

SPRING 2011

Magnet Attractions

Our Magnet™ Redesignation Site Visit

See who felt the magnetic
pull during our site visit

PAGE 4

A PASSION FOR BETTER MEDICINE.™



You Are All Superstars



Do you remember our “M3—You Make It Happen” Magnet™ redesignation campaign? I don’t know yet if we’ve made it happen, but I can tell you I was thoroughly impressed by what I saw during our Magnet site visit in February, and I think our appraisers were too. Before the visit I asked all of you to show the appraisers what you do every day—provide high-quality care to our patients and their families. You did exactly that and created a great site visit. You can check out photos and read stories about the visit starting on page 3.

We currently are awaiting word on whether we’ve earned our third Magnet designation from the American Nurses Credentialing Center. Our Magnet appraisers’ report is being reviewed by the Commission on Magnet, which will decide within the next month or so if we’ve earned Magnet again.

No matter what happens, I know we are constantly striving to make patient care the best it can be at Lehigh Valley Health Network. That’s evident as I flip through this issue of *Magnet Attractions*. On page 6, you’ll find a wonderful story about family presence. Read how our trauma-neuro intensive care unit clinicians cared for a young man who suffered a motorcycle crash and was unresponsive for several weeks. His family was there around-the-clock and had glowing things to say about their son’s care team and their commitment to family presence.

That’s why the trauma-neuro team was nominated for and selected to receive the Fleming Award to Recognize a Unit Which Promotes Family Presence. Team members will accept the award at the annual Friends of Nursing celebration on April 28. Information about our annual nursing gala, as well as a list of Nurses Week events, begins on page 11.

On page 8, you’ll learn about a new delirium screening tool that’s being implemented after three of our patient care specialists collaborated on an evidence-based research project. And on page 9 you’ll see how we merged three departments that handle wound care to improve the continuum of care.

You are all working hard. Thank you. You are Magnet in my book!

Anne Panik

Anne Panik, M.S., B.S.N., R.N., N.E.A.-B.C.
Senior Vice President, Patient Care Services



Our Magnet™ Story

Magnet hospitals are so named because of their ability to attract and retain the best professional nurses. *Magnet Attractions* profiles our story at Lehigh Valley Health Network and shows how our clinical staff truly magnifies excellence.

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ON THE COVER

Before our Magnet™ site visit, we asked you to simply showcase what you do every day. You did a great job! See page 4.



Structural Empowerment

SE1: What is it?

This Magnet Recognition Program® source of evidence falls under the Structural Empowerment Magnet™ model component. This component defines the structures and processes that enable nurses from all settings and roles to actively participate in organizational decision-making groups such as committees, councils and task forces. Bedside nurse Erin Beers, R.N., from Muhlenberg's 5T, is a great example of this. She's co-chair of the unit's scheduling council and chair of the unit's celebrate, motivate, decorate (CMD) council. Those are some of the reasons she was selected to serve as an escort during February's Magnet site visit. Other nurses like her from throughout the health network also served as escorts during the four-day visit.

A Day in the Life of a Magnet™ Escort

Erin Beers, R.N., talks about her Magnet site visit experience

Erin Beers, R.N., was nervous the night before Magnet appraisers visited 5T at Lehigh Valley Hospital–Muhlenberg. A bedside nurse on 5T for five years, she was thrilled to be selected as an appraiser escort for her unit—and very anxious.

“The night before, I was trying to review and ‘study’ our success, not only on my floor, but throughout the health network,” she says. “When I sat down and replayed what I do, I started to relax. I focus on patient care, satisfaction and safety every day—and I knew any question that came up during the visit would have a natural answer.”

After that realization, she felt much better. But that didn't stop her from shaking when she first met Magnet appraiser Francine Barr, M.S., R.N., in the lobby of Lehigh Valley Hospital–Muhlenberg. “I got caught up in that first moment, but then I took a deep breath, and the tour began,” Beers says.

