstein and Hamric 2009).

Some of the signs and symptoms of moral distress include anxiety and worry, lack of ability to focus on or complete tasks, not being able to “shut-off” a difficult situation, nurses being less willing to take on new challenges or cope with additional stressors. In addition, nurses may experience physical symptoms, pain, headaches, anger, frustration, not being able to sleep, and being tearful. Effects of moral distress had been documented and include loss of self-worth, impact on personal relationships, psychological effects such as depression and anxiety, behavioral manifestations such as nightmares and crying, and physical symptoms (Wilkinson 1988).

It is important for all nurses to be able to step back and reflect on tough cases and situations that may be causing them, and others, moral distress. There is limited literature on how to address and decrease moral distress, and current research is seeking to develop and evaluate such strategies further. The American Association of Critical Care Nurses (AACN) has developed the 4 A’s to address moral distress: 1) Ask appropriate questions about the distress being experienced; 2) Affirm your distress and commitment to take care of yourself; 3) Assess and identify the sources of your distress and; 4) Act to implement strategies to initiate the changes you desire.

Other approaches have focused on the intersection of ethics and moral distress and seek to examine whether providing regular ethics education and/or sessions helps nurses to be better equipped to deal with morally distressing cases when they arise. Some groups have attempted to implement regular ethics sessions which focus on recurring ethical issues seen on a particular unit (Helft et al 2009). There is discussion about whether it is more helpful to organize such sessions proactively, to prevent moral distress, or reactively, in response to a specific case causing moral distress. One unique approach is from Epstein and Hamric (2009) who have implemented a Moral Distress Consult Service (MDCS).

Continues on page 11
Spiritual Corner

For a Nurse
by John O’Donohue

Your mind knows the world of illness,
The fright that invades a person
Arriving in out of the world,
Distraught and grieved by illness.
How it can strip a life of its joy,
Dim the light of the heart
Put shock in the eyes.

You see worlds breaking
At the onset of illness:
Families at bedsides distraught
That their mother’s name has come up
In the secret lottery of misfortune
That had always chosen someone else.
You watch their helpless love
That would exchange places with her.

The veil of skin opened,
To remove tissue, war-torn with cancer.

Young lives that should be out in the sun
Enjoying life with wild hearts,
Come in here lamed by accident
And the lucky ones who leave,
Already old and in captive posture.

The elderly, who should be prepared,
But are frightened and unsure.
You understand no one
Can learn beforehand
An elegant or easy way to die.

In this fragile frontier-place, your kindness
Becomes a light that consoles the brokenhearted,
Awakens within desperate storms
That oasis of serenity that calls
The spirit to rise from beneath the weight of pain,
To create a new space in the person’s mind
Where they gain distance from their suffering
And begin to see the invitation
To integrate and transform it.

May you embrace the beauty in what you do
And how you stand like a secret angel
Between the bleak despair of illness
And the unquenchable light of spirit
That can turn the darkest destiny towards dawn.

May you never doubt the gifts you bring;
Rather, learn from these frontiers
Wisdom for your own heart.
May you come to inherit
The blessings of your kindness
And never be without care and love
When winter enters your own life.

Prayer:

Almighty God our heavenly Father,
you declare your glory and show forth your handiwork in the heavens and in the earth.

Deliver us in our nursing practice from the service of self alone, that we may do the work you give us to do in truth and beauty and for the common good; for the sake of him who came among us as one who serves, your Son Jesus Christ our Lord, who lives and reigns with you and the Holy Spirit, one God, forever and ever.

Amen.

(Adapted from the Book of Common Prayer, 1979)

Go Green Tip

Grey bins are for confidential paper only; no other contents are to be placed into the gray locked bins. All of the gray bin content must be free of medical waste.

Please be sure to strictly follow the rules of the locked grey bin to protect our patients and the public at large. Please instruct others as needed. Let’s work together to protect our patients and everyone who handles garbage.

Nancy Madsen, BSN, RN-BC

By: Rev. Kelly Brouwer
Certification Corner

Amy Konopasek, RN, BSN, OCN recently became an oncology certified nurse. I asked her what motivated her to become certified and here is her response:

“There were many things that motivated me to take the OCN exam. Ever since I began working in oncology it was my goal to one day take the exam but I was unsure of myself. Working in the cancer center helped build my confidence. I was very encouraged by my managers and my co-workers, many of whom are oncology certified, that I would be able to take and pass the exam. I also wanted to take the exam because I feel that it will help me to pursue other options in oncology in the future. It also is something I was able to use to earn clinical ladder points.”

What are the requirements to take the oncology certification test?
- RN
- 12 months of RN experience within 36 months prior to application date.
- 10 CE in oncology in the last 36 months

How do I obtain an application?
- Go to www.oncc.org
- Download Test Bulletin
- You can apply online or mail in the application

Where do I take the test?
- A computer based testing site. The testing sites are available at www.pearsonvue.com/oncc

Why should I become certified?
- Certification is your credential which means a nurse has demonstrated a basic knowledge to competently care for patients with cancer.
- Certification is your credential and it goes with you.
- Certified nurses are often sought out by employers.
- It is a personal accomplishment.
- Certification can help you move up the clinical ladder, which equates to increased salary.

