This quarter the July-September Nursing Research and Evidence-Based Practice E-Journal Club critiqued a research article regarding nurse residency programs. The article was titled, *Lessons learned from 10 years of research on a post-baccalaureate nurse residency program*. The topic is very timely.

Loyola has committed to develop and evaluate a new graduate residency program. The goals of the program include:

- To support the transition of new graduate nurse hires from that of a student to a competent, professional nurse within a year of hire.
- To reduce the turnover rate of new graduate nurses from 1% to 0% within a year of hire. (National turnover rate for new graduates is 35% after one year)
- To increase satisfaction with transition to a professional nurse role.

The program started in September 2015, and new graduates are participating in the program over a nine month period from date of hire. They are required to meet bi-monthly for two hours to both listen to didactic material and engage in discussion.

The topics include:

- Culture of safety and safety hand-offs
- Managing the patient with a specific disease entity without prior experience
- Communication and conflict management
- Using the chain of command
- Delegation
- Time management
- Stress management
- Emergency response/rapid response
- Leadership
- Reality shock
- Professional development
- Death & dying
- Making a mistake

This program will be evaluated on the turnover rate of Loyola new graduate nurses. In the journal club article, the findings included decreased turnover rate, improved nursing confidence and competence and improved communication with their team. Overall, the new graduates experienced very high satisfaction with the program.
Attending the recent Magnet conference and being recognized for receiving Magnet redesignation was exciting and humbling. As I listened to our colleagues from around the nation talk of their institutions, I smiled with pride as I thought of the amazing things happening in our Loyola nursing community. Not only have we received one of most prestigious honors of Magnet redesignation, Loyola continues to be at the forefront of nursing with ongoing initiatives to maintain the highest levels of safety, quality and patient satisfaction. One of the newest initiatives that I am particularly enthusiastic about is the Collaborative Care Community (C³) project, which was piloted on 2South beginning in May. The initial goal of this project was to co-locate hospitalist patients on a single unit in order to improve efficiencies in care delivery. In less than six months we have seen excellent results in regard to patient quality and safety, patient satisfaction and staff engagement.

The primary focus of the new care community is enhanced communication. Directed by a hospitalist, the 2South community includes a dedicated care management and nursing team. Working together, the team is tasked with improving workflow, increasing staff and physician engagement through improved teamwork, shortening length of patient stay, decreasing readmissions and overall improving the patient experience on the unit.

Key elements of the C³ model are:
- Joint physician and nurse beside rounding
- WIND rounds
- Afternoon touch-base rounds
- Purposeful hourly rounding and use of AIDET for communication

We don’t have to look further than our trusted patients to know our program has made a difference. Our care teams report hearing patients saying, “My team knows what is going on,” “My team talks to each other” and “I’m involved in my care.” Kudos to the 2South team for working together to create this outstanding, patient-centered care model. The success of the program is evident and collaborative care communities will soon be rolled out to cardiology, cardiovascular surgery, general medicine and hepatology, with the ultimate goal of hospital-wide implementation.

Other exciting happenings around the hospital include:
- Completion of the 2CVICU renovation
- Replacement of linear accelerator for radiation oncology patients (Jan 2016)
- Expansion of the GI lab (April 2016)
- Move of interventional radiology up to first floor (April 2016)
- Renovations of the Russo operating rooms (April 2016)
- Ongoing renovation of Women’s Health (May 2016)
- Expansion of 1Tower observation unit (May 2016)
- Replacement of three CT scanners (May 2016)
The annual Magnet Conference was held in Atlanta, Georgia the week of October 6th. Several staff nurses, nursing management and administration represented Loyola. Loyola was recognized for its re-designation status. A huge accomplishment!