The 30-minute unit tour on 5T went very well. Beers chatted easily with Barr about things like quality indicators, patient-centered care and shared governance. “She

seemed really impressed by our shared governance,” Beers says. “She loved that bedside nurses like myself are on councils that have decision-making authority for nursing practice.”

Related to shared governance, Barr really liked 5T's Caregiver of the Month and the Wall of Hope that the unit's celebrate, motivate, decorate (CMD) council recently started. The Wall of Hope, designed by CMD members Ted Smith, R.N., and Cheryl Morgan, R.N., is an inspirational wall where cancer patients write about their triumphs as a way to motivate other patients. “Overall, Fran was very positive and kept telling us we should be proud of what we do every day,” Beers says.

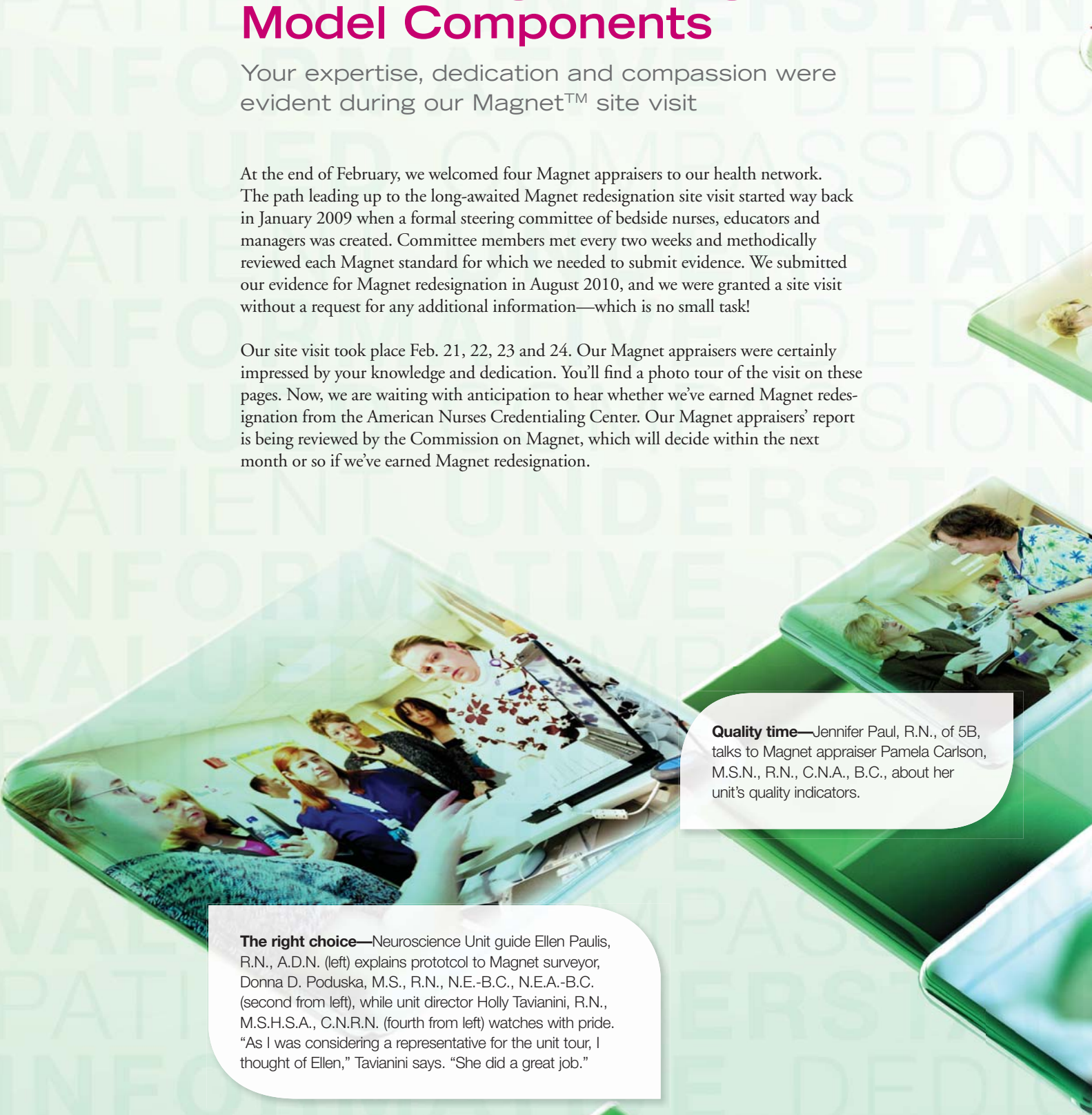
Once the unit tour ended, Beers escorted Barr to 4T, Muhlenberg's Regional Heart and Vascular Center and intensive care unit. Beers was impressed by her colleagues along the way. “The whole experience was really great,” Beers says. “It was a true honor to represent not only Lehigh Valley Health Network, but a Magnet organization,” she says.

