Social networking: Facebook. Twitter. LinkedIn. Google Plus… Is there anybody that’s not on a social network site? As of January 1, 2012, Facebook had 800 million users. The professional benefits of social media are clear. The use of social media as an effective business tool has grown worldwide and provides a professional network of support systems, education and distribution of information, recruitment for employment and research, and resources for many other aspects in business and healthcare.

But there are risks involved, depending on how these sites are used. There is, for example, a great concern about the increasingly blurry (and sometimes risky) line between personal and professional use of social media. Social networking sites involve the sharing of information between “friends”. Anyone with access to the internet can join Facebook, connect with contacts, communicate with others (friends and strangers), and allow some access to personal information. Anything posted can be disseminated anywhere, “hang around” forever, and even come back to haunt you at anytime.

As nurses, we develop close relationships with many of the patients and families we care for. We engage in relationship-based care, which requires getting to know families and establishing a level of trust. Patients and their families share their values, fears desires with us. Relationship-based care also requires self-knowledge: understanding ourselves. This means recognizing how we feel, react and cope with not only what happens to our patients, but also what happens in our unit. This requires recognizing our own personal stressors, and how good working relationships with our co-workers benefits the patient.

These special relationships are therapeutic relationships, and are different from social relationships. In a therapeutic relationship, the goal is to meet the needs of the client, not to meet mutual needs. This type of relationship is based on nursing professional knowledge, as well as a commitment and genuine concern for the patient and their family. It allows the nurse to experience professional satisfaction as she/he provides emotional and spiritual care to the patient. Therapeutic relationships are time limited.

In long-term settings (such as the NICU), boundaries can become blurred. We can become unaware of our own self and our emotional responses to our work. In today’s society, we have television shows encouraging people to reveal their most personal issues in public. We know every aspect of celebrities’ lives. We become “friends” with perfect strangers on social media sites and share personal details, stories, pictures, etc. Social boundaries easily become unclear. Personal and professional lives become blurred, as a comment you post (that you considered a casual remark about work) spreads to multitudes of people, many of whom were not the original, intended audience. Our patients, their families, and many of us can be easily found on a social media network, such as Facebook. Patients and families may contact us wanting to establish a relationship outside the professional setting. People have access to a variety of information that you might not otherwise share in a professional relationship. Personal relationships, lifestyles, hobbies, political and religious views may be viewed, becoming a potential area for disagreement or disapproval. You may discover something they did not intend you to

Continued on Page 3
I want to take this opportunity to thank all of you for your hard work through this very busy summer. Last year, our volume was exceptionally low, which made for a difficult financial year. While results are currently pending, it appears that we have met budget for July and August. We continue to hire additional staff in response to the high volumes. We have increased staffing on 3NEWS and 7SW to open all available beds and we are currently recruiting staff for PAR to be able to hold four patients overnight. We also plan to expand 1 Tower to accommodate the observation cases.

Our Magnet redesignation documents will need to be submitted in February 2014. Rose Lach, our Magnet Program Director, has had several sessions to begin to organize our information and stories. As the year progresses, we will be looking for your input for the document. This year, the document will focus on outcomes. The measures will include patient experience, falls, pressure ulcer incidence, central-line infections and ventilator-associated pneumonias to highlight a few.

In May, you participated in the Culture of Safety survey. We had excellent participation with a response rate of 98 percent. We will use the information you shared in the survey to develop plans to promote safety and address concerns. The goal is to make Loyola a place where safety is the responsibility of everyone.

We will be looking for safety liaisons from all the departments and sites. If you have an interest, please let Kim Reeks or myself know.

Again, thank you for your commitment to our patients.

If you are interested in volunteering for the Wellness Fair on November 8th and 9th, please call or e-mail June Klaus at ext. 6-5815 or jklaus1@lumc.edu by November 1st.
know. What if you find out something that concerns you about your patient’s well being? What do you do with that information? What if they find out something about you that you’d rather they not know?

It’s recommended that as a professional RN, it’s best to avoid immediately accepting an invitation from a patient/family to be a “friend”, establishing a professional boundary. Florence Nightingale even spoke of nursing boundaries. The Nightingale Pledge articulates professional expectations, such as keeping confidences, maintaining standards, and abstaining from “detrimental and mischievous behavior”. She believed that therapeutic ethics were guided by a professional code of ethics.

The Health Care Portability and Protection Act also discourages the electronic sharing of personal health information between health care providers and non-health care providers not involved in the patient’s care. “A person who knowingly obtains or discloses individually identifiable health information in violation of the Privacy Rule may face a criminal penalty of up to $50,000 and up to one-year imprisonment.” If the wrongful conduct involves false pretenses, the criminal penalties increase to $100,000 and five years imprisonment. The penalty can reach as high as $250,000 and up to 10 years imprisonment if there is intent to sell, transfer, or use identifiable health information for personal gain, commercial advantage, or malicious harm.

There are risks that employees need to be aware of if posting information on social networking sites during and after work. Nurses have been terminated for “innocent”, “private” comments, “venting” on Facebook (it is easy to identify a patient or institution without revealing a name, based on the situation), “group chatting” with postings of pictures of patients, and even “disparaging” comments. Bottom line: Social media can often be misused, even in unintentional ways.

Because a patient has the right to receive care without being the subject of Facebook discussions, hospitals across the country are now adopting policies addressing social networking. (Loyola will have a policy for social networking this year).

