

FALL  
2013

# Magnet ATTRACTIONS



**WE  
WON**  
THE  
MAGNET  
PRIZE

PAGE 8

Presented to  
Lehigh Valley Health Network

TRANSFORMING PATIENT  
CARE THROUGH TELEHEALTH

ANCC  
AMERICAN NURSE CREDENTIALING CENTER

The  
2013 Magnet Prize



**Anne Panik, MS, BSN, RN, NEA-BC**  
Senior Vice President, Patient Care Services

**'OUR MAGNET STORY ALWAYS  
TRANSFORMS THANKS TO**

your  
great  
work.'



#### **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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# Continuing Our Award-Winning Transformation

**“And this year, the Magnet Prize® is awarded to...from Allentown, Pa... Lehigh Valley Health Network.”** When those words rang out at the American Nurse Credentialing Center’s National Magnet Conference in Orlando amid a shower of balloons, confetti and applause, I was energized, amazed and humbled. Winning this prize is an outstanding achievement for all of you – my colleagues in patient care services who lead the way every day in providing outstanding and transformative health care.

While the Magnet Prize marked a high point in our 10-year journey as a Magnet organization, the fact is that our Magnet story never ends. The Magnet Prize symbolizes telehealth innovations that transformed our work environment. We are extremely proud of this – and we’re also proud of the other ways clinicians at LVHN are transforming both our work environment and patient care through various innovations. Our Magnet story always transforms thanks to your great work, and this issue of Magnet Attractions spotlights these transformations.

In addition to learning more about telehealth, you’ll also see how peri-anesthesia nurses at Lehigh Valley Hospital–Cedar Crest embraced huge change – including caring for children after years of caring for adults. They used education, lean methodology and other tools to completely transform care for pediatric ambulatory surgery patients.

You’ll read about nurses on 7K Orthopedics, who used the move to a new unit as a springboard to change a longstanding practice. They worked together with physical therapy colleagues to effectively reduce length of stay following total joint replacement surgery.

You’ll meet Janelle Sharma, CRNP, who led a seven-month pilot that effectively reduced hospital admissions for patients with diabetes. You’ll meet heart care nurses Celeste Dutko, RN, and Karen Jones, RN, who, supported by a Project LeaRN grant, traveled to Texas to learn about a new heart procedure that can transform people’s lives. You’ll learn how Vita Basile, RN, takes on a transformative new role – care manager – inside a physician practice. And you’ll discover what makes NICU nurse Jane Nemeth, RN, feel like an Emmy® award winner.

Even this issue of Magnet Attractions is transformative – it’s our first all-digital issue. This will allow you to comment on stories and even view videos of your colleagues from our Magnet Prize® presentation. I hope you enjoy them, and that you keep transforming care as together we continue our Magnet journey.

## EP16

Magnet™ hospitals promote interdisciplinary collaboration across multiple settings to ensure the continuum of care. New roles such as an LVPG care manager show such collaboration in an outpatient setting.

Vita Basile, RN,  
helps prevent hospital readmissions.

A DAY IN THE LIFE OF AN

# LVPG Care Manager

**It's not uncommon for Vita Basile, RN, to have a phone conversation with someone on the verge of tears.** Her goal is to make the person feel calm and confident before the call ends. "I talk to people who have a lot on their mind," she says. "I want them to know I truly care."

As an LVPG care manager at Muhlenberg Primary Care on Schoenersville Road in Bethlehem, Basile spends her day on the phone with patients of the practice who were discharged from the hospital within the last 48 hours. Her patients have multiple or complex medical conditions such as diabetes, heart failure, chronic obstructive pulmonary disease, asthma and others.

Basile serves as the liaison between patients and their primary care physician, nurse practitioner, specialist, case manager or home care provider. "It's my job to make sure patients stay well enough at home to avoid readmission to the hospital," says Basile, who worked two

years as a staff nurse in the practice before becoming care manager in 2011.

