

# Nursing VOICE

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ALLENTOWN PA 18102

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## NURSES CHANGE LIVES

The American Nurses' Association has selected "Nurses Change Lives" as the official theme of National Nurses Week, May 6 through 12.

Nurses change lives every day. Often this means giving of themselves far beyond their normal nursing duties. Frequently it means a nurse who is willing to spend her personal time helping a patient. In all cases, the patient is the beneficiary and that is really what nursing is all about.

One nurse who helped change a life is Nancy Trice, R.N. (6C). Trice cared for Mrs. P, a 39-year-old woman with cancer. Because of her mother's illness, Mrs. P's daughter decided to hold her wedding in the hospital chapel. Trice assisted Mrs. P. to dress in her "mother of the bride" outfit, complete with jewelry, makeup, shoes and stockings. She then accompanied her to the ceremony. Trice helped create a happy moment for Mrs. P and her family.

In bold type are some unsolicited comments from patients whose lives have been changed by caring, competent, compassionate nurses. A brief explanation of the patient and the nursing effort that (please turn to page 7)



### "Can't Thank Them Enough"

*Six months is a long time to be in the hospital, especially with no visitors. Nurses like Fay Ponzol, R.N., Melissa Rentzheimer, R.N., and Karen Brandis, R.N. (6T), made the hospital atmosphere more like home by providing fresh baked goods and crafts for this lonely long-stay patient.*



The Allentown  
Hospital—  
Lehigh Valley  
Hospital Center

A HealthEast Hospital



# Speaking Out

## An open letter to the nursing staff:

Today we present the first issue of the merged TAH—LVHC nursing newsletter. We retain the title of the nursing newsletter previously published at The Allentown Hospital, *Nursing Voice*, but we have updated its masthead and developed objectives that reflect our current attitudes.

For my part, I would like to share with you the goals that I have established for our first year as a merged nursing department. Like *Nursing Voice*, I would like this first year to be spent looking at what we have been and then actively moving toward our united future. It is important that we bring with us all those values and traditions that have served us well and shed those that we should replace with those that provide more value to us.

The merger of nursing, while not the first department to merge, will have tremendous impact on the organization. The size, complexity and close involvement with the central core of the organization's main focus — our patients — will strongly influence the overall success of the merger. As I have visited the nursing areas and listened to our managers in meetings, my sense is that nursing is doing rather well with the merger. That allows movement in three key areas: quality, human resources and new programs.

The movement in the quality area will look beyond monitoring and documentation within the boundaries of a department or unit and toward collaborating across



departmental lines where real improvements can be made.

Over the years, nursing has become very sophisticated in identifying and documenting issues that when addressed make improvements in the care of patients. While I would like to continue to make these improvements, I want us to find more efficient ways to monitor, and especially to document, these items. The time we save should be spent reviewing the "systems" that govern our care of patients, even if they cross department lines. We must talk with the Lab, Pharmacy, X-ray, Admitting and all the other departments that, together with us, serve the patients and identify ways that we can work together "smarter" for increased value and quality for the patient.

In the area of human resources it is important for us to understand the components of the service we provide to patients. With the shortage of nurses, it is important that we have plans in place to ensure that uninterrupted care is provided to patients.

The plan will encompass the typical emphasis on recruitment and retention but focus more on the long term. The strategies in place have been evolving in this direction. We make a very strong investment in

*We are all on the same team...*

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the educational preparation of our staff. Our next steps would be to focus on career development strategies that would increase retention and increase the recruitment of experienced nurses.

Having the right amount of help is key to retaining staff. Efforts to enhance our float pool while decreasing the use of temporary agencies are important to both having "the right amount of help" as well as having the dollars available to ensure we have a top notch nursing staff. Several hospitals have taken the concept of "increasing unit level decision making" to new heights and I hope to begin to explore these concepts with you.

Finally in the area of new programs, we have some big items on the docket. We hope to develop a hospital-wide clinical and master site plan. Our strategic plan for hospital-wide computers is beginning to take shape and will include a large section on clinical computers. Our Friends of Nursing Program will be re-energized. Other programs like safety, opening the new medical-surgical unit at Lehigh Valley Hospital Center site, investigating options for obstetrics, pediatrics, renal and psychiatry at The Allentown Hospital site are all coming together fast.