Seemingly innocent postings on social networks by non-health care workers have resulted in loss of employment:

- Calling their job “boring”
- Calling in sick with a migraine, claiming the computer’s light at work bothered their eyes and that needed to be in a dark room – the employer later caught them using Facebook on their computer
- Comments by a waitress on Facebook about two customers leaving her a $5.00 tip after sitting in their booth for three hours. She didn’t name the customers, but did name the restaurant
- Controversial pictures an NFL cheerleader posted of herself with a man covered with offensive tattoos (swastikas, profanities, etc)

It is recommended that all nurses contemplating using a social media site seriously consider the Principles for Social Networking (above), as well as, ANA’s Six tips for nurses using social media:

**ANA’s Tips to Avoid Problems**

1. Remember that standards of professionalism are the same online as in any other circumstance.
2. Do not share or post information or photos gained through the nurse-patient relationship.
3. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
4. Do not make disparaging remarks about patients, employers or co-workers, even if they are not identified.
5. Do not take photos or videos of patients on personal devices, including cell phones.
6. Promptly report a breach of confidentiality or privacy.

While social media is popular, and has many benefits, one must remember professional boundaries and the risks involved. In addition to termination, possible consequences of misuse may result in disciplinary action by a Board of Nursing, loss of license, and even liability and legal charges at the state or federal level.

You know the saying, “Think before you speak”? Today it’s “Think before you type” (or Tweet ☺).

References:


Kudos to Nursing

Awards:
- Linda Dybowski, ED, awarded the IL ENA Evidence Based Practice Contest Winner, at the IL ENA Spring Symposium, Lisle, IL. She presented Tourniquet Use: Time to Unravel the Misconceptions.
- Jennifer Halliday, CCE, has become a certified Professional in Healthcare Quality (CPHQ).
- Anita Iscandari, SAC, has become a certified Medical Surgical Nurse (CMSRN).
- Gemma Jose, 5 Tower, has become a certified Progressive Care Nurse (PCCN).
- Jill Tolentino, GI Lab, has become a certified Gastroenterology Registered Nurse (CGRN).
- Carrie Gallimore, 6 BMT Oncology Certified Nurse (OCN)

Presentations:
- Vicki Bacidore, ED, presented Recreational Drug Use Update at the IL ENA Spring Symposium, Lisle, IL.
- Vicki Keough, SON, presented Advanced Nursing Degrees: Choosing the Right Path for You at IL ENA Spring Symposium, Lisle, IL.
- Donna Mitchell, APN, presented a poster at the American Academy of Ambulatory Care Nurses conference in Orlando on May 3-4. The poster was regarding the quality project done in General Medicine. The project was focused on reducing the blood pressure of patients with type 2 diabetes, by increasing patient knowledge, home monitoring, medication titration and visits with the APN.
- Theresa Pavone, 3 NEWS, presented Apply TCAB methodology to Improve Nursing Practice at First Annual Education Symposium, College of DuPage.
- The following nurses became certified in Perioperative Nursing (CNOR):
  - Wilhelmina Brown, OR
  - Frances Cabel, OR
- The following nurses have recertified in Perioperative Nursing (CNOR):
  - Rizalina, Bista, OR
  - Girlie Rose Espinosa, OR
  - Myrna Inductivo, OR
  - Bernadine Loper, OR
  - Loribelle Lorenzo, OR
  - Deborah Marra, OR
  - Maria Revita, OR
  - Maria Cristina Valero, OR
- The following nurses became certified in Oncology Nursing (OCN):
  - Evelyn Sellers Gallinaitis, Cancer Center
  - Miriam Volle, Bone Marrow Transplant

Certifications:
- Adalia Beatingo, 2 mother/baby has successfully national credential as a Maternal Newborn Nurse (MNN).
- Julie Barnstable, 5NEWS, has become a Certified Rehabilitation Registered Nurse (CRRN).
- Dean Baron, Dialysis, has become a Certified Nephrology Nurse (CNN).
- Christa Garza, PICU, has become a certified Pediatric Nurse (CPN).
- Jennifer Halliday, CCE, has become a certified Professional in Healthcare Quality (CPHQ).
- Anita Iscandari, SAC, has become a certified Medical Surgical Nurse (CMSRN).
- Gemma Jose, 5 Tower, has become a certified Progressive Care Nurse (PCCN).
- Jill Tolentino, GI Lab, has become a certified Gastroenterology Registered Nurse (CGRN).
- Carrie Gallimore, 6 BMT Oncology Certified Nurse (OCN)

The following nurses became certified in Acute and Critical Care Nursing Adult (CCRN):
- Katricia Burgett, 3MICU
- Michelle Kudulis, 2ICU
- Rachel Sand, 3MICU

The following nurses have recertified in Oncology Nursing (OCN):
- Evelyn Sellers Gallinaitis, Cancer Center
- Miriam Volle, Bone Marrow Transplant
Clinical Ladder Recognition

New Clinical Ladder 3

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<td>Lucy</td>
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<td>Mary</td>
<td>Drozd</td>
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<tr>
<td>Sabina</td>
<td>Gajda</td>
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<td>Kemeza</td>
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<td>Norma Jean</td>
<td>Myatt</td>
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<tr>
<td>Rachel</td>
<td>Ochoa</td>
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<tr>
<td>Christine</td>
<td>Sans</td>
<td>CC Day Hospital</td>
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<td>Ewa</td>
<td>Stopa</td>
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<td>Miljana</td>
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<tr>
<td>Katherine</td>
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New Clinical Ladder 4