What should I review for the test?
- Review the Test Blue Print (www.oncc.org)
- Review the book, Cancer Basics By: Julie Eggert
- Loyola offers a FREE review class annually
- ONS offers an online review class for a fee $160-$180 (www.ons.org)
- 20 free practice questions online at www.oncc.org

How does Loyola support certification?
- Loyola reimburses cost up to $300 for obtaining certification or re-certification.
- Go to the Loyola nursing website for an “Education Stipend Packet”.
- Salary increases linked to clinical ladder. Certification is weighted 3 points for a level 3 and is required for a level 4.

How can you get started?
- Contact a Certification Liaison:
- Cancer Center Day Hospital: Sarah Hart
- Cheryl Tibbetts
- Cancer Center Clinics:
- Pat Scafuri
- Marjorie Weinberg
- Jill Ramirez
- Cancer Center
- Vanessa Jennings
- Rachel Ochoa
- Bone Marrow Transplant
- Another contact, Linda Flemm, MSN, APN, AOCNS, Clinical Nurse Specialist for the Cancer Service Line.

What are you waiting for???
Join your colleagues!!

Next Certification exam:
October 1 thru December 31, 2012, register by July 5, 2012 on www.oncc.org

CCRN Review Course
June 18 & 19; see the Nursing Education Website for details.
Reflections of a Nurse

Annette Jenero RN, ADN

Back when I was in high school, my girlfriends and I thought it would be a good idea to become nurses. As it turned out I was the only one that actually went to college and graduated as a nurse. I knew then that this was the path that I was meant to be on, as I never could see myself doing anything but nursing.

Over the past 30+ years, I have worked in many different areas; Med-Surg, Immediate care, mother-baby, inpatient & outpatient, and I have always managed to find my way back to Pediatrics. I love the joy of working with children. The youth and vibrance they bring to our hearts in the time caring for them rejuvenates me. The range of care in pediatrics is huge, it can be as simple as a well child care visit with immunizations and a simple growth chart plotting their new found height to a specialty clinic reviewing their blood sugar levels and dosing their insulin. The surprises you will encounter caring for a child are endless and everlasting. The day that I no longer learn from those I care for is the day that I must retire, because the life experiences that I gain from caring for these children are what drive me to return day after day with a smile and a new place in my heart for another child to enter into.

Most recently I have found my way into Pediatric Hematology/Oncology. I never really planned on taking care of this population, and this is definitely the hardest job I have ever had, but I have found it to be a challenging new position that I will surely retire from. Of all the positions I have ever held as a nurse, this position in the short time I have held it, has brought me more joy and heartache then all the others combined. It has been an honor and blessing to take care of these children and their families. I cannot see myself doing anything but nursing, the children drive me to be better and continue to learn as I go, as they take this attitude in everyday life. The nursing part of my job keeps me coming back and the children keep me young enough to continue to return. I am very proud to say that my daughter also chose nursing for her life path, and this allows me the pride and gratitude of following what was thought of as a “good idea” in high school, to have turned into a well respected career path.

Clinical Ladder Updates

Current Updates and Helpful Reminders

New Points Requirement:
• Beginning with July 31st, 2012 level 3 applications will require 20 points.
• The number of weighted points is now 40 for level 4 with NO project requirement

Projects that reach beyond your own department:
• Projects will now be worth 5 points an can be used toward either level 3 or 4.

Interpreting:
• Completing the validation as an interpreter and being utilized as one is 5 points which requires documentation of 3 specific events in your clinical log.

Revision Dates:
• Always check the clinical ladder website for updates and criteria revisions.

CEUs and Inservices:
• When using e-learning transcripts, please mark or highlight which events are to be counted toward your application.

Clinical Ladder Ambassadors are always available to answers questions, clarify requirements, and simplify process.

Ambassadors are listed under “Resource” on the Clinical Ladder Website.

Happy Nurses Week From the Clinical Ladder Ambassador Committee

Sonja Winkler RN CPN
Julie Libero RN, MSN, CCRN, TNCC
Michelle Krauklis RNC-NIC, MSN

Exemplary Professional Practice
Magnet Ambassador Council

Ask Me Committee reported Stroke patient education Many opportunities to assist in medical tents at upcoming sports events. See Magnet Council website for further info or a MAC contact.

Nursing Demographic data base to be released later this month. This data base will track real-time nursing demographic such as educational and certification advances.

Interactive discussion to create an intranet-web - nurse survey. This tool will investigate current nursing navigating practices in aims to improve nurse access.

End of May, consider sponsoring a planter that will fill the outside deck at Café Loyola. Contact Mary Foley for further information or Sharon Bird if you are interested to assist the Ambulatory setting, the Healing Garden.

Thank you to Barb Devereux for ALL of your support over the past years leading and developing the Magnet Council!

Nursing Professional Practice Council

- Supported the Pressure Ulcer Prevention Pediatric Interdisciplinary Committee project to the ANCC Magnet Commission for consideration of the Magnet Prize.
- Promoted nurses week Celebration
- Continues to coordinated monthly grand rounds for nurses and residents that offers continuing education credit.
- Discussed Bowel Program, Piloted on 2ICU and Neuro ICU

Education and Professional Development

Annual Nursing Education Survey on-line May 1st - May 19th, includes raffle for four "Be Fit" monitors.

Visit our booth during Nurses' Week Wellness Fair to receive information on specialty certifications and how to obtain a BSN or MSN.