As we go through this first year of merger, remember one thing - we now are all on the same team!

*Mary Anne K. Keyes*

Mary Anne K. Keyes  
Senior Vice President, Nursing



# Nursing Voice Is YOUR Newsletter

*The Shock-Trauma Unit may make an unusual editor's office, but it feels like "home" to us. We fit here. We are nurses, comfortable among patients. Nursing Voice, however, is new to us. Also new are our roles as co-editors. We see this as a challenge and the perfect opportunity to grow together with the Nursing Voice staff and each of our nurse peers. We want to begin by telling you who we are and by explaining the goals of Nursing Voice.*



Carole Moretz, R.N. (left) and Susan Busits O'Neill, R.N.

**“** Susan — Hi! My name is Susan O'Neill and I am a staff nurse in the Shock/Trauma Unit (LVHC). I am comfortable being a nurse, taking care of critically ill patients. I feel it is exciting to have a newsletter dedicated to nurses.

**Moretz** — My name is Carole Moretz and I am head nurse on 6T (TAH). My job is to try and make things better for nurses and patients. I think all nurses know how to do that. We just do not tell each other how we do it.

**O'Neill** — Exactly. *Nursing Voice* is a communication's tool for all nurses, especially staff nurses. It offers a place to examine the uniqueness of the profession and to talk about interactions between nurse and patient.

**Moretz** — And, it is a vehicle for nurses to talk with each other. *Nursing Voice* can help us identify our professional issues, discover what others are thinking and decide how our ideas "fit." It will give us a sense of both our commonality and our diversity.

**O'Neill** — The newsletter presents an opportunity for nurses to reexperience nursing as almost an avocation, rather than just as a job. It will help display their great variety of skills and enable nurses to share them with others in the community, much like a road map.

**Moretz** — Also, *Nursing Voice* will provide a format for nurses at large, those outside our institution who engage in research or professional dialogue.

**O'Neill** — One of the best aspects of being involved in *Nursing Voice* is working with people from both sites.

**Moretz** — The process of creating a *Nursing Voice* staff has brought together nurses from all levels and all backgrounds. We talk, work and learn together. Each member has great strengths and our similarities are delightful.

**O'Neill** — Let us not forget to mention that we need lots of help with our newsletter? We have a department that highlights practical, creative, clinical ideas. There will be discussion about issues of interest to nurses, a history column, an inter-

view with a notable guest and regular recognition for nursing accomplishments.

**Moretz** — We need topic ideas. We would also welcome contributions from humorists and cartoonists. Artists and poets are also welcome to submit work.

**O'Neill** — I think we are off to a promising start. This first issue focuses on the ANA theme for Nurse's Week — "Nurses Change Lives." We are fortunate to have talented and hard-working nurses on our editorial board.

**Moretz** — I could not agree more! A special thank-you should also be given to Helen Seifert, who graciously shared her newsletter expertise with us.

**O'Neill** — So, please feel free to become a part of *Nursing Voice*. Put your thoughts and opinions on paper and share them with us.

**Moretz** — Send your comments, letters or ideas to Susan Busits O'Neill, R.N., c/o Shock Trauma Unit, LVHC; or Carole Moretz, c/o 6T, TAH.

**”**



# Nurses' Colleagues Strength

In her book *Our Inward Journey*, Karen Ravn wrote:

"I am one of many....  
equal with my brothers and my  
sisters...  
conscious of our common past  
and future....  
encouraged by our common hopes  
and yearnings....  
strengthened by our common  
dedication.  
I feel a quiet comfort  
in our sameness  
as we make our way together...  
each on a separate path,  
yet all in the same direction."

(c.1979 Hallmark Cards, Inc., Used by permission.)

So it is with nurses and their colleagues. Each member of the nursing department must interact in a cooperative manner.

Nurses' colleagues have many different titles. Nursing Assistants (NA) are a part of the staff on medical-surgical and critical care units, in the Obstetrical Department and in the Operating Room. Their basic responsibility is to help nurses in caring for patients. Their duties include feeding, bathing, positioning, weighing, ambulating and transporting patients. They work closely with patients and communicate observations of their needs to nurses. In addition to the direct care they give, NAs stock the unit's supplies. They also run errands and make deliveries.