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<tr>
<td>Laura</td>
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<tr>
<td>Jacqueline</td>
<td>Fancsalszki</td>
<td>ED</td>
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<tr>
<td>Sarah</td>
<td>Lee</td>
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<tr>
<td>Lauren</td>
<td>Martin</td>
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<td>Debbie</td>
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Renew Clinical Ladder 3

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<td>Laura</td>
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<tr>
<td>Susan</td>
<td>Buerger</td>
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<tr>
<td>Julianne</td>
<td>Dahl</td>
<td>NICU</td>
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<tr>
<td>Christine</td>
<td>Fagan</td>
<td>OR</td>
</tr>
<tr>
<td>Kelly</td>
<td>Fahey</td>
<td>OR</td>
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<td>Edith</td>
<td>Garcia</td>
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<td>Homer Glen</td>
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Renew Clinical Ladder 4

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<tr>
<td>Megan</td>
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<td>Sharon</td>
<td>McHugh</td>
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<td>Judith</td>
<td>Virador</td>
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</tr>
<tr>
<td>Sonja</td>
<td>Winkler</td>
<td>LOC Peds</td>
</tr>
</tbody>
</table>
Clinical Ladder Updates

The Clinical Ladder Liaison Committee is there for all nurses to assist them in their clinical ladder application. The list of current members is on the intranet with the clinical ladder information. Contact them by phone in their department or email.

Updated forms and criteria:
All of the forms required for the clinical ladder application and all of the criteria have been updated as of August 6, 2012. This is done in response to input from the clinical ladder applicants, the Clinical Ladder Review Committee, the Clinical Ladder Liaisons, and the Clinical Ladder Oversight Committee. Please go to the intranet and utilize the most recent forms.

Highlights from August 2012 Criteria Changes:
BOLD indicates the change

Clinical Competence: Technical expert in skills appropriate to patient population… 1 point per event to a max of 5 points

Management of the Continuum of Care: Advocates care in relationship to family dynamics and current medical situation… new weighted criteria 2 points/4 points max

Management of Environment: Functions as a resource for technical skills or knowledge for colleagues in other departments. 1 point per event /5 points max

Mentor/Preceptor: Mentor other professional students…must mentor 24 hours 1 point

Mentor/Preceptor: Mentor a nursing student for the senior role transitions…2 points for a student requiring 120 or more hours, 1 point for a student requiring 80-119 hours

Knowledge Seeker: Participates in cross training…and Maintains competence by practicing regularly in more than one unit…now you do not need to show the amount of hours worked in other unit but must include completed annual skills lab and Managers comment from alternate department

Knowledge Seeker: Acquires and maintains instructor level in basic certification…*…Only classes taught for the Loyola Training Center count towards weighted criteria

Quality Improvement: Develops an evidence-based standard of practice… Now 4 points for standard with a max of 8 points

Quality Improvement: Participates on 2 Loyola e-journal articles …1 point

Professionalism: Belongs to a national professional organization…1 point per organization/ 3 points max

Professionalism: Submits a Loyola Magnet Hero Story on intranet… 1 point, new criteria

Professionalism: Publishes article in non-peer reviewed journal or Loyola Newsletter…1 point/ max 3 points

The Clinical Log: Many nurses have great clinical logs yet some nurses are still including items which are better placed elsewhere in their application.

What should be included?
The clinical log is a way for each nurse to document ones clinical skills. The log should contain clinical activities that are weighted as well as items that are not weighted. The log can tell the story of one’s day to day clinical practice. Nurses use critical thinking on a daily basis and those are the items that should be in the log.

What should not be in the clinical log?
The Nursing Clinical Ladder Guidelines clearly states that attendance at meetings, in-services and task forces are not specific events demonstrating a level of nursing practice so they should not be included in the log. The review committee has also sees participation in fairs, teaching dates for BLS, and ACLS and other non-clinical items in logs. These items should be in other areas of the application, not the log.

Continued on Page 8
Reflections of a Nurse

Reflections from the Nurse of the Year 2012

“WOW” As I look back on the 2012 Nursing Awards Celebration I am reflecting on all of the excitement around that day. I remember receiving the letter in the mail from our Chief Nurse Paula Hindle RN, MSN, MBA sharing that I have been nominated and will be receiving an award. The excitement and suspense continued as the award would be revealed only on the day of the ceremony. On that day, as the awardees received their awards, I had yet to receive mine. As with the previous year’s winners there was a moment of truth when you thought “did they forget me? or “could it be that I am the nurse of the year?..it can’t possibly be me!” As in years past the final award was announced and I was chosen the Fanchon Knight Nurse of the Year 2012.

At that moment my nursing career flashed before me. My nursing career had been a journey of building relationships with patients, families, staff, colleagues, doctors and other professionals. My foundational years were a rhythmical pulse that sent a sense of honor, privilege and trust through my veins. My goal then was to collaborate and execute the medical plan that transformed a patient’s life toward better health. I found that building relationships was the primary objective for a successful outcome. When you created that relationship you have built trust between each one of you. As I progressed from the new graduate nurse who was excited to be part of the discipline called pediatric health-care to my metamorphosis as a nurse leader I was aware of the rigorous education necessary in order to navigate the labyrinth of the economic impact, health care regulation, professional practice certifications, societal challenges and numerous standards in the health care industry. In the forefront of those challenges was my guiding principle to continue to cultivate trust relationships. Trust. It was still a priority with me. My personal strategic pillars were in alignment with what was necessary for nursing’s success: pursuing clinical excellence, enhancing professional engagement, advancing practice utilizing the synergy of collaborative diverse teams, life long education, innovation and resource stewardship.