SAVE THE DATE: Adult CCRN Review Course, June 18th (full day) and June 19th (1/2 day), sponsored by the Department of Nursing Education. Speaker is Tom Ahrens, research scientist and CNS at Barnes Jewish Hospital in St. Louis. He is extensively published, including 5 books and over 100 papers. This presentation will take place in the SSOM and is free to Loyola nurses. Qualifications to sit for the CCRN exam include 1750 hours in direct bedside care of acutely ill patients during the previous 2 years. A Flyer with more details, including how to register is circulation.
Nursing Research Council

Nursing Research Fellowship Program:
With great excitement and pride the nursing research fellows presented their research posters at the Ruth Palmer Research Symposium.
Jill Erlander, RN, BSN, CEN, TNS
Sarah Suchecki, RN, BSN, CEN, TNS: Topic: Are temporal artery thermometers accurate in assessing temperatures on children age 6 months to 4 years old?
Karen Thomas, RN, MS, PCCN: Topic: Perceptions of well-being and performance on the 6 minute walk test in patients participating in a post-cardiac surgery targeted progressive mobility program

Nursing Research e-Journal Club
Neonatal ICU is piloting the first unit specific e-Journal club as they are reviewing the study titled “Ranitidine is associated with infections, necrotizing enterocolitis, and fatal outcomes in newborns.” Hummel, RNC, MA, APN, NNP, PNP developed the research critique for this article. If you are interested in hosting a unit specific e-Journal club, please contact either Pam or Barb.
Coming soon, the 6th Nursing Research e-Journal Club will be launched. The title of the study is “Improving Professional Practice through Certification. Clementi, PhD, RN-BC and Pavone, MSN, RN developed the research critique for this article.

EBP in Action
MICU is piloting a new collaborative project in which members of the MICU nursing staff and manager, librarians, and members from the Nursing Education Department work to answer a question that was identified by the MICU staff. The staff is interested in the use of cooling blankets as an intervention to help reduce fevers. The results of this query will be available very soon.

Nursing Quality & Safety Council

March 19-23 marked National Patient Safety Week, and the Loyola staff had an opportunity to visit a patient bedside riddled with safety gaffes. Luckily, this was not an actual bedside, but an interactive exhibit presented by the Patient Safety Committee, the Center for Clinical Effectiveness, and the Nursing Quality and Safety Council.

The exercise was named, “Make Room for Safety,” held in the former Trauma OR at times convenient to all shifts. Drawing upon the “Room of Horrors” experience held in the past, this year’s event had over 15 safety errors that staff was asked to identify.

The answer form served as a raffle entry, and valuable prizes were awarded to randomly selected winners. Each safety gaffe represented a violation of a National Patient Safety Goal or a Hospital Safety Goal, and included errors in patient identification, infection prevention and control, medication safety, and prevention of deep vein thrombosis.

Informational flyers were available, and there was a great deal of impromptu education and discussion. The Safety Room received over 147 visitors and was an excellent way to celebrate Safety Week.

APN Council
How do we know that the APN is competent?
The APN council’s main activity has been the development and implementation of a process for ongoing quality assessment, a requirement of The Joint Commission. A form was created to guide the assessment, which includes peer chart review and procedural competency review. The assessment is beginning currently, and will occur every six months.
Collaboration

In the opening lines of Morten Hansen’s book, \textit{Collaboration – How Leaders Avoid the Traps, Create Unity, and Reap Big Results} (Harvard Business Press c. 2009) he writes “Bad collaboration is worse than no collaboration. People scuttle from meeting to meeting to coordinate work and share ideas, but far too little gets done.”

I am sure many of you have experienced those times when you have found yourself going from meeting to meeting and really wonder what you have accomplished over the course of a day. Just because we have a problem to solve or a project to work on doesn’t necessarily mean we need a series of meetings to solve the problem and include all the decision makers in every meeting. Hansen puts it succinctly and defines collaboration as “when people from different units work together in cross-unit teams on a common task or provide significant help to each other.” Sometimes this assistance can be one way but it is more than just shipping information back and forth it is assisting another unit, department or group with a project or working with another department to achieve a specific results. The key here is to determine the result we are trying to achieve and if collaboration will help us achieve our result or will collaboration just make us feel better and trick us into thinking we are doing real work.

I’d like to offer the 3 steps to disciplined collaboration covered in Morten Hansen’s book. First, evaluate opportunities for collaboration – what are the upsides if we collaborate on a project or initiative? Are there downsides? Second, what are the barriers to collaboration? Some barriers may have to do with deadlines around the project or initiative, others are related to motivation of participants or the fact that some people are not able to work with other people or not able to find the information they are looking for. Finally, tailor solutions to tear down the barriers. For example, are there compelling common goals in the organization that encourage collaboration or are the right people involved that have the skills to collaborate? Loyola is one of the best places I’ve worked at to collaborate for it’s relatively easy to build a network of people through relationships, however be careful and make sure you have the right people on your collaborative group and have a result in mind.

In the next Nurse-link issue I’ll discuss personal barriers to collaboration such as arrogance, defensiveness, fear and ego.

Ethical Consideration  continuation from page 5

They argue that addressing moral distress is not a matter of analyzing single cases but requires a multidisciplinary approach that addresses organizational systems. The aim is to begin to address the crescendo effect of moral distress. Members of the MDCS are called by staff to meet with them and review the morally distressing situation. In contrast to an ethics consultation, a moral distress consultation focuses on the morally distressed staff rather than an ethically challenging case (though there may be overlap).