Basile helps prevent readmissions in a number of ways. She reviews discharge instructions to help patients understand and follow them. She answers patients' questions and contacts the appropriate provider if she needs more information. She ensures patients are taking medication as directed and helps them find options if they cannot afford prescriptions. Patients with diabetes report their blood sugar levels to Basile weekly, which she records and shares with providers via electronic medical record.

Educating patients how to manage their condition with lifestyle modifications is a fundamental part of her job. "I teach people what's causing their problem, help them set goals and motivate them to achieve their goals," says Basile, who occasionally does face-to-face diabetes education during a patient's office visit.

The number of patients Basile helps per day varies. On Mondays, her call list may include as many as 25 patients discharged over the weekend. The length of each phone call also varies and can last up to 45 minutes for patients with complex problems.

When no one answers the phone, Basile mails a letter to the patient's home or calls a family member listed on the patient's HIPAA form. "Patients often stay with someone after they're discharged, which can make it hard to track them down," Basile says. More than 90 percent of the time, she talks to every patient on her list within 48 hours – a 20 percent increase since 2012.

"I enjoy being a care manager because I'm making a difference in people's lives," Basile says. "Many people have no one to check on them. My phone call is their only contact with someone. It's rewarding to calm patients' fears and help them realize we're here for them."



## ‘The Emmy® of Nursing’

JANE NEMETH RECEIVES PA  
NIGHTINGALE 2013 PATIENT  
CHOICE AWARD

When your child is in the neonatal intensive care unit (NICU) you live in uncertainty. “You care for newborns who need special attention, and you help families deal with their emotions,” say NICU nurse Jane Nemeth, MSN, RN, recipient of the 2013 Patient Choice award presented by the Nightingale Awards of Pennsylvania.

Erin Marinchak, mother of Liam who was born eight weeks early, nominated Nemeth for the honor. Marinchak, a critical care nurse at another hospital, felt that Nemeth provided care beyond what she and her husband expected, and helped Liam through 11 roller-coaster weeks in the NICU. In the application letter she wrote:

“I cannot stress enough how much we loved many of the NICU staff, and I know there were nurses on other shifts that we never met who took excellent care of our son. But I knew Liam was cared for exactly the way that I would care for him when Jane was at his side. Today I can close my eyes and still hear her talking to him.”

“I was overjoyed,” Nemeth says. “To win this is like getting the Emmy® of nursing!”

Today, Liam is a healthy, active 3-year old. “We still keep in touch with our favorite nurse,” Marinchak writes. “Her care meant the world to us, and we will never forget her.”

Nemeth received her award at the Nightingale Awards Gala held in Camp Hill.

## Transforming Pediatric Ambulatory Surgical Care

CHANGES REDUCE LENGTH OF STAY  
IN A CHILD-FRIENDLY SETTING

**Just as Lehigh Valley Health Network introduced Children’s Hospital at Lehigh Valley Hospital last year,** clinicians began rethinking the longstanding process for pediatric ambulatory surgery patients. Specifically, the team addressed how to reduce length of stay and create a more child-friendly setting at Lehigh Valley Hospital–Cedar Crest.

A study of the process showed room for improvement. Initially, children would be admitted to the pediatric inpatient unit on the fourth floor of the hospital’s Pool Pavilion. Prior to surgery, a child would then be transferred to a perioperative holding room in the second floor of the Anderson wing. After surgery and recovery, a child would then return to the pediatric inpatient unit. The timeline for the entire process was seven hours.

“Our goal was to offer specialized, more streamlined care for children, which was hard to do because of the logistics of the hospital,” says Cheryl Barr, RN, perioperative services.

The first step in the transformation: forming a multidisciplinary team. Clinicians from pediatrics, anesthesia and peri-anesthesia (a group that includes surgical

## EP33EO

Magnet™ hospitals reallocate resources to improve the quality of nursing care. In pediatric surgery, peri-anesthesia nurses took on new roles – including caring for children – that helped reduce length of stay.