Over the thirty five years that I have spent in this professional world of nursing I have seen many dynamic changes. The thread of our nursing tapestry at Loyola University Medical Center is connecting our Jesuit tradition and commitment to education, research, excellence, safety, quality, creativity and innovation. As healthcare continues to evolve nurses are chosen to be on the foundational platform for that change. Each nurse at Loyola University Medical Center contributes to that foundation exhibited by excellence in clinical practice, providing compassionate, family centered care for all patients we serve and providing a foundation for a trusting relationship. The authenticity of my success has been captured as being named the Fanchon Knight Nurse of the Year. It is an honor and a privilege to be named the first Fanchon Knight Nurse of the Year and for the other nurses who will come after me it will be due to their pursuit of an authentic trusting relationship of the patient and family during their healthcare experience.

2012 Nurse Excellence Recipients

Cindi LaPorte, Pediatrics, Nurse of the Year
Bridget Gaughan, Employee & Student Health, Clinical Expert
Camille Robinson, MIS, Role Model
Mark Byram, 4ICU, Role Model
Christine Mueller, PICC Line, Role Model
Judy King, 4ICU, Role Model
Stacy Crescenzo, 4ICU, Role Model

Judy McHugh, Nursing Performance Improvement, Innovator
Lisa Reif, 4ICU, Patient Advocate
Barb Haseman, CC Day Hospital, Patient Advocate
Tammy Brownlee, Subspecialty Medicine, LPN
Barb Pudelek, 3MICU, Nurse Leader
Jennifer Schramm, CC Day Hospital, Nurse Leader
Clinical Ladder Updates

Some ideas how to keep up on documenting items in the clinical
If you work on your log all year (and not just right before your application is due!) it will truly reflect your clinical practice and tell your clinical nursing story.
-Every “payday” reflect on events of the last two weeks. Find at least one that should be recorded on your log and keep a running tally of these entries.
-Keep a small pocket calendar and write in on the date the clinical activities which you will then compile for your clinical log with names of those who can support your activities at a later time.
-Write activities on a note and keep those notes in one place to compile your log.

Other clinical Ladder Reminders:
Signatures: After typing clinical ladder documents, remember to have items signed if needed. Examples: Each log entry, Peer reviews, committee participation letters (signed by applicant, manager, and committee chair).

E-journal Articles: These are the quarterly e-journal articles on the LUHS intranet which Loyola’s nursing education puts out. The applicant must complete and receive 2 certificates to receive 1 point on their clinical ladder. Remember, the applicant cannot count those contact hours in their required 16 contact hours for each application year.

Contact Hours: 16 Contact hours are required each application year. These hours must be earned within the application year.
Dates: All nursing activities need to be within the previous year. Dates outside that previous year are excluded for receiving credit on the current application. Therefore, if an application is denied and resubmitted the following quarter the information needs to be updated to the immediate previous 12 months.

Below are clinical ladder recipients since January 2011. It appears there has been approximately 300 clinical level 3 and 70-80 clinical level 4 awarded.

<table>
<thead>
<tr>
<th>Renewal Date</th>
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<tr>
<td>January 31</td>
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<tr>
<td>April 30</td>
<td>March 1 - April 30</td>
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<tr>
<td>July 31</td>
<td>August 1 - July 31</td>
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<td>October 31</td>
<td>November 1 - October 31</td>
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Heart Walk September 29, 2012
The 2012 Heart Walk will take place from 8 - 11 a.m. at the Esplanade at Locust Point office complex (Butterfield Road just west of I-355) in Downers Grove. Additional event details are available at: www.metrochicagohearthwalk.org.

Registered LUHS team members who have raised $50 or more will receive a LUHS Heart Walk T-shirt

For more information please contact Cyndy Hayes, in Cardiac Rehab, at chayes3@lumc.edu or 708-216-4485
Certification Corner

Certified yet?
Theresa Pavone DNP, RN

LUHS encourages you to “Get Certified!” You ask, why? Or what does that prove? This certification corner will discuss some of the “so what” about certification.

In our Nursing Mission statement, one point referenced is that LUHS nurses will “provide excellence in clinical care, education and research”. This statement contains elements of nursing excellence and can be easily addressed by linking it to certification. The American Nurses Credentialing Center (ANCC), a nurse credentialing organization, provides resources for nurses of any specialty area to engage in a voluntarily testing process, the most current way to validate nurse excellence. The term nurse excellence refers to quality of practice and currency of knowledge to produce safe, efficient patient care which may directly relate to certification. Evidence validates nursing certification is a venue to acknowledge nursing knowledge and skill sets that include clinical judgment and expertise in a specialty area.

Did you know that the Nurse Link (NL) has published motivational articles endorsing nursing certification? Beginning November 2011, NL has invited four nursing specialty areas to discuss specific criteria necessary to obtain that particular specialty certification. Critical Care Nursing (CCRN), Oncology Nursing (OCN), Progressive Care Nursing (PCCN) and Urology Nursing (CURN) have provided resources for our nurses to assist and promote certification. Seventy-seven nurses have been recognized in the Nurse Link for achieving certification. We know there are more nurses out there who have become certified, please go to the Nursing website and enter your name and certification under Nursing News Items. Twenty-eight percent of Loyola nurses are certified and we would like to increase this number. You Know it, so why not Show it...... Get certified.

