





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

WE'RE SETTING OUR  
SIGHTS ON NURSING IN

2020



#### 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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# Shaping Our Future

**“This is your world. Shape it or someone else will.”** This quotation from philosopher Gary Lew came to mind recently as I reflected on our Nursing Future Search. For two days this past December, nearly 200 LVHN nurses and community representatives took a bold first step by being inspired to imagine and shape what professional nursing will look like at LVHN in 2020. The energy and enthusiasm from those two days gives us an amazing head start.

The future is ours to shape, and one of the keys to future success is starting with a good foundation. That’s what we have here at LVHN. In 2006 we had a similar Future Search and developed 25 “common ground” goals. I’m proud to say we have achieved all 25 of those goals. And now it’s time to develop a new set of vision statements.

This issue of Magnet Attractions spotlights some of the elements we’ll use as a springboard to nursing’s future. Data and outcomes are a key part of that future. In this issue you’ll see how a research project identified areas of “missed care,” a nationwide concern. Now our nurses will work on action plans to continuously improve teamwork and the work environment, which impacts missed care.

Also helping us deliver better and consistent outcomes is our Nursing Quality Strategic Plan. Managers throughout patient care services are embracing a standardized calendar to hardwire behaviors such as hourly rounds and patient and leadership rounding to further enhance the quality of care all of our clinicians provide.

In our view of the future, we see nurses as valued and respected both here at LVHN and throughout our community. In this Magnet Attractions you’ll meet four nurses who are community leaders. They serve on local school boards, volunteer with local not-for-profit organizations, participate in professional nursing boards and provide a safe haven for victims of sexual assault.

And our nurses will continue to be state, national and even international leaders. In this issue we spotlight four nurses who have earned state and national recognition. Having such inspiring clinicians on our team is what makes us Magnet™, and it’s why I know we will lead the way in shaping the future of nursing.



A DAY IN THE LIFE OF A

# SAFE Nurse Coordinator Barb Fadale, RN

STRUCTURAL EMPOWERMENT

## SE10EO

Nurses at Magnet™ hospitals participate in the assessment and prioritization of community health care needs. SAFE nurses are a vital community resource who both care and advocate for victims of sexual assault.

### The hours immediately following a sexual assault are critically important.

Not only do victims need medical attention and emotional support, but evidence needs to be painstakingly collected and documented. Without it, there's little hope for a successful conviction down the road.

At Lehigh Valley Health Network (LVHN), maintaining this chain of evidence is the responsibility of 24 sexual assault forensic examiner (SAFE) nurses. Once they complete rigorous SAFE training, the nurses join an on-call rotation under the direction of SAFE nurse coordinator Barb Fadale, RN.

A former LVHN emergency room and cardiovascular nurse, Fadale retired in 1995. She resumed her career in 2000 by taking a SAFE course that included 40 hours of classroom learning, followed by in-the-field observation. "We learned to do pelvic exams and collect evidence that makes a difference in court cases," Fadale says.

After being paged by the ER staff, the SAFE nurse must arrive within one hour. A 10-step process ensues, starting with an in-depth interview to understand specifics about the incident. "It's the toughest part of the job," Fadale says. "So many emotions come into play."

Next the nurse uses a black lamp to scan the victim's clothing and body for DNA evidence from the perpetrator. The nurse then checks for scratches, bruises, finger markings and other physical evidence. Applicable areas of the body are examined and photographed with a colposcope, a magnifying instrument that can detect minute cuts and abrasions. "It's an amazing piece of equipment," Fadale says.

The nurse concludes the exam by swabbing designated mucous membranes. All materials are carefully bagged, labeled and added to the rape kit. The average case takes three to four hours. "Once we open a kit, it never leaves our sight until the police come and physically take it off our hands," Fadale says.

Fadale worked 88 cases before assuming her current role, which includes outreach at area colleges and other organizations to train first responders on sexual assault protocols. She also helps nursing students understand what SAFE nursing is all about. Due to a personal experience earlier in her life, she finds the work intense but gratifying. "I want to remind victims, 'This is not your fault. You did not deserve this.'"