Close the Gap, Circle Back!
Presented by Josey Pudwill on behalf of the Ronald McDonald Children’s Hospital, Pediatrics and Pediatric Critical Care

From left to right: Ella Echavez, Janet Lombardo, Margaret Bower, Theresa Martinez, Josey Pudwill, Teresa Rasmussen, Karen Anderson, and Rose Lach

From left to right: Janet Lombardo, Margaret Bower, and Josey Pudwill
Collaboration Maxima Momenti: Impacting our patients through localized care.
Presented by Peggy Downing and Mary Vondriska on behalf of the Collaborative Staff on 2 South

Manager Rounding: Caring Behaviors (a model for transformation).
Presented By Ann Edlbauer, Carol Schleffendorf, and Cassandra Sura.
Kudos to Nursing Clinical Ladder July 2015

New Level 3

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Renewal Level 3

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Updates to Clinical Ladder Criterion for November 2015

- Please read the criteria notes on the bottom of each page of weighted criteria and make sure you include all required documentation.

- Please refer to the Nursing Website to view the updates to the criteria, effective November 1, 2015. Loyola.wired > Departments > Nursing > Clinical ladder

<table>
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<tr>
<th>Inpatient Ambulatory &amp; Specialty</th>
<th>Adding level 4 criteria, “Provide classes to a special population (e.g., mother-baby, chemotherapy)”</th>
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<td>Adding level 4 criteria, “Functions as a super user for new competency (e.g., IT, clinical skill or product). Teaches classes (Weighted 2 pts/max 4pts); Super user/resource to peers (Weighted 2pts/max 4pts); Maximum for this category is 4 pts”</td>
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<td>Adding level 3 criteria, “Coordinates student clinical assignments throughout the ambulatory setting.”</td>
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New and Revised Patient Care Policy and Procedures

AMB-026 Renewal of Class II-V Medications
AMB-027 Prescription Renewals
MED-007 Pharmacological Conversion-Ibutilide Fumarate
EQP-003 Flexi seal Fecal Management System
REHAB-001 Admission Criteria to LUMC Rehabilitation Unit

MED-001 Medication Administration
MED-015.01 Ketamine Low Dose Infusion (Continuous) for Pain Management
MED-016 Medicinal Leech Therapy
MED-029 Medication Storage
MED-032 Pharmacist Renal Dose Adjustment for Adult Patients
MED-044 Medical Cannabis (removed “as certified by 2 physicians” from the definition)
OR-001 The counting of instruments, sponges, sharps and related miscellaneous items in the hospital operating room, ambulatory surgery center and labor and delivery

NEW *Please Review*
MED-045 Delayed Administration Time and Rescheduling of Medications
MED-045 A Appendix for medication retiming decision guide

Please review the Patient Care Policy and Procedures that have been updated. The link to the Patient Care Policy and Procedure Page has been attached for your convenience. [http://www.luhs.org/internal/policy/policymanual.cfm](http://www.luhs.org/internal/policy/policymanual.cfm)
Certification Corner— Break the Barriers -Part Three

Renee Thompson on Thu, Sep 26, 2013, taken from nursetogether.com

Ways to decrease your certification costs:
1. **Preparation course.** The actual preparation course is really where you get your biggest bang for your buck. However, it can be expensive. You can justify the cost by knowing that you are taking advantage of the most effective preparation tool available.
   
   **Tip:** Ask your nursing education department to sponsor a course at your organization.

2. **Preparation materials.** Ask your library if they are willing to purchase a set of preparation materials to keep at your organization. Get together with a group of other nurses wanting to get certified and share the cost of the materials. Check online sources for preparation materials. Visit the nursing certification’s website to see if there are free articles with practice questions. Noodle around on the Internet and gather free resources. In the end, certification is just the right thing to do for your colleagues, your patients, the public, but most of all – for you! You won’t regret it!

**Loyola Nursing Education offers multiple certification classes**-check their website. If you do not see a class for your specialty contact Diane Stace in Nursing Education at dstace@lumc.edu

The Loyola Education Stipend can be utilized to pay for a review course and the certification.

- **A Registered Nurse, Licensed Practical Nurse, Certified Medical Assistant or Operating Room Technician employed in a benefit eligible position (≥ 0.5 FTE) for 1 year at Loyola,** including management & APN positions, are eligible for reimbursement for (live or web based) conference fees (up to $300), completing online CEUs (up to $300), certification review courses are considered a conference (up to $300), certification/recertification fees (up to $300) and presenter expenses (up to $1,000). All must be in good standing and free of corrective action or work improvement in the past 12 months.