Data on the effectiveness of different strategies for addressing moral distress is limited and further interventions and studies are needed. In the meantime, nurses should make themselves aware of their own “triggers” for moral distress, look for the signs and symptoms of moral distress in themselves and colleagues, and seek pathways for addressing it. Notifying the nurse manager is one key step and a unit based strategy for acknowledging and addressing the factors contributing to moral distress is a vital factor. Such approaches require the support of the nurse manager, nurse educators, and nursing administration to tackle the thorny issue of moral distress.

References available upon request
Nurses often hear “get involved” in governmental affairs. The nursing community suggests that becoming involved in political policy is an additional way to advocate for patient needs. Recently, a Governmental Affairs workshop offered in Alexandria, WA, was devoted to preparing nurses involvement in public policy.

The governmental affairs workshop was sponsored by the National Emergency Nurses Association (NENA). As an Illinois State Council board member (currently serving as a Director) attendance at the workshop was strongly encouraged. The workshop prepared nursing participations to lobby up on the hill in Washington for the betterment of emergency care.

Three major policy topics were presented with evidence to provide sound background issues at hand. A brief summary of addressed issues will be explained to provide a better understanding of this public policy agenda.

1. **Access to Life –Saving Medications Act**
   
   Source: GAC Chairs Workshop and Lobby Day Briefing Papers

   The bill would require manufacturers to confidentially notify the FDA when they experience production problems or plan to discontinue a product. The bills seek to allow the agency to communicate more effectively with manufacturers and others in the supply chain to plan for pending supply interruptions, and would give the FDA new authority to enforce these requirements.

   What are “medically necessary” drugs?

   A Medically necessary product is defined as one that is “use to prevent or treat a serious or life-threatening disease or medical condition for which no other source of that product or an alternative drug is available in adequate quantities.” As medically necessary, these drugs have few substitutes and patients generally cannot shift their use over time.

   **Emergency Nurses Association Position:**
   
   ENA supports H.R. 2245 and S. 296, believing that the early warning system will address the troubling public health threat of prescription drug shortages.

2. **HRSA’s Emergency Medical Services For Children**

   Our nation’s children need the medical services that only the EMSC Program offers. The IOM reports that there are limited appropriate pediatric resources within the ED.

   **Emergency Nurses Association Position:**
   
   ENA supports funding the HRS EMSC Program, part of the appropriations bill for the Departments of Labor, Health and Human Services, and Education and Related Agencies (Labor-HHS), at a minimum of $28.940 million in FY 2013, the reauthorized sum contained in the health reform law, the Patient Protection and Affordable Care Act.

   **Current Status:**
   
   Current funding for the proposed grant to meet pediatric specific training was provided at $40,000 below 2011 allocation budget.

3. **Substance Abuse and Mental Health Service Administration (SAMHSA)**

   Evidence provided alarming societal costs for both mental health and substance disorders (SUD) ED visits. The ENA encourages congressional delegation support for substance abuse prevention and treatment programs.

   **Ask your congressional delegation to support FY 2013 funding of the Substance Abuse and Mental Health Services Administration’s centers.**

   These three topics are just a few of the public policy agenda items that the NENA supports. This was the first of what I hope to be many trips to Washington to attend this workshop. It was a wonderful educational experience for me.

   I will continue to monitor these bills, and their outcomes not only at the national level but the state level too. I would ask that all nurses become involved with their own professional organizations and make their voice be heard. We are a great force when we unite and we can make change happen, you (We) can make a difference.
According to the Centers for Disease Control and Prevention, 1 person dies from injuries every 3 minutes. Injuries are the leading cause of death for people ages 1-44 in the US. “Mortality rates increase by 20% when a seriously injured patient is not treated at a trauma center” according to the American Trauma Society. These valuable statistics are just a sample of the findings reported by national and private agencies.

Trauma Centers, in Illinois, are designated at a level I or II according to a State Trauma Center Code; Loyola University Medical Center (LUMC) is a level I Trauma Center. In addition, LUMC is the only level I nationally recognized trauma center in Illinois. National verification designated by the American College of Surgeons Committee on Trauma, holds Trauma Centers to a higher level of care especially regarding performance improvement and research. Trauma centers are required to collect and report trauma data to evaluate trauma systems from the scene through rehabilitation.

The Trauma Registry is the disease database that specifies inclusion criteria of the traumatic reportable findings. The data collected is detailed information regarding the cause, nature, and severity of the injured patient. This data is specifically defined in a data dictionary to assure valid, uniform tracking of traumatic data. The Trauma Registry data collection is useful for a variety of objectives. The data is used for prevention, research and evaluation of the Trauma System on local, regional, state and national levels. The trauma registry supplies a means to evaluate over-all patient care as well as the trauma-care delivery system.

I am the only Trauma Registrar at Loyola, although I oversee two registrar assistants. My responsibility as a data manager expert is to gather and report trauma data to various health agencies on local, regional, state and national levels. The position of Trauma Registrar is a nursing position at Loyola; however, some facilities employ a Health Information Specialist as the Trauma Registrar. I’ve attended two education courses offered by the American Trauma Society and later obtained my national certification as a Certified Specialist in Trauma Registry.

Loyola’s Online RN to BSN offers students a flexible option

With the increased complexity in today’s health care needs, the demand for nurses with a baccalaureate education and advanced skills is growing at a rapid rate. To address that demand, the nation’s leaders in healthcare are driving policy for RNs to have a BSN within the next ten years.