Showcasing the Magnet™ Model Components

Your expertise, dedication and compassion were evident during our Magnet™ site visit

At the end of February, we welcomed four Magnet appraisers to our health network. The path leading up to the long-awaited Magnet redesignation site visit started way back in January 2009 when a formal steering committee of bedside nurses, educators and managers was created. Committee members met every two weeks and methodically reviewed each Magnet standard for which we needed to submit evidence. We submitted our evidence for Magnet redesignation in August 2010, and we were granted a site visit without a request for any additional information—which is no small task!

Our site visit took place Feb. 21, 22, 23 and 24. Our Magnet appraisers were certainly impressed by your knowledge and dedication. You'll find a photo tour of the visit on these pages. Now, we are waiting with anticipation to hear whether we've earned Magnet redesignation from the American Nurses Credentialing Center. Our Magnet appraisers' report is being reviewed by the Commission on Magnet, which will decide within the next month or so if we've earned Magnet redesignation.



Quality time—Jennifer Paul, R.N., of 5B, talks to Magnet appraiser Pamela Carlson, M.S.N., R.N., C.N.A., B.C., about her unit's quality indicators.

The right choice—Neuroscience Unit guide Ellen Paulis, R.N., A.D.N. (left) explains protocol to Magnet surveyor, Donna D. Poduska, M.S., R.N., N.E.-B.C., N.E.A.-B.C. (second from left), while unit director Holly Tavianini, R.N., M.S.H.S.A., C.N.R.N. (fourth from left) watches with pride. "As I was considering a representative for the unit tour, I thought of Ellen," Tavianini says. "She did a great job."



Wife sings praise for husband's care—

During the tour of the open-heart unit, Magnet appraiser Sharon Koebel, M.S.N., R.N., A.C.N.S.-B.C. (second from right), was able to gather feedback from hospital visitors like Robin Smallen (far left), of Northampton, Pa., whose husband was a patient during the site visit.

Warm words—Open-heart unit director Cynthia Meeker, R.N. (far left), welcomes Magnet appraiser Sharon Koebel, M.S.N., R.N., A.C.N.S.-B.C., to her unit. After the site visit, this is what our appraisers had to say: "We thoroughly enjoyed our week with you. Please thank your staff for their hospitality, spirit and passion. Their commitment to Lehigh Valley Health Network is evident!"

Learning experience—Magnet appraiser Pamela Carlson, M.S.N., R.N., C.N.A., B.C., (right), listens to patient care coordinator Susan Eckhart, R.N. (far left), and 5B unit director Lois Guerra, R.N.

Collegial relationship—After the site visit ended, one of the appraisers had this to say about the way nurses and doctors interact at our health network: "Your medical staff is very complimentary of nursing. The physician/nursing relationship at LVHN is not even collaboration—it is one step above; it is truly collegial."

Exemplary Professional Practice

EP4: What is it?

This source of evidence falls under the Care Delivery Systems section of the Exemplary Professional Practice Magnet™ model component. It encompasses the structures and processes of the care delivery system that involve patients and their families. Here, you'll read how our trauma-neuro unit exemplifies family presence. Plus, you'll see how we're ahead of new legislation regarding family presence.