- **Registry RNs at Levels 3, 4, 5 and 6 are eligible for $200 per year** for certification/recertification and conference fees.

- **Only 1 approved application per person per year, January 1st - December 31st.** Exceptions for presenters will be considered. You may submit several offerings on one application, up to
your total eligible amount. Request for funds must be submitted within one year of the activity.

Continued on Page 8

- For every application, completely fill out Nursing Department Education Stipend forms by downloading them at Loyola.wired > Departments > Nursing > Education Stipend. You will need:
  * Application form
  * Applicant notification form Expense report form
  * Missing forms will result in the application being returned to you for resubmission the following quarter.
  * Drop application off in person, to the “Stipend” box at the entrance to Rm 1328.
  * Approximately one month after the application deadline, you will receive an email with the status of your application.

- An Expense Report Form will need to be attached to EVERY application for payroll reimbursement. Fill out the following sections:
  * Section A: OTHER EXPENSES enter dollar amount
  * Section C: TOTAL EXPENSE SUMMARY enter dollar amount
  * Section D: Sign and Date
  * We do not reimburse gas/car mileage, parking fees or tolls, unless you are a presenter.
  * Reimbursement will be granted after proof of attending activity.
  * The money will appear on your paycheck as a non-taxable reimbursement, which may take up to 3 pay periods.
  * If you are no longer employed at Loyola, you will NOT receive Stipend Funds, even if the qualifying activity was during your active employment.

- Do not forget to attach your certification/recertification letter, proof of attendance for conferences (CEU), or presenter confirmation letter or brochure.

- Do not forget to attach your proof of payment (credit card statement, cancelled check, or receipt).

Applications are accepted anytime, but will only be reviewed in batches on a quarterly basis.
Tracking your Continuing Education Contact Hours in Health Stream

To: Nurses

As a Loyola nurse, you have been given access to a wide range of industry-sponsored continuing education online courses. You access these courses via the CE Center tab in HealthStream. Your discipline and license information must be in the system for you to receive CE credit for completing these courses. Please follow the below instructions the next time you log into HealthStream. Your HealthStream transcript allows you to keep a running total of your earned contact hours and electronically stores your self-study certificates for easy retrieval. To take advantage of this feature, you must first update your HealthStream Profile. Next time you log into HealthStream, please update your Profile by following the below instructions. Once you do the below, you will have a neat, concise and convenient way of tracking applicable on-line self study contact hours. This will include the recently released Lippincott stroke modules, AACN ECCO training and any other self-studies you complete via the HealthStream CE.

1. **Log into E.Learning, Click on the My Profile tab**

![Image of HealthStream interface with My Profile tab highlighted]

2. **Click on Manage Discipline and License Information**

3. **Click on Discipline drop down box and select RN (or whatever your discipline is). You may insert your state license if you want, but it is not necessary.**

   ![Image of the drop down box for Discipline with RN selected]

   Click Save button.

If you followed the above instructions after you already completed ECCO, Lippincott Stroke or any other CE Center self-studies, then please go to your transcript, click on the name of the completed self-study and click on Refresh Credits.

![Image of the Refresh Credits button]
Reflection of a Nurse

My name is Miljana Ruiz. I have been a nurse for 7 years. I started as a new graduate RN when Loyola opened up the new tower inpatient units. As a new nurse it was exciting to be part of the implementation of a new nursing model of care. My path into nursing started when I was very young. I knew that I wanted to be in the medical field since I can remember. It always intrigued me.

I started taking nursing courses immediately after graduating high school. My next step was being able to work at Loyola. There are many hospitals close to where I live, but I felt Loyola came with a prestigious name. The Loyola name is associated with quality care in my eyes. So to get my foot in the door, I looked for any position that I would qualify for (which at that time was a high school diploma!). I got a call back for a Service Associate position and took it. I was able to work as a Service Associate for 3 years every weekend while in college. This job allowed me to have patient interaction. I provided the patient with water, passed meal trays and assisted them with filling out their menus. In addition I cleaned their rooms. These are all basic skills that I take with me to this day. It allowed me the chance to have a sneak peak of the flow of other units. Every day I would admire the teams of people I would see and how they functioned together. This led me to wanting more experience with patients and I thought it would help with my schooling as well.