BSN nurses typically have more career options than their associate or diploma-degreed counterparts and often are promoted to greater levels of responsibility. As the health care environment becomes more and more complex, nurses who have the foundational knowledge of a BSN are prepared to meet these challenges with greater flexibility and effectiveness.

For RNs without bachelor’s degrees, Loyola offers a BSN degree. The program’s coursework is designed with registered nurses in mind and offers a high degree of flexibility. The program can be completed in as few as 3 semesters and courses are offered online in 7-week sessions, so students can continue in their profession while they prepare for their future.

At Loyola, we value the experience our students bring to the classroom. And in the RN to BSN program, we help students receive up to 66 hours of academic transfer credit toward their BSN. RNs are awarded up to 25 credits for prior learning by professional nursing portfolio. Applicants must have a current RN license and may be admitted year round. For the most up-to-date application information, visit LUC.edu/nursing
In nursing school we learned the “5 Rights” of medication administration — Right Patient, Right Medication, Right Dose, Right Route, Right Time. Right?

Now let’s think of the “5 Rights” of Blood Administration.

- Right Patient
- Right Time
- Right Blood Component
- Right indication
- Right Documentation

Over the next few editions of Nurse Link we’ll take a look at each of these Rights.

In the last edition of Nurse Link we looked at the Right Time. Now let’s consider the Right Blood Component!

Everyone is familiar with Red Blood Cells (RBCs). They are the most frequently transfused blood component at Loyola accounting for 15,100 transfusion events for our patients in 2011. Most of us know that RBCs for transfusion are prepared from whole blood donations but did you know they are also collected by apheresis and that one donor can donate two units of RBCs in one donation? That’s why many units of RBCs look different from what you expect. RBCs are indicated for the treatment of symptomatic anemia (decreased oxygen carrying capacity), acute blood loss and exchange transfusion. RBCs should not be used to treat anemias that can be corrected with non-transfusion therapy such as iron therapy.

Platelets are transfused both therapeutically and prophylactically — that is they are transfused to both treat and prevent bleeding related to decreased numbers of platelets or interrupted platelet function (such as seen with medications like aspirin & Plavix®). Studies have shown that stable patients are unlikely to suffer spontaneous bleeding with platelet counts of 10,000 or greater and may only need transfusion when invasive procedures (e.g., Lumbar puncture or CVC placement) are scheduled. Platelet transfusions can cause a well-known complication called “platelet refractoriness”. Refractory patients often need specially matched platelets which can lead to delays in transfusion. The more platelet transfusions your patient is exposed to the greater the chance that they will become refractory. In 2011 platelet transfusions accounted for 4741 transfusion encounters at Loyola.

Plasma is used to treat active bleeding in patients with coagulation factor deficiencies or who are taking warfarin or to rapidly reverse warfarin effect in patients needing urgent invasive procedures. Plasma is also used in bleeding patients with coagulopathy related to massive transfusion and in patients with Thrombotic Thrombocytopenic Purpura (TTP). It is the second most frequently transfused blood component at Loyola accounting for 4959 transfusion encounters in 2011. Plasma should not be used as a volume expander or to correct warfarin induced abnormalities in coagulation testing in the absence of bleeding or urgent invasive procedures.

Finally Cryoprecipitated AHF (“Cryo”) is the least frequently transfused blood component accounting for only 507 transfusion encounters at Loyola in 2011. Cryo is a specially prepared blood component containing concentrated levels of Fibrinogen, Factor VIII:C, Factor VII:vWF (von Willebrand factor), Factor XIII and fibronectin (that should send you looking for a graphic of the coagulation cascade!) Cryo is useful in bleeding associated with fibrinogen deficiency and massive transfusion or to normalize fibrinogen levels before administration of NovoSeven® but should not be used as the primary treatment for Factor VIII deficiency since Factor VIII concentrate is commercially available.

If this information has given you a better idea of what blood component is appropriate for your patient (and WHEN it’s appropriate) SHARE THE WEALTH — tell a colleague about the special properties of each blood component.
Educational Offerings

Nursing Education:

Preceptor Workshop, Saturday, May 5
Advances in Organ Donation, Saturday, May 19
CCRN Review Course, June 18 and 19
ONS Chemotherapy and Biotherapy Course
Saturday Aug 4 and 11
Saturday Nov 3 and 10
13.5CE per 2-Day Class
Contact: Linda Flemm at lflemm@lumc.edu to register.

Employee Information Exchange
10/18/2012
10:30 AM - 11:30 AM

Employee Information Exchange
11/15/2012
10:30 AM - 11:30 AM

Management Staff:

Coaching for Development and Improvement
05/02/2012
1:00 PM - 3:00 PM
CEU Credits: 2

New Manager HR Systems Overview
05/03/2012
10:00 AM - 11:00 AM

Hire to Fit
05/16/2012
9:00 AM - 12:00 PM

New Manager HR Systems Overview
06/12/2012
10:00 AM - 11:00 AM

Performa Management
06/13/2012
8:00 AM - 12:00 PM
CEU Credits: 4

Coaching for Development and Improvement
07/11/2012
9:00 AM - 11:00 AM
CEU Credits: 2

Leave of Absence Management
07/18/2012
9:00 AM - 12:00 PM

New Manager HR Systems Overview
07/26/2012
10:00 AM - 11:00 AM

Hire to Fit
08/15/2012
1:00 PM - 4:00 PM

New Manager HR Systems Overview
09/05/2012
10:00 AM - 11:00 AM

Coaching for Development and Improvement
09/05/2012
11:00 PM - 3:00 PM
CEU Credits: 2