A World Turned Upside Down

Family involvement helps young accident victim pull through a crisis

Tommy Slattery's mother, Renee, recalls that their family's "world was turned upside down" in August 2009 when her 19-year-old son was involved in a serious motorcycle accident. Tommy, an energetic and athletic college-bound student, was transported to Lehigh Valley–Cedar Crest with spine fractures, bilateral broken femurs, a bruised lung and a thumb attached by a single tendon. But the worst was yet to come.

On day two, due to his long-bone injuries, a rare but critical complication occurred. A fat embolism traveled to his brain causing massive swelling, and an emergency craniectomy was performed. Tommy remained mechanically ventilated in a medically induced coma for three weeks in the trauma-neuro intensive care unit (TNICU). Frightened and unsure where to turn, Tommy's parents and siblings received desperately needed support from a TNICU team that embraces family-centered care. "Many families arrive here feeling their lives are out of control," says TNICU bedside nurse Barbara Hemphill, R.N. "We help them regain control by educating them and involving them in their loved one's care."

At least one family member remained with Tommy at all times during his six-week stay in TNICU. His mother helped

provide care to her son with the aid and encouragement of the TNICU nurses. "We could see how much it meant to her," Hemphill says. The team gave the family frequent treatment plan updates and invited them to participate in collaborative daily rounds. To help the TNICU staff learn more about Tommy and to keep up their own spirits, family members were invited to share photos and stories—serious or comical. "We wanted them to focus on Tommy, the person before the accident, not just how he was at that moment in time," says TNICU bedside nurse Stacy Michalik, R.N.

That kind of extra attention to every family's unique needs earned TNICU a nomination for the Fleming Award to Recognize a Unit That Promotes Family Presence. It also earned this deserving team the enduring gratitude of Tommy and his family. "The consideration, thoughtfulness and service given to our family was unsurpassed," was written in a letter to the TNICU staff.

After weeks of treatment, Tommy emerged from his unresponsive state. With support from his family and his TNICU care team, he began a long recovery process. Today, nearly two years later, recovery from his brain injury, broken bones and hand injury is complete due to his determination and a remarkable rehabilitation team.

Tommy attends Lehigh Carbon Community College and is back doing what he loves most: snowboarding with friends. "It's amazing to see him living life to the fullest, Michalik says. "He's truly a miracle." And a vivid example of the power of family presence!



Extra attention to every family's unique needs earned the **TNICU a nomination for the Fleming Award to Recognize a Unit That Promotes Family Presence.**



Family Presence Update

To ensure a consistent approach to family involvement across our health network, a multidisciplinary Family Presence Steering Committee developed “Family Presence and Guest Visitation Guidelines” in 2009. A key provision is the right of patients to decide who may or may not visit, including individuals who are not legally related family members. Our expanded definition of “family” was clearly on target. Both the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission have now adopted similar standards. The legislation also prohibits the restriction of visitors based on race, color, religion, national origin, gender, sexual orientation or disability. Steering

committee member Kim Jordan, R.N., points out that the regulations are not intended to eliminate visiting hours or give visitors unlimited access to the bedside. “Staff will always have the right to control a situation based on safety and care needs,” she says. Because the scope of family presence has evolved beyond visitation, we will continue focusing on new collaborative practices like bedside shift reports and Teach Back. “Our goal is to encourage dialogue among patients, their loved ones and caregivers,” Jordan says. “These discussions help to alleviate fear and lead to improved outcomes and patient satisfaction.”

Today, nearly two years later, his recovery is complete. Slattery attends Lehigh Carbon Community College and, with his leg and thumb fully healed, is back doing what he loves most: **snowboarding with friends.**

▲ **An enduring bond**—After working closely together for more than six weeks to help Tommy (second from left) recover from critical injuries, the Slattery family and the TNICU team formed an enduring bond. Tommy’s parents, Thomas (left) and Renee (far right) regularly e-mail bedside nurse Stacy Michalik, R.N., to keep the team up to date on his activities and progress. The family also stops by the unit to visit whenever Tommy comes to the hospital for checkups.