I accepted a new position during my last year of the nursing program. I became a student nurse (registry PCT). This job was challenging. I never knew what unit I would be working on until 5 minutes prior to starting my shift. It was also challenging because each unit had their own culture, their own protocols, and acclimating was daunting at times. I enjoyed working with many different people and units. I have to admit that I had the best experience with the staff on 7SW. The staff I worked with showed me excellent team spirit. Everyone worked well with each other, they were helpful, and always put the patient first. I was ecstatic when I saw the same familiar faces on Tower 4 after I was hired as a nurse. Many of the same RNs moved from 7SW to Tower 4 to help launch the opening of the new unit.

Seven years later I can say that I am still just as proud to be part of the "New Model of Care". Every day I feel I have an opportunity to voice my opinion. All the team members work well together. I am very happy to be a nurse here at Loyola!
No one knows better the impact the failure of cardiac structures have on a patient then Judy Rey APN, MSN (ANP, CV-BC) and Sara Edwards APN, MSN (ACNP-BC, CCRN, CVRN), where they serve as the advanced practice nurses (APNs) for the Valve Center here at Loyola. They have very diverse responsibilities as they care for patient undergoing cutting edge, minimally invasive valve replacement procedures.

The TAVR, transcatheter aortic valve replacement, is a less invasive way to fix a diseased aortic valve. It is performed in a hybrid operating room under general anesthesia utilizing a specialized catheter. This catheter is placed through a small groin incision that serves as the portal to insert a specialized pig valve that is seated utilizing transesophageal echocardiography guided imaging. Initially experimental and utilized on study patient has now become commercially available and utilized on patients that are poor surgical candidates with high surgical risk. Offering hope to those patients that have been compromised and at the end of their clinical options due to severe aortic valve. Another new percutaneous procedure is Mitra-Clip that had it first placement here at Loyola in 2014. This is a sling that is placed via the venous system and serves to improve the impact patients face due to severe mitral regurgitation.

Sara and Judy have responsibilities that include coordinating evaluations by the cardiologist and cardiovascular surgeons, assessment in their Valve Clinic, collecting and reviewing patient records, conducting frailty testing, obtaining history and physical, ordering studies, and capturing trends of adverse events that can be impacted with quality improvement initiatives. They utilize a tracking tool developed to assist in their multidisciplinary valve conference during which the APNs present their patients to the team and consult with their physician colleagues to trouble-shoot potential clinical issues. They serve as the “go to person” in the pre, intra and post op period and coordinate care with CV surgery APNs. Judy and Sara see their patients for their 30-day and 1 year follow up visits and provide vital information back to the primary care physician and referring providers.

These being new procedures in fragile patients, it is without question that there would be a need for a significant amount of time spent on patient and family education both in person and over the phone. Many of these patients are in dynamic phases of heart failure and may need frequent assessments, education and medication adjustment before and after the percutaneous procedure. There is a vital link between the Valve program APNs and their patient. The patients receive a vast amount of information from varying sources.
Ethical Considerations

Legalized Patient Assisted Suicide: Incompatible with the Nurses’ Role

Physician assisted suicide is an ongoing controversy in bioethics. Although professional organizations such as the American Medical Association and American Nurses Association proscribe participation in assisted suicide, this practice is gaining legal traction in a few states. For instance, on October 5, 2015, California Governor Jerry Brown signed ABX2-15, the End of Life Option Act (ELOO), into law. This physician assisted suicide (PAS) law permits qualified persons with a terminal disease (e.g., expected to result in death within six months) to be prescribed a drug by a physician which the qualified individual may choose to self-administer to bring about his or her death. Will further legalization of PAS erode physicians’ and nurses’ commitment to their dying patients? This should concern us, because prohibitions against physician assisted suicide have been around for millennia.

PAS is legal in a handful of states (e.g. Oregon, Washington, Montana, Vermont and now California). When the voters of Oregon legalized PAS in 1994, resulting in the Death With Dignity Act, there was a protracted and costly legal battle challenging the law. DWDA did not take effect until 1997. A similar initiative had been decisively defeated by the voters of Washington in 1991. In 2008, Compassion & Choices, an organization whose mission is to promote the individual freedom of terminally ill persons to choose the time, place, and method of their deaths was successful in campaigning to pass Washington’s PAS initiative. The debate was contentious and expensive, but it was also public. Since 2009, Compassion & Choices has used state courts in Montana, and state lawmakers in Vermont and California to advance their agenda of legalizing PAS throughout the country.