### SSU nurses like Linda Silverberg, RN,

have made pediatric surgery care more child-friendly

for patients like Steven Nunez of Schnecksville.

staging unit [SSU] and post-anesthesia care unit [PACU] colleagues) began combing over every inch of the current process. They also learned more about the needs of pediatric patients.

To create a better process, a team of eight SSU nurses volunteered to begin caring for pediatric patients (previously that unit cared only for adults). Five nurses in PACU, which had already been caring for children, took the same education the SSU nurses received as a refresher. All 13 nurses obtained certification in pediatric advanced life support, studied pediatric development, learned how to use equipment designed specifically for pediatric patients, and attended an in-service about LVHN's child-life program, which helps make children more comfortable in the hospital.

"I've been so used to caring for adults, and there's quite a difference handling the needs of a 6-month-old for a mom like

me whose baby is now 35," says SSU nurse Janice Magliane, RN. "Yet caring for children is a natural fit for our unit, and it's made a difference in continuity of care."

As SSU and PACU nurses learned more about caring for children, other team members began looking at the physical space inside the hospital. To make it more child- and family-friendly, the team identified two rooms in SSU and two rooms in PACU – adjacent to each other – where children could receive care separate from the adult population. Inside the rooms, children see stars painted on the walls and ceilings, and can use an iPad to play games. Plus, volunteer services put together bags with age-appropriate games and toys that are given to pediatric ambulatory surgery patients.

"I was inspired by my own children," says PACU nurse Joshua Kern, RN, who volunteered to help plan the

child-friendly rooms. "I've dealt with health care as a parent, and I know the importance of making a child comfortable in this setting."

With both the education and the room renovations complete, the transformation has taken hold. Now pediatric ambulatory surgery patients are admitted and discharged from the SSU. This means no more transfers from the Anderson wing to the Pool Pavilion, and more interaction with the surgical team to facilitate discharge to home. The entire timeline has decreased from seven hours to five hours. And best of all, children now stay with the same nurse from admission to discharge.

"That gives us more time to build a rapport with the children and their families, making it easier for them," says SSU nurse Linda Silverberg, RN. "At the end of the day we're dedicated to making surgery easier for children and their parents. This new process has done just that."

# Transforming Care for Cancer Patients With Diabetes

DIABETES ONCOLOGY  
PROGRAM INCREASES  
SATISFACTION, REDUCES  
HOSPITAL ADMISSIONS

NEW KNOWLEDGE,  
INNOVATIONS & IMPROVEMENTS

## NK7

Magnet™ hospitals translate new knowledge into nursing practice. That's what oncology and diabetes clinicians did when Janelle Sharma, DNP, CRNP, turned her evidence-based doctoral thesis into practice changes for patients with diabetes.

**As a nurse practitioner with Lehigh Valley Physician Practice, Janelle Sharma, DNP, CRNP (below), knows many cancer patients with diabetes suffer extreme fluctuations in their blood glucose levels.** “Some patients experience blood glucose levels in excess of 400, often leading to a trip to the emergency department,” she says.

The problem stems from the use of steroids to prevent side effects caused by cancer treatment. “Steroids alter blood sugar and elevate the level,” she says. “Unfortunately it’s a side effect patients aren’t always prepared for.”

To bridge the information gap between cancer patients with diabetes and their caregivers, Sharma, along with colleagues in oncology and Helwig Health and Diabetes Center, developed an evidence-based study for her doctoral thesis called the Diabetes Oncology Program (DOP). “This integrated care delivery model enhances communication between primary care physicians and oncologists, while

helping the patient manage the risk for blood sugar fluctuations,” Sharma says.

Under the umbrella of the DOP, patients meet privately with a certified diabetes educator from Helwig. “This one-to two-hour educational session helps the patient understand blood glucose monitoring, meal planning and the effects new medications can have on glucose levels,” Sharma says. “All this information helps the patient develop an action plan to self-manage hypo- or hyperglycemia.”