New Knowledge, Innovations and Improvements

NK7: What is it?

This source of evidence is part of the Evidence-Based Practice section of the New Knowledge, Innovations and Improvements Magnet™ model component. It encompasses the translation of new knowledge into nursing practice. Here, you'll read about how we're implementing a delirium screening tool to help nurses detect the condition and ultimately lower readmission rates.

✓ Inattention

Did the patient have difficulty focusing attention (e.g. being easily distracted) or have difficulty keeping track of what was being said?

✓ Disorganized Thinking

Was the patient's thinking disorganized or incoherent: such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject?

✓ Altered Level of Consciousness

Overall, how would you rate this patient's level of consciousness? (alert [normal], vigilant [hyper-alert], lethargic [drowsy, easily aroused], stupor [difficult to arouse] or coma [un-arousable]). Positive for any answer other than 'alert.'

Detecting Delirium Early



Nurses investigate the best screening tools to evaluate this acute medical condition

A patient can seem alert during one set of rounds, delirious the next. Delirium is a decreased awareness of environment along with confused thinking, often traced to medical illness, surgery or medication. It's temporary and treatable. The American Psychiatric Association notes that delirium develops in 10 to 30 percent of the elderly during hospitalization. Patients who develop delirium during the hospitalization have a higher rate of death during the months following discharge.

"Patients discharged without an accurate delirium screening often end up readmitted," says patient care specialist Diana Hurtzig, R.N., on medical-surgical unit 7BP. "They have difficulty with discharge instructions and medication schedules." If the potential for delirium is caught early, some interventions can help patients maintain normal thought processes.

That's why Hurtzig, along with colleagues Maria McNally, R.N., patient care specialist on medical-surgical unit 6C, and Michaelene Panzarella, R.N., patient care specialist on the progressive coronary care unit (PCU), investigated evidence-based delirium screening tools.

Hurtzig, McNally and Panzarella did a literature review on common delirium screening tools, including the delirium-o-meter, confusion assessment method (CAM), CAM for the ICU (CAM-ICU), the nursing delirium screening scale (Nu-

Desc) and the delirium rating scale (DRS). Based on the literature, they chose to trial the CAM, Nu-Desc and DRS screening tools. "We chose three patients a day from each of our units—7B, 6C and PCU—and assessed each of them using one tool for an entire week," Panzarella says.

During that application of the tools, they learned the DRS scale was too subjective and time-consuming, so they moved forward with the CAM and Nu-Desc screening tools. They educated six nurses on each unit and trialed the CAM and Nu-Desc tools for three weeks. "The nurses received the same education and were advised against sharing results with other data collectors," McNally says. The nurses were asked to screen patients who they felt were susceptible to delirium. Hurtzig and her colleagues analyzed the findings, looking for inter-rater reliability (how closely two or more raters agree in their findings), ease of use and how the nurses liked each tool. It was determined the CAM worked best.

Hurtzig, McNally and Panzarella created a delirium care plan that outlines evidence-based interventions, based on CAM score. The interventions include things such as:

- decreasing stimuli
- providing reassurance of safety
- not reinforcing hallucinations

Pending approval, the CAM delirium scoring tool and nursing care plan will be rolled out network-wide.



Diana Hurtzig, R.N.



Maria McNally, R.N.



Michaelene Panzarella, R.N.

Next steps

WANT TO GET INVOLVED IN RESEARCH? CONTACT KATHY BAKER, R.N., RESEARCH SPECIALIST, OR CAROLYN DAVIDSON, R.N., ADMINISTRATOR OF EVIDENCE-BASED PRACTICE AND CLINICAL EXCELLENCE.

Collaboration for Continuity of Care

Three departments join forces to provide comprehensive wound care

Why were several different wound care clinicians caring for different wounds on different parts of the same patient? Colleagues from the departments that provide wound care—the Wound Healing Center, enterostomal therapy (ET) and physical therapy—were determined to find out and prevent it from continuing.