Why Seek PAS? The modern right-to-die movement in America gained momentum beginning in the late 1950s, when medical and technological advances made it possible to sustain the heartbeat and breathing of patients, even those for whom there was very low likelihood of meaningful recoveries. For many, this meant long, painfully grueling, and debilitating dying processes. Even today, people fear being interminably connected to medical technologies or being forced to accept medical interventions that they deem to be burdensome. We ought not to be expected to suffer needlessly, but the reality is that suffering is part of our human experience. But is suicide aided by physicians an ethical way to deal with suffering at any stage of life? Should we accept PAS as a contemporary moral value of American culture? I hope not.

Alternatives. As a society we support people who have attempted suicide by providing them with medical and psychiatric treatment. Terminally ill persons need support, too—physical, emotional, psychological, and spiritual. This is available through palliative care services. There are two other important ways to provide support to people at the end of life. First, is to encourage people to make their ethical end of life wishes known in an Advance Directive and to their loved ones. The Advance Directive or Durable Power of Attorney for Health Care (DPOAHC) does two things: 1) it articulates what the person does and does not want, and the limits of medical care they are willing to accept at the end of life; and 2) appoints a health care agent to represent the person’s wishes when the person is no longer able to participate in their own medical decision-making, i.e. when they lose capacity. Second, palliative care offers, among other things, proper pain and symptom management to reduce the dying person’s suffering.

Compassion is also needed. Compassion is our human call and our responsibility to those who are dying. To truly have compassion is to suffer with the other, not to abandon them to their ideations of self-destruction through suicide. Nurses know this well. In the midst of your professional ministrations, you wait, you keep company, and you stand by your patients in their suffering. Your presence speaks volumes, that in your patients’ brokenness and time of vulnerability, their inherent and intrinsic human dignity remains fully intact, and they will not be abandoned. When recovery and cure are no longer possible, you continue to care for the whole person. As physician-ethicist Ezekiel Emanuel has stated: “Instead of attempting to legalize physician-assisted suicide, we should focus our energies on what really matters: improving care for the dying.” http://opinionator.blogs.nytimes.com/2012/10/27/four-myths-about-doctor-assisted-suicide/?_r=0. Continue your good works by standing compassionately with your patients, compassionately caring for them and reassuring them of their worth and dignity even at the end of life.

References:

Spiritual Corner: For a Nurse

By John O’Donohue
Submitted by Chaplain
Kathleen Brannigan

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,
The search through the body’s night
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
The 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
### APN Council
**Co-Chairs:**
- Ann Briggs MS, CRNA
- Eevin Judkins CCRN, ACNP-BC

- OPPE and FPPE was due in October
- Subcommittee on the APN/PA resource list discussed progress towards completion of comprehensive list of APN/PA roles, skill-sets, area of specialization.
- Subcommittee for APP conference March 2016 started, volunteers will be meeting soon to discuss topics
- Biannual mandatory billing education held in October, each APP must attend annually.
- Guest speaker Steve Edelstein, MD Professor and vice-chairman Department of Anesthesia spoke on APP perspectives, discussed credentialing and increase in productivity and presence of APPs and LUMC.

### Education and Professional Development
**EPD Co-Chairs:**
- Diane Stace RN, MSN, APN, CCRN, CCNS
- Josey Pudwill RN, BSN, CPN

- Discussed the July-September E-Journal article: Lessons Learned from 10 years of Research on a Post-Baccalaureate Nurse Residency Program
- New E-Learnings: Sepsis Screening (MEWS)
- Health Stream Lippincott modules offer FREE CE’s; must register as a licensed RN under the profile tab
- Clinical Ladder weighted criteria details will have a new, easier-to-read layout soon
- Discussed request to increase education stipend coverage for national certification
- Discussed interest in hosting a review course on-site for a perioperative national certification

### Nursing Quality and Safety Council
**Co-Chairs:**
- Karen Thomas MS RN PCCN
- Diana Matz, BSN, RN
- Judy McHugh, Advisor

- Members shared Good Catch and Magis Stories
- Patient Safety “Lessons Learned” shared monthly.
- CCE Staff shared Core Measure data.
- Trinity Practice, Education, and Research Council update given.
- Infection Control Updates shared.
- Workplace Violence prevention and awareness discussed.
- Restraint regulation updates presented.
- Fall prevention strategies discussed.