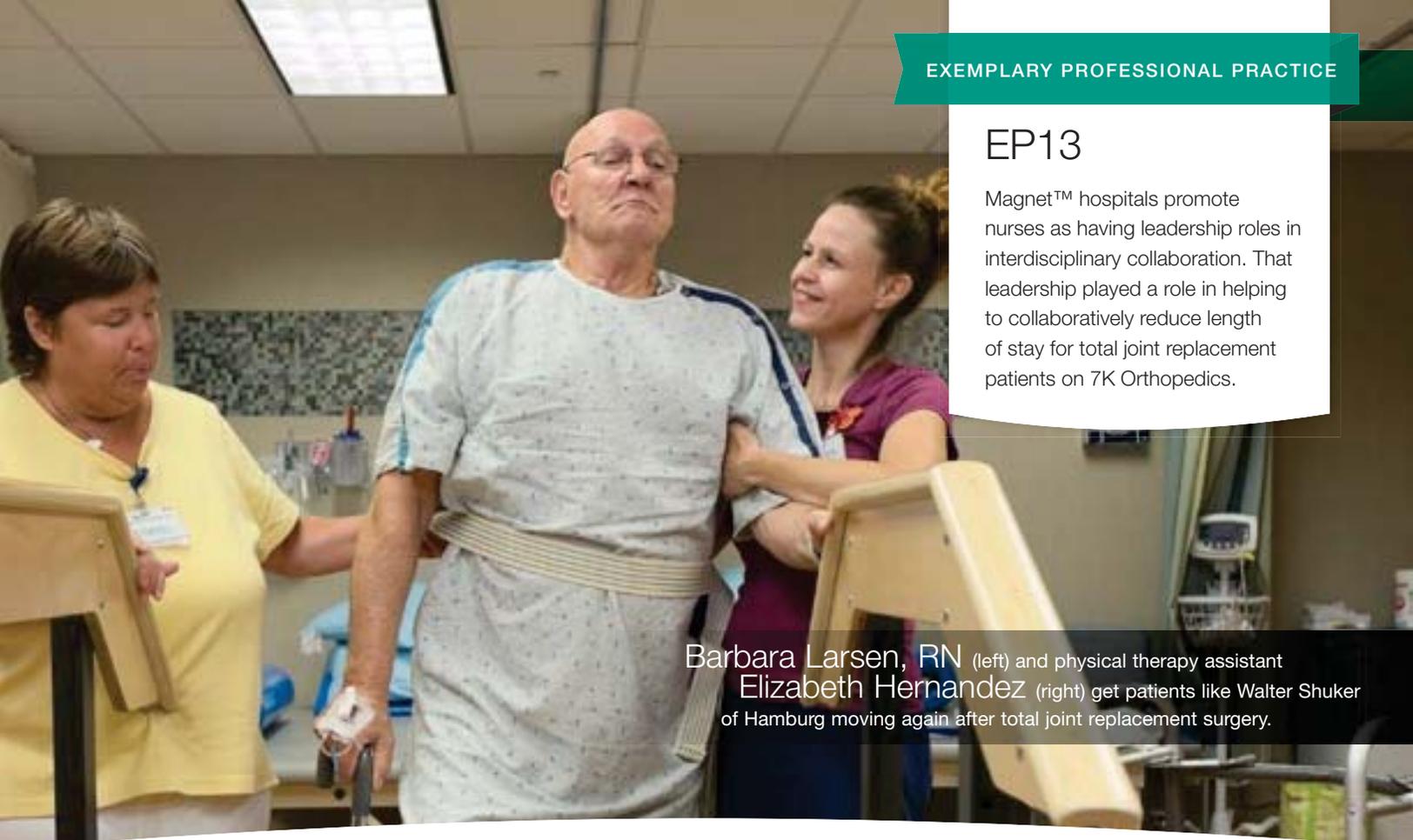
At the end of the nine-month pilot program, patients in the DOP experienced fewer emergency department and hospital admissions, and had a higher sense of satisfaction with their diabetes treatment.