LUHS has a vision to provide excellence in clinical care, education and research; the Research Council provides resources to maintain this vision and has recently released its sixth nursing research e-journal club that discusses benefits of certification. The e-journal club facilitates discussion of a research article through the review of a research critique in order to address clinical care issues while educating the front-line nurse on issues at hand.

I invite you to participate in the on-line nursing research e-journal club discussion about Improving Professional Practice Through Certification by Sharon M. Valente. This article was published in the Journal for Nurses in Staff Development 2010, Vol. 26, (5) pp 215-219. You may enroll in this interesting discussion for an opportunity to earn 0.9 CE credits and is available through our Loyolawired page: clinical resources> Nursing e-journal club> Login using your portal login. To receive contact hours be sure to read the article and the research critique, post an original thoughts for each of the questions, complete the evaluation form and send it to Pam Clementi, 0701, Mulcahy. After review of the article and discussion, it is evident that most of our colleagues agree that certification will yield more educated nurses that will stay abreast of new knowledge in their specialty care areas. Please join in the discussion.

If you do wish to investigate specific nursing certification options, ANCC can be found at http://www.nursecredentialing.org/Certification.aspx online or contact a representative from the Professional Educational Council to guide your professional advancement.

Interested in Becoming Oncology Certified?
Oncology Certified Nurse Review Course:
September 15, 2012 8:00am-1:00pm for 4.75 CE
September 22, 2012 8:00am-1:00pm for 4.75 CE
Cardinal Bernardin Cancer Center Auditorium
Transfusion Safety Corner

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. We still want the Right Patient and we still want the Right Time. Instead of the Right Medication we want the Right Blood Component. And finally, we want the Right Indication and the 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 Blood Component. This time we’ll look at the Right Indication.

Much of how we provide services is guided by the Centers for Medicare & Medicaid Services (CMS) “Conditions of Participation”. Straight from those conditions comes this paragraph:

“The hospital must have in effect a utilization review (UR) plan that provides for review of services furnished by the institution and by members of the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.

The UR plan must provide for review for Medicare and Medicaid patients with respect to the medical necessity of—
(i) Admissions to the institution;
(ii) The duration of stays; and
(iii) Professional services furnished, including drugs and biologicals.”

(Code of Federal Regulations, Title 42: Public Health, Part 482 Conditions of Participation for Hospitals, part C Basic Hospital Functions)

One way that we work to meet this condition is to provide the physicians and APNs with a list of evidence based indications for transfusion that they must choose from when ordering blood products and then audit charts for compliance. So what does this mean for you ~ the nurse/transfusions? The Illinois Nurse Practice Act provides some guidance within our defined Scope of Practice. We are directed to assess our patients, to advocate for patients, to evaluate their response to interventions and to communicate and collaborate with other health care professionals (Illinois Administrative Code, Part 1300 Nurse Practice Act, Section 1300.360 RN Scope of Practice and 1300.250 LPN Scope of Practice). In order to advocate for our patients and evaluate their response to our interventions we must have an awareness of why we do the things we do and the expected response to our interventions. The “why” of blood component transfusion is found in the indication section.

There are several links to Loyola’s evidence based indications for transfusion on both loyola.wired and on the EMR home page. I’ve included some here:

Familiarize yourself with these indications and know why your patient is getting blood! Be an advocate for your patient and verify the validity of any order before you complete it.
Magnet Ambassador Council

- Magnet Stories shared and aligned with monthly reflection statement
- Revised Magnet Ambassador Role description, group to discuss and approve next meeting.
- Nurse survey to identify present usage of the nursing department website approved. This survey will be available for future web development.
- Overview of the Magnet Model components were reviewed. Each month one of the five components will be presented and interactive discussion will produce potential improvement projects while providing a contact person to assist the unit with their improvement effort.
- Loyola nurses who captured public media attention were identified and the story shared with the group.

APN Council

APN contacts:
Pat Hummel, RNC, MA, NNP, PNP

The APN group is not meeting in June, July, or August. We will resume in September, working on TJC mandates for competency assessment and verification.

Education and Professional Development

EPC contacts:
Barb Hering RNC, MSN APN, CNSD
Diane Stace RN, MSN, APN, CCRN, CCNS

- Working on a certification campaign, "You Know It, Now Show It ... Get Certified". We're developing a toolkit for the unit/department staff to help support and promote certification.

- There have been many e-learning modules for us to review these past few weeks! Our Council, along with the Practice Council, reviews the modules and makes suggestions to the authors.

- Questions about the Education Stipend? Go to intranet > Departments > Nursing > Education Stipend to download the complete packet of forms. Contact Barb Hering if after reading the guidelines, you still have a question bhering@lumc.edu.

- With Magnet re-designation right around the corner, we're busy making sure we have all of our bases covered: certification, formal education, Nursing Standards of Care and Nurse Link, to name a few.