## No Ordinary Shoes

Lehigh Valley Hospital-17th

Street emergency department director Andrew Martin, RN (second from left), demonstrates impressive form at DeSales University's "Walk a Mile in Her Shoes" fundraiser. The annual September event features male students and faculty walking in high heels to raise awareness about domestic and dating violence. A portion of the proceeds helps LVHN SAFE nurses pay for continuing education. Martin is the SAFE program's director.



# The Plan to Deliver Quality Care Consistently

OUR PATIENT CARE SERVICES STRATEGIC PLAN AIMS TO CREATE RELIABLE PATIENT CARE



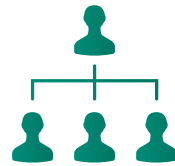
The strategic plan has unit leaders like **Jennifer Devine, RN**, round with colleagues and patients every morning, and focus on other work in the afternoon.



**Patient care services includes about 2,300 nurses and technical partners throughout more than 40 units at Lehigh Valley Health Network.** In fiscal year 2013 we accommodated more than 54,000 acute admissions. With so many clinicians – and so many patient encounters – it’s important for us to ensure we deliver the same high-quality, high-reliability care to all patients. Doing so is a required part of health care reform.

To promote consistency, we created a patient care services strategic plan for quality. “It’s helping us hardwire behaviors into our culture,” says patient care services administrator Courtney Vose, RN. “The behaviors are things we already know how to do – like the AIDET (acknowledge, introduce, duration, explanation, thank you) communication tool and patient rounding.”

“Consistently practicing these behaviors will help us provide highly reliable patient care,” says administrator Carolyn Davidson, RN. “This means no matter where patients are in our health network, they receive the same patient-centered care.” Consistency likely will result in higher patient satisfaction (Press Ganey



## Refresher courses

Through education, colleagues are reminded how to practice AIDET, and about the importance of patient rounding and bedside shift reports. On 5T, colleagues completed an AIDET e-learning module on The Learning Curve (TLC). Unit leaders also utilize other educational materials and strategies to teach, reinforce and validate colleagues on the skills they need.

and HCAHPS) scores and fewer hospital-acquired conditions, which affect our Medicare reimbursements.

On Lehigh Valley Hospital–Muhlenberg’s 5T, patient care services colleagues are embracing the strategic plan. Here are things colleagues on 5T – and all our patient care units – are doing to hardwire these behaviors.



## Standard calendar

Every weekday from 8 to 11 a.m., unit leaders set aside time to interact with colleagues and patients. It’s a meeting-free zone. During this period, the leaders participate in multiple activities, among them the morning safety huddle and collaborative rounds to discuss each patient’s plan of care.

At first, blocking out three hours seemed daunting to 5T director Jennifer Devine, RN, but she would never go back to the way things were done before. “Instead of putting out fires when something goes wrong, now I spend the morning being proactive so fires rarely start,” she says. “In the afternoon, I can focus on emails, meetings and reports with fewer distractions.”



### Leadership rounding

From 8 to 11 a.m., unit leaders also talk to colleagues and address their concerns. They observe what's happening on the unit and provide on-the-spot coaching on behaviors and processes. "Staff members have so many responsibilities, they can sometimes lose focus," Devine says. "It's my job to remind them of the things we have to do and make sure they have the tools to do it."



### Patient rounding

Every day, unit leaders ask patients questions related to HCAHPS topics. They ask if we're meeting expectations, if it's too noisy, if a colleague should be recognized for doing a good job or if there are things we can do better. Depending on the day, they also ask questions about the practices we're hardwiring. For example, on Monday they ask about hourly rounding. "When I ask patients if someone is checking on them every hour, they say it's happening more frequently than that," says Devine, who surmises behaviors are becoming hardwired because she is following up immediately if a patient provides a negative response.



### Validation

By spending time with each colleague unannounced, unit leaders confirm colleagues are practicing the behaviors we are trying to hardwire. It's another way to identify opportunities for improvement, provide coaching and recognize good work.