“This study heightened the awareness of the primary care doctors and the specialists about this problem,” Sharma says. “We’re continuing to implement DOP and would like to expand this program to improve care for other cancer patients with diabetes.”



## EP13

Magnet™ hospitals promote nurses as having leadership roles in interdisciplinary collaboration. That leadership played a role in helping to collaboratively reduce length of stay for total joint replacement patients on 7K Orthopedics.



Barbara Larsen, RN (left) and physical therapy assistant Elizabeth Hernandez (right) get patients like Walter Shuker of Hamburg moving again after total joint replacement surgery.

## Transforming Orthopedic Care

### A NEW UNIT AND NEW PROCESSES REDUCE LENGTH OF STAY FOR TOTAL JOINT REPLACEMENT PATIENTS

**In May, the new 7K Orthopedics unit celebrated its grand opening inside the Kasych Family Pavilion at Lehigh Valley Hospital–Cedar Crest.** Yet the opening marked far more than a move from 5C in the Pool Pavilion to Kasych. Instead, it marked a transformation in the way clinicians care for total joint replacement patients.

“Traditionally, we didn’t start ambulating a total joint replacement patient until after an evaluation from a physical therapist,” says Barbara Larsen, BSN, RN, ONC on 7K. Sometimes that meant patients waited longer than they needed to, especially on the old 5C unit that cared for a variety of postoperative patients.

So prior to the move to 7K, clinicians and physical therapists (PTs) began discussing potential process changes. The

more they talked, the more the nurses and PTs realized their goals were the same – to safely ambulate patients post-surgery and to reduce length of stay. “So we formalized a new process, Larsen says. “Nurses and technical partners get post-operative total joint replacement patients out of bed by 11 a.m. the day after surgery.”

“We wholeheartedly approve of nurses ambulating patients as soon as it’s medically safe, whether or not a physical therapist has given an evaluation,” says Kathleen Baker, director of inpatient rehabilitation services. “It helps to get patients moving faster and allows physical therapists to focus on a patient’s individual rehabilitation needs.” Therapists and clinicians now also huddle each morning with patients to review a patient’s care plan.

The new process has transformed care, reducing length-of-stay from 4.0 days to 2.8 days since January.

Also helping to transform patient care is the larger space on 7K. It includes 30 private patient rooms compared to the 16 semi-private rooms on 5C. The physical therapy gym on 7K is twice the size of the prior facility. “There’s so much more room for everything,” says physical therapist Megan Howard. “The rooms are gorgeous, with all the latest amenities.”

The 7K gym includes a car simulator and a bathtub to help post-surgery patients rehabilitate, along with a cold-compression therapy machine that helps reduce postoperative joint swelling and pain.

“The new space and new processes are great for patients and for our entire team,” Larsen says. “They enhance the quality and convenience of the care we deliver.”



# SIMPLY THE Best

THE ROLE OF NURSES IN OUR TELEHEALTH PROGRAMS EARNS US THE PRESTIGIOUS **MAGNET PRIZE®**



## NK9EO

Magnet™ hospitals improve practice due to nurse involvement in technology. Our nurses' role in telehealth programs achieved national Magnet Prize™ status.

**Imagine more than 7,000 nurses and health professionals from throughout the world cheering for you and your colleagues.** Well imagine no more – those cheers were for us at the American Nurses Credentialing Center (ANCC) National Magnet Conference® in Orlando, Fla., where Lehigh Valley Health Network was awarded the 2013 Magnet Prize®.

“This award confirms something I have known all along,” said chief operating officer Terry Capuano, MBA, MSN, RN, FACHE, speaking to the Magnet audience in Orlando, “That my colleagues back home in Pennsylvania provide outstanding and transformative health care each and every day to people throughout our region. My heart is bursting with joy. Thank you for this honor – we truly appreciate it.”