Performance Management
09/12/2012
8:00 AM - 12:00 PM
CEU Credits: 4

Leave of Absence Management
10/17/2012
9:00 AM - 12:00 PM

Coaching for Development and Improvement
11/07/2012
9:00 AM - 11:00 AM
CEU Credits: 2

Hire to Fit
11/21/2012
9:00 AM - 12:00 PM

Performance Management
12/12/2012
8:00 AM - 12:00 PM
CEU Credits: 4

Human Resource Education:

General Staff:

Employee Information Exchange
05/17/2012
10:30 AM - 11:30 AM

Employee Information Exchange
06/21/2012
10:30 AM - 11:30 AM

Employee Information Exchange
07/16/2012
10:30 AM - 11:30 AM

Employee Information Exchange
08/16/2012
10:30 AM - 11:30 AM

Employee Information Exchange
09/20/2012
10:30 AM - 11:30 AM

Employee Information Exchange
11/15/2012
10:00 AM - 11:00 AM

Hire to Fit
05/16/2012
9:00 AM - 12:00 PM

New Manager HR Systems Overview
05/03/2012
10:00 AM - 11:00 AM

Performance Management
06/12/2012
8:00 AM - 12:00 PM
CEU Credits: 4

Leave of Absence Management
10/17/2012
9:00 AM - 12:00 PM

Coaching for Development and Improvement
05/02/2012
1:00 PM - 3:00 PM
CEU Credits: 2

New Manager HR Systems Overview
09/05/2012
10:00 AM - 11:00 AM

Performance Management
09/12/2012
8:00 AM - 12:00 PM
CEU Credits: 4

Leave of Absence Management
10/17/2012
9:00 AM - 12:00 PM

Coaching for Development and Improvement
11/07/2012
9:00 AM - 11:00 AM
CEU Credits: 2

Hire to Fit
11/21/2012
9:00 AM - 12:00 PM

Performance Management
12/12/2012
8:00 AM - 12:00 PM
CEU Credits: 4

Nurse Link Staff

Executive Editor: Deborah A. Jasovsky
Managing Editors: Theresa Pavone
Kristi Dombrow
Linda Flemm
Happy Nurses Week to the best staff I have ever had the privilege of working with! You are a great team, always advocating for your patients and you are committed to providing excellent care and achieving great outcomes. Thank you for all you do!

Jan Chiles
Manager 7SW

A very big THANK YOU to all nurses throughout LUMC who care for patients when they are in pain, confused, upset or unhappy. Some of you who are fortunate to work with the happier, healthier patients and again, I say THANK YOU for keeping them this way. As we get ready to resubmit our Magnet application, continue to share your stories with me as they provide evidence of our success.

Happy Nurses Week, Debbie Jasovsky

To all nurses in MICU, 1 Tower, Dialysis, PICC Team, Hepatology Coordinators:
You are the best!!! Thank you for all your care, flexibility, and commitment to patient care.
Patients are very appreciative and I always receive compliments about the care you administer.
Thank you for being you. Happy Nurses Week!!!

Rose Lach, AD Medicine

To all of the nursing staff at Loyola, thank you for everything that you do, you caring commitment to the art of nursing is evident in your practice, I am proud to work with such an excellent group of professionals!
Happy Nurses Week
Kim Reeks, Director of Nursing Administration

To our Outstanding Nursing Staff,
I wish to thank all of our nurses for the contributions each of you make within our Health System and the impact you have on the lives of our patients and their families from the tiniest Neonate to the most complex and critically ill Adult, from Surgery to Radiology, from Cancer Services to our Transplant Programs, from Education to Administration and from Home Care to our Ambulatory Programs. I am proud to be associated with such a fine nursing team and wish each of you a Happy Nurses Week and a healthy year ahead.—

Daniel Post—Senior Vice President Ambulatory Programs and System Services

Happy Nurses Week to the best staff I have ever had the privilege of working with! You are a great team, always advocating for your patients and you are committed to providing excellent care and achieving great outcomes. Thank you for all you do!

To all the Oncology Nurses,
We want to recognize all that you do. Thank you for your dedication, flexibility, hard work and commitment to oncology patients. Without all of you, our patients would not receive the wonderful compassionate care they deserve.

Thanks from the bottom of our hearts,
Cancer Management Team
I would like to wish all of the nurse working in the Cardiovascular, Neuroscience, Solid Organ Transplant and EMS/Burn/Trauma Service lines A Happy Nurses Week along with a personal thank you for all you do. Your contribution to the success of the service lines and the institution is immeasurable!!

Thank you and have a Happy Nurses Week!

Mike J.

Thank you to each of the nurses who work in the surgical services division.

Each of you brings your expertise, skill and care to our patients every day. You have made a difference in so many people's lives!! I feel totally privileged to work with such an outstanding group of professional nurses...so thank you to the ASC nurses, the GI nurses, the PAT and pre-op nurses, the Russo OR nurses, the PACU nurses and the management and leadership nurses!! You each make a difference every day!!!-- Sandy Swanson, AD, Surgical Services

Happy Nurses Week to the best nurses! Each day you provide highly skilled and compassionate care to our patients. You are a great team, committed to excellence and I am honored to work with each of you. Enjoy your special day - you deserve it!!