*Brian Hess, renal transporter, assists Angel Cruz.*

NAs find their roles very satisfying. Denise Geiger, NA, on GICU-E at Lehigh Valley Hospital Center site (LVHC), likes "helping patients and making their hospital



stay easier." Geiger works with critically ill patients. Her presence makes a difference. She remembers comforting a young patient while lab work was drawn.

"Making a patient feel more comfortable and being a good listener" is a rewarding part of Beverly Rauch's job as NA on 4T at The Allentown Hospital site (TAH).

NAs assigned to the Operating Room also help nurses with patient care. Their functions differ from those of NAs on patient care areas. Assistants in the Operating Room transport patients pre- and post-operatively. They shave the patient's operative area before surgery. They get the equipment and supplies that will be needed during the surgical procedure. Just as on the patient care units, they run errands and make deliveries.

The Surgical Technician (ST) functions as a member of the operative team. After assessing the patient's and surgeon's needs, the Operating Room nurse and the ST plan the patient's care. The technician then sets up the sterile field and hands the instruments to the surgeon during the procedure. The technician's knowledge and technical skill contribute to the surgery's success.

"Because of my experience and knowledge, and because I care about my patients, the patient can feel at ease in the OR," observes Linda Widner, ST (LVHC). Suzanne Morris and Donna Bowers function in similar roles as labor and delivery technicians at TAH site.

In addition to performing NA duties, the Emergency Department Technician (EDT) assists orthopedic surgeons in the cast room. The EDT prepares the patient for examina-



# ened By Common Dedication



*Nan Ackerman, L.P.N., Home Health Aide, provides medical care and friendly conversation to Margaret Snyder of Allentown.*

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tion, assembles equipment and supplies, assists in the application of casts, measures patients for crutches and instructs them in crutch walking techniques.

Dianne Huber, EDT (LVHC), works with an ambulance corps and teaches first aid classes of Emergency Medical Technicians and at the Red Cross. Huber became interested in the hospital environment when her son was a trauma patient at LVHC site.

As an EDT, she has time to interact with and comfort patients. Do patients respond to Huber's presence? Absolutely! She recalls one of the many times she was sure her presence helped change a patient's life: "A young girl came into the Emergency Department as a trauma victim with extensive facial lacerations. She was very frightened and would not let the plastic surgeon suture her lacerations unless I stood there to hold her hand and talk to her."

Specially trained aides work on 6T at TAH site as Orthopedic Nurse Assistants (ONA). They perform the functions of NA, but their primary focus is setting up orthopedic equipment, assisting with treatments and preparing patients for physical therapy. Kelly Jordan, ONA, enjoys working with people and seeing the therapy and treatments help the patients improve.

Medical Assistants (MA) on the Short Procedure Unit function in both a clinical and clerical role. In the minor surgery operating room, they take and record the patient's vital signs and assemble trays, instruments and equipment. They also assist the physician during the procedure, apply dressings, assist the patient after the procedure and reinforce the physician's post-operative instructions.

When assigned to the Short Procedure OR or the medical-surgical area, the MA's duties closely resemble the duties of a NA. In the clerical role, the MA is responsible for patient records, computer operation, receptionist duties and supply maintenance.

Belva Jean Jarrett, MA on the Short Procedure Unit (LVHC), enjoys the continuity of patient care that she experiences by attending the patient both pre- and post-operatively. She feels her role is very important because, as an MA, she is the first person the patient interacts with upon arrival at the Short Proce-

dures Unit. Jarrett enjoys her job because she says she is respected for her knowledge and ability by her peers, the nursing staff and the physicians.

As an integral part of the psychiatry department, the Mental Health Technicians (MHT) perform some functions of the NA, but have other important duties. The technicians work closely with the nursing staff and physicians in group therapy sessions.

Patients who leave the hospital on outings are accompanied by a technician. Sharon Repko, R.N., head nurse on 6N, appreciates the "different dimension MHTs bring to patient care."

Home Health Aides (HHA) working for Home Care provide personal care at home to patients who are not yet independent. They fulfill the functions of in-hospital NAs and also may do some household chores including meal preparation.

The HHAs are sometimes the only visitor a lonely person has. Pam Post, HHA, gave all her patients Valentine cards. "When I washed and set my patient's hair this morning, she felt much better," observes Nan Ackerman, HHA. These extra touches are important to both the patients and the aides.