This national award, sponsored by Cerner (an international health care information technology provider), recognizes innovative nursing programs and practices and is given to a single hospital among all ANCC Magnet-designated organizations. The winning award application, submitted by LVHN’s Center for Professional Excellence, detailed the impact professional nurses make in our telehealth services program.

“The LVHN telehealth programs reveal how essential nurses are in leading, developing and improving upon the use of new technologies to ensure the best in patient care,” says ANCC executive director Karen Drenkard, PhD. “These telehealth programs are powerful

models to be implemented nationally and globally as a transformative new care delivery system.”

“Having LVHN recognized by the ANCC as the Magnet Prize recipient is an honor we share with all of our nurses and colleagues,” says Anne Panik, MS, BSN, RN, NEA-BC, senior vice president for patient care services and chief nursing officer. “We all can feel proud of this accomplishment and feel energized to lead the way to the next level of patient care.”

At the ANCC National Magnet Conference, Capuano, Panik and vice presi-

dent for telehealth services Joe Tracy, MS, BA, presented a multimedia program. As part of the presentation, videos featuring several colleagues were shown to help tell our telehealth story.



### Dr. Swinfard’s telehealth experience

Telehealth as a health care service model has long been championed by our president and chief executive officer, Ron Swinfard, MD. His experience with telemedicine as a dermatologist in Missouri helped shape his perspective about the power and potential of this interactive medium.



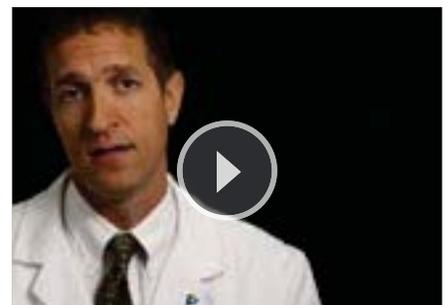
### BabyCam keeps families connected

BabyCam is an amazing service that offers the most comforting image worried parents could ask for – a live video image of their baby in our neonatal intensive care unit (NICU). Jane Nemeth, RN, and a family talk about the impact of the BabyCam service.



### Nurses play an integral role

From the beginning, we relied on the experience of nurses to bring interactive telehealth technologies to the bedside and exam room. Lori Yesenofski, RN, and Sharon Kromer, RN, discuss their role as clinical coordinators for telehealth.



### Benefits of an AICU

Among our most studied and talked about telehealth service is the advanced intensive care unit (AICU). Intensivist Matt McCambridge, MD, explains some of the processes that make the AICU work and the outcomes achieved from this level of care.

### WATCH VIDEOS

See the rest of the videos shown at the ANCC National Magnet Conference on our telehealth services web page.

Feel the excitement of the Magnet Prize moment on the ANCC’s YouTube page.

## SE4

Magnet™ hospitals set goals and support professional development. The establishment of a Project LeaRN grant helps nurses receive education in new procedures, such as LVAD, that transform care.

# Go Forth and LeaRN

ANDERSON TRUST GRANT ALLOWS STAFF NURSES TO TRAVEL AND OBSERVE BEST PRACTICES



**Karen Jones, RN**  
Open-heart unit (OHU)



**Celeste Dutko, RN**  
Transitional open-heart unit (TOHU)

**Several years ago, Kim Hitchings, RN, overheard the oncology care team discussing how to collate and reference chemotherapy practice guidelines.** Hitchings, manager of Lehigh Valley Health Network's (LVHN) Center for Professional Excellence, asked the group, "What do other hospitals do?" No one knew. Hitchings realized it would be extremely worthwhile if the unit's staff nurses could visit a peer hospital to find out.

"That simple question led to a dream," Hitchings says. "I wanted LVHN to have funding and a structure in place so more staff nurses could travel and have onsite educational experiences."

With help from Marcie Walker, a grant writer in development, Hitchings turned that dream into reality. Walker's proposal to the Anne and Carl Anderson Trust resulted in a two-year, \$49,000 grant to establish Project LeaRN. "Marcie even came up with the creative name," Hitchings says.