- We will be gathering information from the Annual Nursing Education Survey, conducted jointly with the Nursing Education Department, to make sure we are bringing you the education you want in the requested format (time, place, length). Thanks for your input!
Nursing Professional Practice Council

- Continues to coordinate monthly grand rounds and offer continuing education credits.
- Promoted Nursing to attend Magnet Preparation & Gap Analysis & received continuing education credits.
- Welcomed Rose Lach a new NPPC administrative Liaison @ Magnet Ambassador
- Examined Pain Management for IV infusions in anticipation of an nursing and patient safety initiative to reduce painful IV infusions with Potassium and Magnesium infusions
- Promoted the new Magnet credentialing logos for Loyola University Health System’s use
- Supported the development of the Adult oxygen Protocol Algorithm

Nursing Quality & Safety Council

- Introduced Bar Coding Project Pilot, to be conducted on 5 Tower starting June 12, 2012.
- Scanning the patient and medications has been shown to reduce medication errors and provides timely charting of medications at the time of administration.
- Discussed the Trinity Patient Safety Culture.
- Presented updates in skin, falls and restraint protocols, including the Restraint Reduction Project for the Intensive Care Units.
- Presented evidence of the efficacy of the Teach Back Method in reducing patient falls.
- Presented Nurse Driven Decath Protocol Data, now available for all inpatient areas, not only intensive care areas.

Nursing Research Council

Annual Nursing Research Conference
The 3rd annual nursing research conference is scheduled to be held on Friday 10/19 from approximately 0730-1230. The theme of the conference is, "Nursing Research: Journey Toward Knowledge". We have an exciting agenda planned that will provide results of research performed at Loyola, as well as information about the research process. In addition, there will be sessions on the Nuts and Bolts of the IRB, a nursing unit’s experience with conducting an evidenced-based practice project, and how to develop a program of research.

Nursing Research Fellowship Program
The 2nd cohort of Nursing Research Fellows continue to make progress on their research studies. Karen Thomas, RN, MS, PCCN, has completed the analysis of her data and is working on a publication to share her findings related to 'Perceptions of well-being and performance on the 6 minute walk test in patients participating in a post-cardiac surgery targeted progressive mobility program'. Jill Erlander, RN, BSN, CEN, TNS and Sarah Suchecki, RN, BSN, CEN, TNS are nearing the end of their data collection and are excited to enter the data analysis phase of their research related to the accuracy of temporal artery thermometers in assessing temperatures on children age 6 months to 4 years old.

Plans are being discussed to launch the 3rd cohort of Nursing Research Fellows. Please watch your e-mails for more information.

Nursing Research e-Journal Club
The next e-Journal club article will be launched soon and will explore the perspectives of patients and families of call light us. Please watch your e-mails for more information.
In my last Nurse-Link article I wrote about collaboration and noted that in the opening lines of Morten Hansen’s book, 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.” In the article I wrote about a concept of disciplined collaboration and how to insure you are collaborating effectively. This month I’d like to review personal barriers to collaboration.

First, I want to make a distinction that I am not speaking about barriers that exist within an organization that impede an individual’s ability to collaborate. For example, if an organization does not reward collaboration or creates competition either directly or indirectly then an employee’s willingness to collaborate will be non-existent.

Personal barriers are typically a function of an individual’s personality. Morten Hansen identifies 5 characteristics that diminish one’s ability to collaborate and they are; hunger for power, arrogance, defensiveness, fear and big egos. These traits are in direct opposition with what we in healthcare frequently focus on and that is the greater-good and to be of service to others. Unfortunately we all have encountered individuals who appear to be power hungry or have big egos. At the core of their behavior is fear. That fear can be fear of losing, fear of being defeated or fear that other people’s views may prevail over their own.

One of the core problems with people who have personal barriers to collaboration is that they have little to no self-awareness. I am sure you have worked with many people who you might have deemed as “clueless” and leave an “emotional wake” behind them. Self-Awareness is a keystone to high Emotional Intelligence or a person’s ability to perceive, control and evaluate emotions. There is a pretty good emotional intelligence self assessment at http://www.ihhp.com/?page=freeEQquiz if you are interested in your own EQ – Emotional Intelligence Quotient.

If you still aren’t sure if you have a high “EQ” there are a lot of good resources on the web for improving your EQ, one of them is located at http://www.wikihow.com/Improve-Emotional-Intelligence

Have a safe and enjoyable summer and happy collaborating!!

The American Nurses Credentialing Center has shared a suite of new resources, including a new ANCC logo, a new tagline – “Innovate. Involve. Inspire.” – and updated Magnet credentialing logos for Loyola University Health System’s use.

The organization updated its brand to showcase the progress ANCC has made while underscoring their continued commitment to preparing nurses and organizations for the rapidly changing world of health care. The updated logo draws on the strength of the organization’s past and preserves the laurel leaf image that has long been an ANCC hallmark. The new tagline evokes the spirit of ANCC’s programs, as the organization continues to reach wider audiences. ANCC believes that this fresh take on its appearance and approach will help the organization and health systems nationwide convey the true spirit of Magnet.

The new Magnet credentialing logos combine modern text and style with the familiar laurel leaf symbol. The ANCC program-specific logos have been designed with each having a distinct color for simple recognition. All Magnet logos are green.

ANCC has provided a FAQ document that offers more guidance on updating Magnet materials. They also have provided the new logos and instructions on how to use them at the following link: www.nursecredentialing.org/MagnetMarketingKit.aspx.