Barb Pudelek
Manager, Medical ICU

To The Acute Rehab Nursing Team:

Thank you to each and every one of you for your professionalism, nursing care, compassion, and dedication to your patients. It is an honor to work with each and every one of you.

Mary Vondriska RN, BSN

Dear Oral Surgery Nurses,

Thank you for everything you do on a daily basis to ensure our patients receive the best nursing care. You are dedicated to our patients and their families. You demonstrate expertise in your field and continually exhibit nursing professionalism. Happy Nurses week and thank you for your dedication to our nursing profession.

You are the best!! - Susan
To the Nurses of the CCE and Infection control:

As a team working behind the scenes, your efforts drive change that improves the quality and safety of care for Loyola’s patients. As you plan and implement improvement efforts, collect and analyze publicly reported data, prepare for regulatory surveys, conduct surveillance and promote infection prevention, improve transfusion safety, and coach your colleagues, you are touching the lives of others. I am proud to work alongside you on Loyola’s improvement journey.

Happy Nurses Week!- LuAnn Vis

Thank you to all of the nurses at Orland Park and Homer Glen

Thank you for the high quality care that they provide to our patients. They are the finest group of nurses that I have ever had the privilege to work with in my career. They consistently do whatever it takes to serve our patients and physicians.--Bill Seliga

Burr Ridge Cardiac Rehab,

Thank you for your dedication and commitment in starting a brand new program!! Your hard word and dedication is greatly appreciated by not only me but most importantly your patients. Your passion and commitment is displayed in your high quality care. Thanks for an amazing past year!!

Pam Skocir

To the clinical staff of Medical Specialties-

What an honor for me to work with such an exceptional, caring and hardworking clinical team. Your efforts are tireless. Your compassion is never ending. Your team work is WORLD CLASS. Thank you- Thank You for all you do every second, of every day.

Cheryl Murphy, Practice Manager II

Fran, Terry and Marybeth,

We are so grateful to have you as part of the OBT Ortho/Rehab team...you guys are wonderful. Even more so the patients are so fortunate to have you embrace their concerns and needs in the caring, professional MAGIS ways you consistently exhibit.

Happy Nurses Week!!!!- From All the OBT Ortho/Rehab staff

Dear ENT Nurses,

Thank you for everything you do on a daily basis to ensure our patients receive the best nursing care. You are dedicated to our patients and their families. You demonstrate expertise in your field and continually exhibit nursing professionalism. Happy Nurses week and thank you for your dedication to our nursing profession. You are the best!!

Susan

To the Nurses in General Medicine,

Happy Nurses Week! I am always in awe at the volume of work you are able to accomplish each day. Your positive attitude and dedication makes it a delight for me to work with you. Thank you for all your hard work.- Anita
Happy Nurse's Week Cardiac Rehab!

I would like to thank you for your commitment & loyalty to the cardiac rehab profession. Your acts of kindness make a difference to your patients everyday. Thank you for an amazing year!- Pam Skocir

Oakbrook Terrace Medical Center
As I walk around throughout our clinics I appreciate the many years of experience and the wide variety of knowledge and skills that I see in our staff. But I mostly appreciate the wonderful care that they give our patients and the way that they work with our MDs. We have so many different specialties, clinics and procedures that change on a daily, sometimes hourly basis and yet our staff is always ready to take care of the patient and clinic needs that present at that moment.
Thank you for all that you do each and every day. Happy Nurses' Week.
Kathi Zadak

Dear General Surgery Nurses,

Thank you for everything you do on a daily basis to ensure our patients receive the best nursing care. You are dedicated to our patients and their families. You demonstrate expertise in your field and continually exhibit nursing professionalism.
Happy Nurses week and thank you for your dedication to our nursing profession.

You are the best!! -Susan

Happy Nurses Week to Janet Auclair, Pat Falk, Katie Holish, Diane Stace and Susan Surane!!

Thank you for your outstanding dedication, enthusiasm, and passion to educate our nurses. I consistently observe professional interactions and phenomenal team work from each of you. You are each outstanding role models, expert mentors and exceptional nursing leaders. I sincerely appreciate your contributions to assuring safe and high quality patient care through educating our nurses. As well, I appreciate your clinical expertise and inquiry talents as you assist in assuring current evidence-based care. It truly is an honor to work beside each of you.

Pam Clementi PhD, RN-BC, Nurse Manager, Nursing Education Department

Happy Educator Day too! From the Nurse Link

To 3 NEWS: The heart of the hospital.

Thank you for all of the teamwork and energy you bring with you each and every day. Staff that have become friends is what makes our unit shine!
Thank you!
Happy Nurses' Day!

3 NEWS Cardiac Telemetry Leadership Team

I would like to take the time to express my deep thanks to the staff of 1 Tower Observation and to my former staff from 6 East. We have had quite an exciting and difficult year. Through all the changes, moves and losses, each and every one of you were there for each other, the patients and myself. I was honored to have you as my staff. Each of you holds a special place in my heart.

My gratitude to you, Peggy Downing

To the Nurses in the Travel Clinic, Happy Nurses Week! It is my pleasure to work with the knowledgeable nurses in the Travel Clinic. It is because of them that our patients travel safely all over the world.

Thank you.- Anita

Dear Nurse Partners:

RN Case Managers, PPC Nurses, Nurse Resource Office, House Supervisors:

As nurses our days are often long, hard and draining...yet each day we continue to serve our purpose.
A s nurses our days are often thankless...yet each day we recognize we bring value...even when things do not go as well as planned.
As nurses we find joy in the little things, a smile from a sick patient, appreciation from our physicians, seeing relief in the eyes of a stressed family member...while no words may ever be exchanged, for but a moment in time, our hearts are connected...and we know we have made a difference.