The pilot project's full formal name, as it appeared on the grant proposal, sums up its goal. "Project LeaRN: Engaging Registered Nurses in Scholarly Visiting Clinical Practice Experiences to Promote Professional Excellence and Improve the Quality of Patient Care."

Once funding was secured, project processes were established. The first step is identifying an appropriate clinical unit

or program. Trip goals must be aligned with LVHN and patient care services goals. Two staff nurses in the chosen specialty area then visit a national center of excellence to observe care and question their peers. Upon return, they report their findings to nursing leadership. The final, ongoing step is educating colleagues and leading change at LVHN.

"Each trip is an opportunity for staff nurses to raise their level of knowledge and responsibility," Hitchings says. "This stimulates new ideas that ultimately help our patients."

Celeste Dutko, RN, of the transitional open-heart unit (TOHU), and Karen Jones, RN, of the open heart unit (OHU), took the project's first trip this past February. They traveled to the Texas Heart Institute in Houston to learn more about left ventricle assistive device (LVAD) implementation, a life-prolonging procedure for people with class IV (end stage) heart failure.

LVHN's LVAD program is in its infancy, having implanted two patients so far. Cardiothoracic surgeon Timothy Misselbeck, MD, trained at the institute and felt it would be a chance to learn from one of the nation's leading LVAD programs. Dutko and Jones immediately saw why.

"Their level of knowledge and experience was incredible," Dutko says. "It gives us something to strive for."

## NEXT STEP

Contact Kim Hitchings at **610-402-1704** to learn more about project criteria or to discuss a potential educational need and associated practice change.

“Quiet Please. Healing in Progress” at the Academy of Medical-Surgical Nurses Annual Conference in Nashville, Tenn., in September 2013.  
*Maryann Fye, MSN, RN, CMSRN*

“Translating Evidence to the Bedside: Recognizing Delirium” at the Academy of Medical-Surgical Nurses Annual Conference in Nashville, Tenn., in September 2013.  
*Laura Stubits, BSN, RN*

“Empowering Staff Nurses to Decrease Patient Observation Hours” at the Academy of Medical-Surgical Nurses Annual Conference, Nashville, Tenn., in September 2013.  
*Lisa Lehr, RN*

#### ORAL PRESENTATIONS

“A Time to Get Ahead of the Workload (CHURN)” at the Academy of Medical-Surgical Nurses Annual Conference in Nashville, Tenn., in September 2013.  
*Todd Burgert, RN*  
*Carolyn Davidson, PhD, RN, CCRN, APRN, CPHQ*

“Developing a Professional Nursing Portfolio: A Snapshot of Your Career” at the National Nursing Staff Development Organization, Greater Lehigh Valley Chapter, Allentown, Pa, in September 2013.  
*Patricia Hoak, MSN, RN*

“ROADMAP: Setting the Course for Patient and Family Involvement in Their Plan of Care” at the American Nurses Credentialing Center National Magnet Conference® in Orlando, Fla., in October 2013.  
*Kristina Holleran, BSN, RN, CMSRN*  
*Alyssa Bruchko, BSN, RN, CMSRN*  
*Anne Panik, MS, BSN, RN, NEA-BC*

#### AWARDS

Association for Nursing Professional Development (ANPD) National Convention in Dallas in July 2013

2013 ANPD Change Agent/Team Member Practice Award  
*Leah Heather Rizzo, MSN, RN-BC*

American Nurses Credentialing Center (ANCC) National Magnet Conference® in Orlando, Fla., in October 2013

2013 Magnet Prize® “Transforming Patient Care Through Telehealth”  
*Lehigh Valley Health Network*

#### PUBLICATIONS

“Pilot testing of the function care intervention on an acute care trauma unit,” *Geriatric Nursing*, 34 (3), pp 241-246.  
*Tammy Burket, MS, RN, ACNS-BC, GCNS-BC, CCRN*