Over the years, caring for patients has become a complex art and science. It requires the cooperative effort of many people. Professional nurses and their colleagues feel a great sense of accomplishment as they work together to help their patients.

*Virginia Kovalovich, R.N., Operating Room, LVHC Site  
Darla Stephens, R.N., Home Care*



# Nursing Faces Change, Conflict

## EDITOR'S NOTE

The following is an interview with Joan Kyes, M.S.N., director of nursing of Western Psychiatric Clinic and assistant professor of psychiatry, University of Pittsburgh School of Medicine. She is a respected nursing leader with expertise in change and conflict resolutions.

### **Q. What is the greatest change in nursing in the last 50 years?**

**A.** Well, I have been in nursing about 35 years. To me, the greatest change is that nurses are moving toward autonomy, toward making independent practice decisions.

Nurses are being licensed for independent practice. They are hanging their own shingles in wellness clinics. In my area, psychiatry, many nurses are engaged in independent practice. I believe this trend, particularly in wellness, will continue to experience significant growth.

### **Q. In what areas have nurses not been successful in making change?**

**A.** Most nurses do not see themselves in a new, independent, autonomous role. In particular, women have not been able to change their relationship to men. They have trouble being a leader to whom men report. We need to help nurses take charge.

### **Q. Do you feel nursing has made a positive image change?**

**A.** I do not think we have reached that goal yet. There are still some differences between the expectations of patients and their families and the nurses' idea of what the job encompasses. Some people still feel that the nurse is almost like a valet or a body servant. Patients faced with high hospitalization costs may feel that they are going to rest and let their nurse do the work rather than help them learn to be independent. Unfortunately, families may also have the same idea.

### **Q. What do you see as the number one expectation of nursing by the consumer population?**

**A.** I think the expectation of nurses by the consumer population

is that if you just get to the hospital, nurses are going to fix you. Patients feel the nurse is there to provide every basic need. I am not sure that is our role. The nurse needs to tell the patient and family what the patient can do. The educational process begins on the first day of the hospital stay.

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*"...Patients feel the nurse is there to provide every basic need. I am not sure that is our role."*

—Joan Kyes, M.S.N.

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### **Q. How will primary nursing need to change in order to integrate hospital business plans and vertical organizational structures and yet be consumer driven and outcome focused?**

**A.** First, nursing must decentralize. Nurses must have independence at the level of operations, which means the unit and patient level. Decentralization is a less vertical direction. Specialization at the operational level allows good problem solving through professional, interpersonal relationships among peers and ancillary groups. If this does not happen, everything comes up the line and only the people at the top are making decisions. I also see that in order for nursing to fit into the organizational plans nurses must know about budgets and reimbursements. Finally, nurses have to help the consumer understand these financial concerns.

### **Q. How do you see nursing practice changing in response to**

### **hospital's costs, reimbursement system and technology?**

**A.** The reimbursement issues are tough. I think nurses have to prepare patients to go home before they are "cured." They care for more patients in outpatient settings, like outpatient surgery and home care. I think nurses are asked to teach patients to care for themselves. Nurses are getting very proficient in managing technology and are moving into very, very narrow areas of specialization. There are ICU nurses, coronary care nurses, nurse anesthetists and oncology nurses. It is difficult to function as a generalist. We are getting very machine oriented and this is what we must guard against.

### **Q. Is case management as a delivery system the answer for nursing?**

**A.** Case management is designed to meet the needs of the changing health care environment, so say the experts. Each case manager may care for 30 patients. The case manager develops a symbiotic relationship with the patient and helps patients coordinate needs with resources, decreasing inpatient care. I don't know if it is going to be affordable or if it is the answer, but it is a new shift in care. Everybody wants to save money. I am not sure that it will.

### **Q. Given the future, will nurses still continue to change lives?**

**A.** Absolutely! We will change lives in the future. In a wellness clinic, nurses might see patients as a primary practice and only make referrals to the physicians. The responsibility of the nurse becomes one of assessment and coordination of specialized health care and services. It will be the nurse who provides the organizational link for the patient because the physician has neither the time or the expertise to do so.

Jane Borbe, R.N., PCU, LVHC Site  
Louise Oswald, R.N., GICU-E,  
LVHC Site



# Nurses Change Lives

(from page 1)

inspired the comments is listed under each patient comment.