Each team offered a unique perspective. The Wound Healing Center specializes in outpatient care for all wounds, simple to complex. ET provides inpatient care for ostomies, problem wounds and fistulas. Physical therapy often employs specialty treatment modalities in their care in order to help jump start the healing process. The teams recognized the services they provide can often overlap, creating a lack of continuity between inpatient and outpatient care.

While collaborating to find the answer, the group found collaboration was the answer. “We decided to meld our three teams into one to create the Wound Healing Team,” says wound, ostomy, continence (WOC) nurse specialist Deb Williams, R.N. “Now we’re working together to provide continuity of care for patients across the continuum of care.”

By collaborating, team members are learning different treatments and techniques from each other. For example, Wound Healing Center colleagues learned how to more effectively treat skin rashes. WOC caregivers learned the importance of applying certain creams at the appropriate thickness to get the best results. Physical

therapists learned about the best specialty beds and shared the most appropriate use of treatment modalities like electrical stimulation therapy.

The multidisciplinary group meets weekly to discuss hospitalized patients with complex wounds. “We’ve tried new techniques as a team that have been successful that we never would’ve tried on our own,” Williams says.

On top of that, collaboration has given patients improved access to specialists. One consult to the Wound Healing Team results in a multidisciplinary response that includes one of the Wound Healing Center’s nurse practitioners and/or the team’s general surgeon. Plus, when patients leave the hospital, the team’s outpatient wound care representative provides the link between inpatient and outpatient care. Follow-up appointments at the Wound Healing Center are made, and discharge instructions are used to educate patients about their care at home.

By working together, the Wound Healing Team is proving its “melting pot” of collective knowledge and experience results in exceptional care for people of all ages in and out of the hospital.

Transformational Leadership

TL5: What is it?

This source of evidence falls under the Advocacy and Influence section of the Magnet model component Transformational Leadership. It encompasses how nurse leaders value, encourage, recognize/reward and implement innovation. This story shows how a team of nurses investigating wound care determined a more collaborative approach to wound care would benefit patients across the continuum of care. Through their work a new comprehensive service line for wounds was created.

▼ **Working together**—Patient Carl Behrman of Allentown receives specialized wound care from Wound Healing Team members (l-r) Lisa Boyle, R.N., Deb Williams, R.N., and Mike Zerbe, P.T.



Structural Empowerment

SE4: What is it?

This source of evidence falls under the Commitment to Professional Development section of the Magnet™ model component Structural Empowerment. The presentations, publications and professional certifications listed here show how our health network sets goals and supports professional development and professional certification through tuition reimbursement and participation in external local, regional, national and international conferences or meetings.

Magnet Attractions

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Dorothy Jones	Deborah Williams

PRESENTATIONS

POSTER

University of Pennsylvania Patient Safety Conference Philadelphia, Pa., November 2010

Charlotte Buckenmyer, M.S., R.N., C.E.N.;
Susan Teti, B.S.N., R.N. and **Tara Lynne Sell**,
B.S.N., R.N.; Barcoding in the Emergency
Department: Who Said It Couldn't Be Done?

Deb Peter, M.S.N., R.N.-B.C.; From B17
Bomber to Bedside: Using a Bundle Methodology
to Enhance Quality.

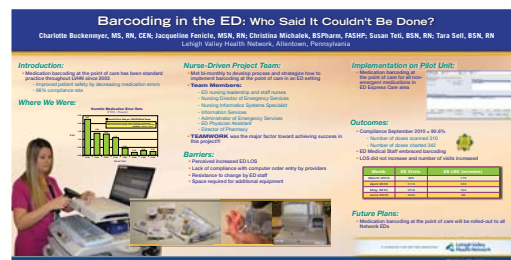
ORAL

University of Pennsylvania Patient Safety Conference Philadelphia, Pa., November 2010

Tracie Heckman, M.S.N., R.N., C.M.S.R.N.
and **Tracy Gemberling**, B.A., R.N., C.M.S.R.N.;
Bedside Nurse Shift Report: An Opportunity to
Partner With Our Patients and Families.