### Magnet Ambassador Council
**MAC Co-Chairs:**
- Theresa Pavone, DNP, RN
- Mary Lang, MSN, RN

- Annual Magnet Conference in Atlanta, GA week of October 6th, several staff nurses, nursing management and administration represented Loyola. Loyola was recognized for its re-designation status. A huge accomplishment!
- Volunteering: Committee participated in “Feed 6” on October 17th
- The Nurse Residency Program for new graduates had its first meeting.
- Co-Chairperson needed for the MAC council as Theresa's time will be ending December 2015.
- Nurses Week Planning 2016 -- Focus on Recognition-Appreciation-Fun, Food, Gifts and or Posters/ Banners. Asked for members to volunteer for a section to work on at the next meeting.
- Next Meeting is November 3rd at 7:30 am

### Nursing Professional Practice Council
**NPPC Co-Chairs:**
- Jeanette Cronin BSN, RNC
- Renee Niznik BSN, RN
- Kathy Thiesse MSN, RN, CWOCN

- Infection Prevention provided monthly updates of infection rates: CLABSI, CAUTI, VAP, C-DIFF
- Approved changes to restraint policy
- Approved updates to falls prevention initiatives
- Introduced and discussed changes to pain assessment scales
- Reviewed upcoming Nursing Grand Rounds
- Initiated a subcommittee to review nursing theories for professional practice model
Today, Dybowski works as a clinical staff educator in the emergency department at the hospital. “As a nurse practitioner, you impact one patient at a time, but as an educator or a CNS, you’re impacting every patient because you’re impacting the nurses,” she said. “Even though I’m not in direct patient care anymore, what I do helps nurses be better nurses.”

Dybowski, who is responsible for about 80 nurses and 15 medical techs, makes sure her department has the education and information they need to thrive. This includes organizing yearly competencies as well as running orientation and assigning preceptors for new hires.

“Health care changes daily, it seems,” Dybowski said. “To provide the best care to the patient, everyone needs to be updated on the latest—whether it’s new equipment or a new process.”

Down the road, Dybowski hopes to move her passion inside the classroom, where she believes her clinical experience can help motivate nursing students, whether it’s in university or junior college setting.
Continuing Education Programs

The Department of Nursing Education is offering a video-based review class to help you prepare for the Critical Care Nursing Certification Exam. The video instructor is Laura Gasparis Vonfrolio, RN, Phd, and she will cover the various categories of the AACN Adult Critical Care Exam. The schedule of sessions and topics covered is as follows:

<table>
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<tr>
<th>Session I:</th>
<th>Session II:</th>
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<tr>
<td>• Endocrine</td>
<td>• GI</td>
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<td>• Neurology</td>
<td>• Hematology</td>
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<tr>
<td>November 6, 2015 (8 am – 12 noon) Mulcahy Bldg, Lower Level, 0701</td>
<td>November 20, 2015 (8 am – 12 noon) Mulcahy Bldg, Lower Level, Room 0701</td>
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<th>Session III:</th>
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<td>• Cardiovascular</td>
<td>• Pulmonary</td>
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<tr>
<td>December 4, 2015 (8 am – 12 noon) Mulcahy Bldg, Lower Level, 0701</td>
<td>• Multisystem</td>
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<td>December 11, 2015 (8 am – 12 noon) Mulcahy Bldg, Lower Level, 0701</td>
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Loyola Perinatal Center: Call X7-9050 for further information

Clinical Ladder

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

Three copies of the application should be submitted with binder clips or rubber bands only, to the Nursing Administration Office room 1328.

Please seek out a Clinical Ladder Liaison to review your application and provide feedback before submitting it.