#### PUBLICATIONS IN WHICH LVHN COLLEAGUES ARE INTERVIEWED AND QUOTED

“‘Most Wired’ Hospitals Transforming Nursing and Patient Care,” *NurseZone.com* in August 2013  
*Jan Wilson, MS, RN, CPHIMS, Manager, Nursing Informatics*

#### POSTER PRESENTATIONS

“Rallying the Team to Improve Glycemic Control in the Acute Care Setting: Mission Possible” at the American Association of Diabetes Educators Annual Meeting and Exhibit in Philadelphia in August 2013.  
*Joyce Najarian, MSN, RN, CDE*  
*Ann Flickinger, MS, RD, LDN*  
*Marie Claude-Gutekunst MSN, RN, PCCN*  
*Brian D. Spadt*

“Taking Family Centered Care to a Whole New Level: BabyCam” at the National Association of Neonatal Nurses Annual Conference in Las Vegas in September 2013.  
*Cathy Bailey, MS, RN, CRNP*

“Forging a NICHE to Strengthen the Inpatient Geriatric Service Line, Lessons from the Field” at the Spiraling Upward Professional Nursing Learning Collaborative in Gettysburg, Pa., in September 2013.  
*Patricia Hoak, MSN, RN*

“Just Do It: A Just Culture to Move from Blame to True Remediation” at the Academy of Medical-Surgical Nurses Annual Conference, in Nashville, Tenn., in September 2013.  
*Nicole M. Wiswesser, BSN, RN, CMSRN*

“Making It Happen – A Model to Bring Evidence-Based Medical-Surgical Practice to Life” at the Academy of Medical-Surgical Nurses Annual Conference in Nashville, Tenn., in September 2013.  
*Amy Keesler, RN*

Dutko and Jones spent three days at the institute. Their objectives included:

- observe the nursing and inter-professional care of LVAD patients;
- gather knowledge about ongoing program development; and
- identify a mentor who could provide future guidance.

They also brought a list of 20 key questions. The pair returned home armed with helpful information, materials and memories.

“It was a great experience,” Jones says. “Now we know how to grow our program. We may not be able to do all of it at once, but we can start putting the steps in place.”

Jones and Dutko presented their findings to LVHN nursing leadership in July. They continue to share their knowledge during 30-minute LVAD educational sessions for OHU and TOHU staff every six weeks. “Everyone realizes we have a lot to learn,” Jones says. “It’s a little overwhelming, but we’re excited to dive in.”

The project’s second site visit took place in April. Kimberly Bult, RN, and Kara Beth Herman, RN, visited Maricopa Medical Center in Phoenix to observe pediatric burn care. There are grant funds available for an additional five trips through June 2014.

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A PASSION FOR BETTER MEDICINE



**It's been nearly four years since our last Magnet® redesignation.** In that time we've continued to grow in our profession as nurses, managers, thought leaders, and let's not forget, Magnet Prize® recipients.

In 2010 when we prepared for LVHN's third Magnet submission, our Professional Excellence Council selected Magnet<sup>3</sup> as our theme. The Magnet<sup>3</sup> image and phrase played a big role in the reapplication process and were used in



LVHN publications and all Magnet redesignation materials.

**Name that redesignation**

As we begin the evidence-gathering phase for our fourth Magnet designation, we invite you to suggest a theme. If your theme is chosen by the Professional Excellence Council, you will receive a **\$50 Sodexo gift card** for use in any LVHN cafeteria.

**How to enter**

Email your redesignation slogan and theme ideas to Patricia Hoak,

MSN, RN, in the Center for Professional Excellence (**Patricia\_L.Hoak@lvhn.org**).

Be sure to include your name, department and telephone number in your submission. Entries must be received by Tuesday, Dec. 3, 2013.

Thank you for all you do to make Lehigh Valley Health Network a Magnet-worthy organization.