National Database of Nursing Quality Indicators Miami, Fla., January 2011

Carolyn L. Davidson, Ph.D., R.N., C.C.R.N.,
A.P.R.N.; From B17 Bomber to Bedside: Using a
Bundle Methodology to Enhance Quality.



PUBLICATIONS

Advances in Skin and Wound Care,
February 2011, **Leah Marie Bradshaw**, M.S.N.,
R.N., C.W.S.; **Margaret E. Gergar**, M.S.N.,
R.N., C.W.O.N. and **Ginger A. Holko**, M.B.A.,
B.S.N., R.N., C.W.S.; Collaboration in Wound
Photography Competency Development: A Unique
Approach.

**The Joint Commission Journal on Quality
and Patient Safety**, March 2011, **Courtney
Vose**, M.S.N., M.B.A., A.P.R.N.; **Robert X.
Murphy Jr.**, M.D., M.S.; **David B. Burmeister**,
D.O.; **Charlotte Buckenmyer**, M.S., R.N.;
Carolyn L. Davidson, Ph.D., R.N., C.C.R.N.,
A.P.R.N.; **Tami J. Melstch**, B.S.N., R.N.; **Ginger
Holko**, M.B.A., B.S.N., R.N., C.W.S.; **Elizabeth
Karoly**, M.B.A. and **Bernadette Glenn Porter**,
B.S.; Establishing a Comprehensive Networkwide
Pressure Ulcer Identification Process.

SPECIALTY CERTIFICATIONS

The following nurses
were certified in
emergency nursing:

Melissa M. Kalymun, R.N., C.E.N.
Pamela J. Podeszwa, R.N., C.E.N.
Kim Vaupel, R.N., C.E.N.

The following nurses were
certified in medical-surgical
nursing:

Theresa Jones, R.N., C.M.S.R.N.
Joseph Monte, R.N., C.M.S.R.N.
Dawn I. Pingyar, R.N.-B.C.

The following nurses were
certified in critical care
nursing:

Paula M. Bitner, R.N., C.C.R.N.
Amy E. Droskinis, R.N., C.C.R.N.
Sarah H. Horton, R.N., C.C.R.N.

The following nurses were
certified in perioperative
nursing:

Christine A. Blasko, R.N., C.N.O.R.
Colleen M. Camasta, R.N., C.N.O.R.
Debra M. Trexler, R.N., C.N.O.R.

Celeste Augustine, R.N., P.C.C.N., was certified in progressive care nursing.
Margaret Schlamb-Horon, R.N., H.N.-B.C., was certified in holistic nursing.
Mary A. Yackabonis, R.N.-B.C., was certified in ambulatory care nursing.

New Crisis Management Training

New Comprehensive Crisis Management Program Implemented

During the last several years, there has been an increase in patient and staff injuries due to patient behavioral dyscontrol. To improve the safety of patients and caregivers, a Code Orange Task Force was created in November 2009 to review our crisis intervention education and recommend ways we can improve our response to patient behavioral dyscontrol. A Code Orange is activated when a patient exhibits signs that he is agitated and may engage in behavioral dyscontrol. Specially educated colleagues respond to these situations.

After a thorough review, the Task Force recommended adopting Comprehensive Crisis Management, an evidence-based education program that shifts the patient behavioral dyscontrol response from reactive to preventive. "By teaching new preventive techniques to caregivers, we hope to prevent Code Oranges from being called as often," says social worker Shawn Coyle, program director for the department of psychiatry.

Dedicated Code Orange Response Teams

In the event a Code Orange must be called, dedicated Code Orange response teams have been created for Lehigh Valley Hospital—Cedar Crest and Lehigh Valley Hospital—Muhlenberg to provide consistent interventions. The teams will work collaboratively with the patient, the patient's caregivers and the patient's family to verbally de-escalate the behavioral dyscontrol event and protect the safety of all involved. Restraint is the least preferred intervention and will only be used when the patient or caregivers are in imminent danger and all other less restrictive interventions have failed. Code Orange is for patients only. Security is contacted for family members and other people in the hospital who are behaving aggressively.