## "EXCEPTIONAL CARE, CONCERN"

Holidays have a special meaning for families. Last summer it was clear a terminal patient of Ginnie Henry, R.N. (6T), would not survive to spend Christmas with his family. His son told Henry about his sadness that the family would not share any more holidays. Henry arranged for them to have one more Christmas together — in July.

## "THANK YOU FROM THE BOTTOM OF MY HEART"

Another exceptional nurse is Monica Geist, R.N. (7C). Geist came in on her day off to help celebrate a patient's birthday. She even cooked his dinner request of fried oysters!

## "A CREDIT TO THE PROFESSION"

Ellen Fairchild, R.N., makes a tremendous difference to the well child care in the clinics. Mothers know she is always available to listen, to examine the children and to provide excellent care. Fairchild has helped increase the number of children's visits to the clinic.

## "BEYOND THE LINE OF DUTY"

As nurses, we are involved in the most acute phase of the healing process. Lost to us is the patient who requires long-term care. Minnie was such a patient. No longer in the acute phase of her illness, she was still dependent on the ventilator. Time, we thought was all she needed to recover. Mary Lonaway, R.N., realized she needed more. Lonaway set Minnie's hair in curlers. She encouraged her to use makeup. With these changes and the GICU staff's response to them,



**"PROFESSIONAL ... FRIENDLY ..."** *Albert is a quadriplegic. Jane Dilliard, R.N., and Kathleen Lucke, R.N. (CNS), helped Albert enjoy several outings. They took him Christmas shopping in the Tree Top Shop. They also planned an excursion to a friend's house on Superbowl Sunday.*

Minnie began to feel more like herself.

## "NURSES COULD NOT BE BETTER"

Mrs. S. came to 6T with a tracheostomy. She was unresponsive and unable to move her left side. The initial recommendation was for long-term care. Judy Berrier, R.N., Laura Uding, R.N., Joan Boyle, R.N., Sharon Kistler, R.N. and Mrs. S's family encouraged and prodded Mrs. S. They insisted on aggressive therapy. A year has passed. Mrs. S. returns to visit 6T and enjoys the shopping malls with equal vigor. She enjoys good health.

## "JUST WANTED TO TELL YOU, YOUR CARING MEANT SO MUCH"

Lynne Clifton, R.N. (6A), gave special care to an elderly patient named Bill who had suffered a myocardial infarction and dementia. Bill had no family. Each day Clifton supplied tender loving care. Clifton discovered Bill enjoyed children. She brought her son and daughter to visit. Bill was eventually transferred to Cedarbrook. Clifton and her children continue to visit him. Each visit brings a smile to his face.

## "THANKS FOR CARING"

As the Christmas holidays approached, a lonely patient on 5B awaited nursing home placement. Her only relative was ill and unable to visit. A group of nurses contributed money, then arranged for her to have a new permanent. Later, they brought her Christmas gifts. In January, she was discharged with a card to wish her well in her "new home." The 5B unit had become her "old home."

## "TOUCHED BY HER EMPATHY"

Ventilators are scary for patients and nurses not familiar with them. Susan Steidel, R.N., helped relocate her patient on a ventilator from STU to a medical-surgical unit. She also kept him safely ventilated while he joined his family at a funeral. Steidel has helped to give him the beginning of a recovery.

Nurses change lives everyday. *Nursing Voices* salutes each nurse mentioned and the hundreds of unmentioned nurses, each with special stories still unwritten.

Anne Brown, R.N.  
Recovery Room, TAH Site



## CERTIFICATIONS

Sandy Schmeidel (BC) — CCRN  
 Mary Ellen Nangle (BC) — CCRN  
 Kindy Grater (BC) — CCRN  
 Lori Ann Roeder (BC) — CCRN  
 Mary Steber (GI Lab) — Gastroenterology Clinician  
 Judy Iobst (Helwig Diabetes Center) — Diabetes Educator  
 Ann Brown (RR) — Post Anesthesia Nurse  
 Maura Reinert (RR) — Post Anesthesia Nurse  
 Jeanine DeLucca (6A) — Medical Surgical Nurse  
 Debra Stroh (7B) — Medical Surgical Nurse  
 Michele Benecker (NICU) — Low Risk Neonatal Nurse  
 Kathy Rosenberger (STU) — CCRN  
 Donna Rose (OR) — CNOR  
 Mary Crawford (OR) — CNOR  
 Lisa Durishin (OR) — CNOR  
 Paula Ingoldsby (OR) — CNOR  
 Diane Fink (OR) — CNOR  
 M. Kathleen O'Neill (OR) — CNOR  
 Joanne Porter (OR) — CNOR  
 Robin Kostolsky (STU) — CCRN