I am acutely aware that each of you give up time from your families to be here at Loyola supporting the sick and healing the hearts of patients and families you serve. Each day, I am humbled by the work that you do with such passion and commitment. I am impressed by your courage to be an advocate for the patient and for our practice.

May you and your families be blessed for the work of your hands and the life long service you have given to the Practice of Nursing.

Lisa M Bragg RN, BSN, MBA
Executive Director, Patient Throughput
Thank you to all the staff in PAT, Pre-op, and PACU for your continued exemplary nursing care that you have shown our patients every day. We appreciate your dedication to Loyola and the nursing profession! Happy Nurses Week!

Jeanne A. Keane BSN, RN manager

To the great Nursing Staff in LOC Peds and Peds Hem Onc--

Thank you for your hard work, teamwork and compassionate care for our patients and families! I appreciate all you do!!

Mary Ellen

I want to thank all of the nurses, CMA's and PCT's in Ambulatory for their hard work each and every day taking care of our patients. Their efforts make our tag line, "we treat the human spirit" a reality. Thanks again and Happy Nurses Week!

Cathy Lenz, MS, CMPE, Administrative Director

Thank you to all our nurses who do such a good job caring for patients throughout the Ambulatory network. You certainly demonstrate the Loyola promise to "treat the whole person" on a daily basis.

Cheryl White, MSN, RN

To the Nurses in Anticoagulation,

Happy Nurses Week! I recognize that this has been our most challenging year together. This however has not stopped any of you from shining and providing our anticoagulation patients the best care possible. Thank you for all your hard work.-

Anita

Thank you to the clinical teams in these 3 departments. You guys continue to amaze me with your caring demeanor, your clinical expertise, and your non-stop willingness to go the extra mile and do what it takes to cover our clinics when short-staffed or extra busy. I appreciate your dedication to our patients and their families!—

Debbie Dailey,
Practice Director Pediatrics

5 Tower Staff,
Happy Nurse's Week!!

Thank you for yet another amazing year!! I am privileged to have the honor to work with such a dedicated staff. Your passion and commitment to nursing care is displayed in the high quality care you deliver. Thank you for all you do!!

Pam Skocir

I would like to THANK all the clinical staff at Burr Ridge Primary Care.
Your work and dedication is excellent and I am pleased to be your Manager.— Ellen Henrich

It is a pleasure and a privilege to once again acknowledge the excellent care and the Magis Spirit of our NICU Nurses. You are the lasting image for families when they look back on those difficult days in the hospital. You are the ever vigilant angels at the bedside. You are the teachers and a resource for all team members. You are the face of Loyola and you make us proud to be a member of this organization.
Thank you and Happy Nurses Week!

Elaine Trulis

LOC Pediatrics, LOC Peds Hem/Onc and Oakbrook Terrace Pediatrics,

A huge thank you to the clinical teams in these 3 departments. You guys continue to amaze me with your caring demeanor, your clinical expertise, and your non-stop willingness to go the extra mile and do what it takes to cover our clinics when short-staffed or extra busy. I appreciate your dedication to our patients and their families!—

Debbie Dailey,
Practice Director Pediatrics

Thank you to all our nurses who do such a good job caring for patients throughout the Ambulatory network. You certainly demonstrate the Loyola promise to "treat the whole person" on a daily basis.

Cheryl White, MSN, RN
GRATITUDE TO THE NURSES OF LOYOLA HOME CARE AND HOSPICE

I am always amazed and thankful for all you do as I think back over the last year. You have cared for each other in ways that are too many to count while many of you have coped with your own or family member health crises and losses. You have and continue to welcome new staff and nursing students, sharing your experience and making them feel welcome. You have all been a blessing to each other in ways we do not always see in the workplace. Your collaboration with each other across our programs for home care, home infusion, hospice, and pediatrics brings the best possible care to our patients. Our best practice changes are ones guided by your creative hands. Improvements in our processes for medication management and heart failure care took work but our improved outcomes are showing the value of your work. I am forever grateful to be working with you all and look forward to all the next year will bring.

To all the Nurses at Burr Ridge,
I just wanted to thank all of you for your hard work in making the Burr Ridge Facility a huge success to Loyola. I am very thankful to work with such a great team with your continued hard work and your on-going projects in working with all of the staff at Burr Ridge, it is greatly appreciated. Thank you for all your hard word in taking care of your patients at Loyola Center for Health at Burr Ridge.

Michelle Harnell, Practice Director, Burr Ridge

RN Case Managers are relatively new to our facility. We first started using them in 2010. They are the RNs that work somewhat behind the scenes that make sure our patients are classed correctly on admission, that our patients’ insurance is provided the information needed to pay for our patients’ medical care, and that a safe discharge is coordinated. As an institution, this group of individuals have already made their mark in improving charge capture, but most importantly, they have made their mark in enhancing patient care. I am extremely grateful they have chosen to work at Loyola, and I look forward to their continued professional growth and impact.

Barry Bennett, LCSW
Manager, Care Management

This one is for all the OP and IP Dialysis RNs.

HAPPY NURSES WEEK TO ALL THE SKILLFUL AND EXCELLENT DIALYSIS NURSES!

Thank you.
Bessie