Learn

Comprehensive Crisis Management Training

Nurses and other caregivers who wish to take the one-day Comprehensive Crisis Management training course should speak with their manager. You may register for the course on eLearning.



NURSES WEEK EVENTS

FRIENDS OF NURSING CELEBRATION

Come be inspired by our voices of passion as we honor our caregivers and Friends of Nursing Award recipients and donors. For details see the back page of this issue of *Magnet Attractions*

Friends of Nursing Award Recipients Display

Celebrate the 2011 Friends of Nursing award recipients.

May 2–6, 2011 • LVH—Muhlenberg, Café Lobby

May 9–13, 2011 • LVH—Cedar Crest, Kasych Lobby

May 16–20, 2011 • LVH—17th Street, Café Lobby

Professional Poster Displays

View colleagues' poster presentations from national and regional meetings and conferences.

Week of May 9–13

LVH—Cedar Crest, Kasych Lobby; LVH—Muhlenberg, Educational Conference Center Lobby; LVH—17th Street, outside of cafeteria

Blessing of the Hands Service

For any caregiver to receive spiritual renewal and inspiration.

Tuesday, May 10, 2011

- **7:30 a.m.** LVH—Cedar Crest, Chapel; LVH—Muhlenberg, Chapel; LVH—17th Street, Meditation Room
- **12 p.m.** LVH—Cedar Crest, Chapel; LVH—Muhlenberg, Chapel; LVH—17th Street, Meditation Room

Podium Presentations From National Conferences

Hear presentations offered at professional meetings by your LVHN colleagues.

Tuesday, May 10 • 11 a.m.–2 p.m.

LVH—Muhlenberg, ECC C & D

Thursday, May 12 • 11 a.m.–2 p.m.

LVH—Cedar Crest, Kasych ECC 7

Spotlight on The 2010 Magnet™ Conference

- **11 a.m.** Courtney Vose, M.S.N., R.N., C.E.N. and Beth Kessler, R.N.—B.C. Raising the Bar on Structural Empowerment—Creating a Culture of Lateral Accountability.
- **12 p.m.** Bonnie Wasilowsky, B.S.—H.C.A., C.N.R.N.; Charlotte Buckenmyer, M.S., R.N., C.E.N. and Anne Panik, M.S., B.S.N., R.N., N.E.A.—B.C. Open to the Public: Addressing Opportunities of Trans-Cultural Nursing.
- **1 p.m.** Kim S. Hitchings, M.S.N., R.N., N.E.A.—B.C.; Maryann Lubinensky, R.N., B.C. and Susan O'Neill, R.N., C.C.R.N., A Tip a Minute—50 Action Items to Make Your Shared Governance Model Tip-Top.

Registration via 402-CARE is required. An application for contact hours has been submitted to PSNA. Please call Nicole Hartman at 610-402-1789 for more information regarding contact hours.

Annual Friends of Nursing Medallion Lecture

"Privileged Presence—Personal Stories of Communication in Health Care"

SPEAKER: Beverly Johnson, R.N. DATE: Friday, June 17, 2011

TIME: • 10–11 a.m. Live at LVH—Cedar Crest, Auditorium

Video-conferenced to LVH—Muhlenberg, ECC—B and LVH—17th Street, Auditorium

• **12–1 p.m.** Live at LVH—Muhlenberg, ECC B, C, D

Video-conferenced to LVH—Cedar Crest, Auditorium and LVH—17th Street, Auditorium

Brunch or lunch will be served at all locations for both presentations.

Registration via 402-CARE is required. An application for contact hours has been submitted to PSNA. Please call Nicole Hartman at 610-402-1789 for more information regarding contact hours.

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JOIN US

Thursday, April 28, 2011

Reception: 5 p.m.

Feature presentation: 6:30 p.m.



**“Follow your passion,
and success will
follow you.”**

– Terri Guillemets



Come be inspired by our Voices of Passion.

Please R.S.V.P. by April 22

Call 610-402-CARE