ANCC requests that the new materials be implemented by Dec. 31, 2012. If nurses have any questions on how to best use the logos, please contact anccmarketing@ana.org or via phone at 800.284.2378.
Trinity Health Responds to Nurse Feedback with Significant Capital Investment

Reproduced and revised with permission from Posted article on February 21, 2012 by Nora Plunkett

Trinity Health has made a substantial capital investment in hospital equipment for nurses. This funding will go toward upgrading technology that will promote quality and safety.

The upgrades will include system-wide IV pump replacements, new bed supply equipped with latest technology including scales and alarms to prevent patient fall occurrence and ICU cardiac monitors. The cardiac monitors are a promising alternative to track patient status changes and recovery that will be interfaced with the EMR system. Mike Jarotkiewicz, Vice President of Health-Care Services, will assure a seamless transition as monitors are being replaced.

“These upgrades will help Loyola prepare for Magnet redesignation in 2013, because they resulted from nurse dialogue and demonstrate the strong voice nurses have in this organization,” Paula Hindle said.

This entry was posted in Loyola Spirit

Go Green Tip

Linda Flemm, MSN, APN, AOCNS

- The pulse oximeter probes are reprocessable!! This is good for the environment and saves money.
- Loyola currently recycles 36% and our goal is to double that to 72%. This would result in a savings of an additional $96,000.
- New SCD pumps and compression sleeves have been implemented. The compression sleeves can be reprocessed.
- Loyola can save $22,000 by reprocessing and not having it end up in a landfill.
- Look for this container on your unit.

Look for these containers on your unit.
Test Your Knowledge of the New Magnet Model

This article will focus on two of the five magnet components of the new Magnet Model.

Transformational leadership focuses on transforming organizational culture to align with the present system-wide goals. Values, beliefs and behaviors of the organization must match the demands of our dynamic healthcare system.

"Transformational leaders are able to effectively assess and evaluate how the limited resources are best utilized. Transformational leaders also must assess what initiatives are in alignment with the organization’s strategic direction. In a time when resources are scarce, nurse leaders must recognize that efforts outside of the priorities of the organization may not be supported financially or with other required resources” said Craig Luzinski MSN, RN, NEA-BC, FACHE, Director, Magnet Recognition Program®.

Leaders must identify priorities, be good listeners as well as proponents of change. Leaders take the opportunity while listening, to educate and clarify priorities. Evidence for the following transformational elements were explored during the most recent Magnet Gap Analysis meeting.

- TL2: Give examples of how nurses participate in decision making regarding fiscal and technology resources.
- TL3: Give examples of programs and projects that improve the efficiency and effectiveness within LUMC that have measured outcomes; an example of Rapid Response was given.
- TL5: Give examples of how nurse leaders guide transition during planned and unplanned change.
- TL7: Give examples of how nurse leaders: value innovation, encourage innovation, recognize & reward innovation, and implement innovation.
- TL 10: Give examples of direct nurses’ input to improve the work environment that have measured outcomes.

If you have evidence of transformational leadership on your unit, please contact Janet Chiles, Manager of 7SW at jchiles@lumc.edu or Kathleen Zadak at kzadek@lumc.edu.

Another component of the new Magnet Model is structural empowerment. This component focuses on the environment where professional practice flourishes. Nursing leaders empower nurses to make changes based on knowledge from participation in professional nursing organizations and nursing conferences.

This component also looks at nursing involvement at the community level including: community outreach programs, recognition of nurses in the nursing community and recognition of nurses in the community at large.

- SE2: Give examples of professional organizations that RNs participate in
- SE2OE: Give examples of changes/improvements in practice that resulted from RN participation in a professional organization that have measured outcomes.
- SE5OE: Give examples of Loyola educational programs/conferences/inservices that affected nursing practice that have measured outcomes.
- SE11: Give examples of nursing involvement in community outreach programs
- SE15: Give examples of RNs recognized by the nursing community and community at large (local, state, national or international)

If you have evidence of structural empowerment on your unit, please contact Pam Clementi, Nursing Education Manager at pclementi@lumc.edu or Peggy Downing at pdowin@lumc.edu.

Attention Nurses: Please contact a Magnet Chapter Leader, if you participate in missionary work, are a leader in a professional organization, presented a poster presentation, or are active in your community.
Ethical Considerations

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Professionalism & Touching: What's in a Hug?

In the age of high tech medicine, we no longer place as much emphasis on touch as the healing professions once did. However, even in our current age, it is clear that the relationship between the patient and the caregiver is of therapeutic benefit. But the limits of such touching raise questions of professional boundaries. So, ethicists sometimes hear the question, is it OK to hug a patient? One of the frustrating things about ethicists is that we tend to begin all answers the same, “It depends…” Here are some things on which it depends. Such an expression of affection should seem appropriate to the relationship and context.

In general, we speak about professional distance as a key component of the relationship with a patient. For instance, when one takes a history or physical, an objective and neutral affect and tone create a judgment-free quality to the environment that enables the patient to discuss problems that could be very awkward in other social settings. As a result, the nurse or physician does well not to introduce an especially personal element to the environment. But, the dramas of birth, life, and death are often partially lived out in the clinical setting and these can introduce a very personal dimension to the relationship. There are certainly situations in which the patient has experienced something personally transformational such as a bad news, good news, seems demoralized after a trying round of treatment. If the patient has developed a rapport with the caregiver, they may reach out for a sign of support such as a hug. If it seems natural and unforced, it may be helpful and probably no real cause for concern.