## PRESENTATIONS

Ellie Franges (CNS), papers: "Intensive Care of Subarachnoid Hemorrhage," "Missile Injuries of the Brain," "Management of Resulting Open Cerebral Trauma"  
 Valerie Salvati (CNS), poster presentation: "Cerebral Aneurysms: Clinical Presentation and Implementations for Nursing"  
 Debra Marie Bubba (Nursing Admin.), papers: "Learning from Experience: How to Best Develop and Implement a Clinical Level Advancement System," "Clinical Level Advancement," and poster: "How to Plan and Develop a Clinical Level Advancement System"  
 Kim S. Hitchings (NEPE&R), posters: "Nursing Education Tuition Assistance Program," "Competency Based Education," and workshop: "Developing and Utilizing Preceptors"

Janice E. Stahler (NEPE&R), workshop: "Can You Read? Educating Those With Low Literacy"

Nancy Stott (NEPE&R), poster presentation: "Tuberculosis Meningitis: A Nursing Perspective"

Joanne F. McLaughlin (Burn Foundation, NEPE&R), paper: "Fire and Burn Safety Education for the Elderly in Philadelphia"

Diane Carpenter (NEPE&R), presentation: "Advanced EKG Interpretation"

Mary Ellen Nangle (BC) and Carol Knowlton (BC), papers: "Use of Burn Facilities for Non-Burn Patients" and "Utilization and Educational Preparation of Supplemental Nursing Staff"

Deborah Boorse (STU), presentation: "Multi-System Organ Failure"

Chris Wargo (STU), poster: "Reading EEGs"

## RESEARCH

Kathleen Lucke (NEPE&R), Rita Heintz (CNS) and Carol Fox (CNS) "Effects of Hyperinflation and Hyperoxygenation Associated With Endotracheal Suction in Adult Head Injured Patients." In progress.

Margie Lavin (CNS), "Brain Stem Evoked Potentials in Subarachnoid Hemorrhage." In progress.

Terry Capuano (Nursing Admin.), Kim S. Hitchings (NEPE&R), and Karen Schaffer (NEPE&R), "Respiratory Nursing Diagnosis: Nurse's Ability to Select Their Defining Characteristics." Complete.

## PROFESSIONAL ACTIVITIES

JoAnn Hares, RN (OR), is a member of the Legislative Committee at the national level for the Association of Operating Room Nurses.

Anne Fatzinger, RN (OR), is president of the Mideastern Pennsylvania Chapter of AORN and was a delegate to the Sixth Annual AORN Conference. Mary Crawford, R.N. (OR), was an alternate delegate at the same conference.

JoAnne McLaughlin, R.N. (Burn Foundation and NEPE&R) is serving as a member of the Prevention Committee, American Burn Association for a three-year term

Linda Williams, R.N. (CNS), is an instructor on a bi-annual basis for the Advanced Trauma Life Support Class.

Diane Limoge, R.N. (CNS), has been elected treasurer for the local chapter of AACN. Bernie McAloose, R.N. (GI Lab) is serving a two-year appointment to the Board of Directors and is chairperson of the Standards of Practice Committee for the Society of Gastroenterology Nurses. Nancy O'Connor, R.N. (Financial Services) was elected first vice president, PNA District 2. Debbie Adomshick, R.N. (SSU) is the president of Allentown College Nursing Society.

Carolyn Peters, R.N. (NEPE&R) was inducted as a community leader into Sigma Theta Tau, Theta Rho Chapter in November 1988.

*Nursing Voice* is published quarterly by the Department of Nursing, The Allentown Hospital—Lehigh Valley Hospital Center. For additional information call 778-7915.

Mary Anne K. Keyes, R.N., senior vice president, Nursing  
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 Susan Schantz — Editorial Manager  
 Denise Yodis — Production Coordinator

### Editorial Board

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