The less powerful person should be initiating the hug. When considering if it is ethical to hug patients, the issue of the power imbalance in the relationship is paramount. While nurses and physicians may consider patients outspoken based on some memorable experiences, most patients understand that they do not want to anger or alienate their nurse or physician. Patients know that they are dependent on the good will of their health-care providers for timely and effective care. As a result, if a provider initiates a hug, the patient may not feel empowered to decline even if he or she feels very uncomfortable. Thus, in most cases, the less powerful person in the relationship, the patient, should be the initiator. Of course, there can be exceptions to this rule, e.g., a child one has treated for a long time for a challenging illness.

When in doubt, substitute a handshake or similar sign of support. And doubt early and often. In general, the occasional benefits of a hug between a provider and patient are not dramatic enough to outweigh even a few negative events. As a result, the default position is clear. Any time you question the propriety of a hug, just don’t do it. One can often easily and graciously deflect the momentum toward a hug by extending one’s hand for a handshake.

The cases in which doubts are least likely to arise typically involve elderly patients with whom the caregiver has a long-term relationship. The most dubious situations tend to involve patients with whom the nature of the show of affection could be misunderstood as intending a romantic or sexual meaning. And, of course, this is bi-directional. If the caregiver suspects that such might be a patient’s intention, he or she should refrain from hugging and deflect this via a handshake or other strategy. While it might seem awkward at the moment, setting such a boundary immediately is far less uncomfortable than having to dispel the patient’s misconceptions later on.

In conclusion, a simple matter such as hugging is actually a somewhat complicated issue. This is because being a professional is a complex role that combines job skills and one’s very being. Nurses and physicians do not leave their personal side at home when they come to work but bring their passion and personality to bear on their work. As a result, drawing specific boundary lines can be difficult. Nevertheless, keeping few simple considerations in mind can help one to be more effective and avoid frequent missteps.
The new Marcella Niehoff School of Nursing (MNSON) - Maywood Campus - will open its doors to students on Monday, August 27th, to begin the 2012-2013 academic year!

In addition to classrooms and faculty/staff offices, the building houses the Health Sciences Library now called the Galante Information Commons and a multi-room state-of-the-art Clinical Simulation area also known as the Walgreen Family Virtual Hospital. On the first floor of the building you can enjoy the Cafe and a first floor quiet study area where you will find a mosaic that many of you who are Alumni will remember from Damen Hall on the Lake Shore Campus. The beautiful mosaic was carefully preserved, moved and installed to mark the new home. Students attending classes at our new building include: Doctoral, Master's and Accelerated BSN nursing students. We are thrilled to join with the Stritch School of Medicine (SSOM) to begin work on several interprofessional initiatives. One that has already begun is a highly successful interprofessional simulation experience involving ABSN Nursing Students and 3rd year Medical Students.

Please come to see us in our new facility!

**Spiritual Corner**

Nurse’s Prayer….For Work
Submitted by: Kathleen Brannigan, Chaplain

May the day never burden.
May dawn find hope in your heart, approaching your new day with dreams, possibilities, and promises.
May evening find you gracious and fulfilled.
May you go into the night blessed, sheltered, and protected.
May your soul calm, console, and renew you.

May the light of your soul bless your work with love and warmth of heart.
May you see in what you do the beauty of your soul.
May the sacredness of your work bring light and renewal to those who work with you and to those who see and receive your work.

May your work never exhaust you.
May it release wellsprings of refreshment, inspiration, and excitement.
May you never become lost in bland absences.

Author John O’Donohue
Educational Offerings

**Nursing Education:**
Nursing Grand Rounds are offered once a month. Nursing e.Journal Club is offered quarterly.

**Hot Topics in Ambulatory Nursing (1/2 day program)**
Saturday, September 15

**Organ Transplant (full-day program)**
Saturday, September 22

**Nursing Research (1/2 day program)**
Friday, October 19

**12-Lead EKG**
Date yet to be determined

**Orthopaedics (1/2 day program)**
Saturday, October 20

**Pain Management**
Saturday, November 10

**Neurovascular (1/2 day program)**
Saturday, November 17
(1/2 day program)

**Preceptor Workshop (1/2 day program)**
Saturday, December 1

**Management Staff:**

- **Crucial Conversations**
  - 08/02/2012 1:00 PM - 4:35 PM

- **Hire to Fit**
  - 08/15/2012 1:00 PM - 4:00 PM
  - 11/21/2012 9:00 AM - 12:00 PM

- **Performance Review Process**
  - 08/21/2012 12:00 PM - 1:15 PM
  - 08/28/2012 3:00 PM - 4:15 PM
  - 09/12/2012 8:00 AM - 12:00 PM
  - 09/20/2012 7:30 AM - 8:45 AM
  - 10/01/2012 12:00 PM - 1:15 PM

**Human Resources: General Staff:**

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

- **Employee Information Exchange**
  - 09/20/2012 10:30 AM - 11:30 AM
  - 10/18/2012 10:30 AM - 11:30 AM
  - 11/15/2012 10:30 AM - 11:30 AM
  - 12/20/2012 10:30 AM - 11:30 AM

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

**Coaching for Development and Improvement**
09/05/2012 1:00 PM - 3:00 PM
11/07/2012 9:00 AM - 11:00 AM

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

**Performance Management**
12/12/2012 8:00 AM - 12:00 PM

**Nurse Link Staff**

- **Executive Editor:** Rose Lach
- **Managing Editors:** Theresa Pavone, Kristi Dombrow, Linda Flemm