## TRANSFORMATIONAL LEADERSHIP

### TL9EO

Magnet™ hospitals use input from clinical nurses to influence change in the organization. Clinical nurses helped us to design and implement the patient care services strategic plan for quality.

### Next Step

**WE'RE INSTALLING NEW WHITE BOARDS** in all patient rooms.

These standardized boards contain fields for caregivers to write down information that is important to patients, such as their diet, activity level and pain scale. After they are installed, coaching and validation again will be done to hardwire the use of these communication tools into our work.

## SE9

Magnet™ hospitals support nurses' participation in community health care outreach. At LVHN we encourage nurses to share their expertise and to become leaders within their communities.



## How Nurses Shape Our Community

THEY DISPLAY THEIR CARING AND HELP DETERMINE  
BEST PRACTICE THROUGHOUT OUR REGION

### What happens when your colleagues leave work at the end of the day?

For many of our clinicians, the next step is to share their professionalism, expertise and knowledge throughout our community. For some it may mean serving on a local school board, representing nursing in a professional association or volunteering with a local not-for-profit organization.

Here are three nurses who are carrying the Magnet culture forward and helping others in our region.

## Angela Sinkler, RN

OPEN-HEART UNIT NURSE; BETHLEHEM SCHOOL BOARD MEMBER



**“As a nurse, I have a capacity for caring,” Sinkler says.** That’s what led her to run for a seat on the Bethlehem Area School Board last fall. She was elected last November and was seated as a board member in December.

“In nursing you develop a real ability to care about the whole person,” Sinkler says. “I think that experience will benefit me as a school director.”

A nurse at LVHN since 1987 and an open-heart nurse since 1999, Sinkler is mom to Madeline, a 10th grader at Liberty High School. Over the years Sinkler has been a parent volunteer in the classroom, an ASPIRE Girl Scout leader and was an active Parent Teachers Association member. Running for a school board seat was the next logical step.

“On the school board my priority will be to recognize the needs of the whole child, not just look at standardized test scores,” she says.



## Laura Beaupre, RN

**CANCER SUPPORT SERVICES;  
VOLUNTEER WITH NOT-FOR-PROFITS**

**Beaupre cares about people.** That's why the oncology navigators' manager donates her time to local not-for-profit organizations such as the Emmaus High School Band Booster Club. She also organized a team of LVHN colleagues to participate in the Million Mile Run for Alex's Lemonade Stand.

Beaupre knows her service sets a good example for her two youngest children, 16-year-old Olivia and 9-year-old Ian. "I want them to realize it's important to give back to the community," she says.

One cause that's particularly close to Beaupre's heart is J's Run, which raises awareness and funds for pancreatic cancer research. It also provides education and support to patients and families. Several of Beaupre's family members died from the disease, so she decided to participate in the organization's inaugural 5k run/walk in 2010. Shortly thereafter she accepted an invitation to join its board.

One way she's helping is by linking J's Run to LVHN resources. A Pancreatic Cancer Education Night, featuring LVHN oncologists, attracted nearly 60 participants last fall. "Helping these patients and families is very rewarding," she says. "J's Run allows me to connect my personal passion for this cause to what I do for a living."



## Erik Resch, RN

**EMERGENCY DEPARTMENT NURSE;  
EMERGENCY NURSES ASSOCIATION (ENA) LEADER**

**"I want to do more than go to work and go home," Resch says.** "I want to be involved in how emergency nurses practice." He does that through his leadership role with the ENA, an organization of more than 40,000 members that educates, networks and advocates for emergency nurses worldwide.

Resch recently completed his one-year term as president of the ENA's Pennsylvania council. He oversaw state committees that focus on emergency nursing certification, injury prevention and government affairs; helped organize the annual ENA state conference; and participated in meetings with all ENA state presidents to address issues affecting emergency nurses.

The ENA's effect on emergency nursing is evident in our health network. Its position statement on the use of ultrasound during IV insertion is embraced by LVHN. "We're educating our nurses to use ultrasound to minimize unsuccessful sticks, which is enhancing patient care," says Resch, who encourages nurses to have a voice in how they practice. "All emergency nurses – whether they're in the Lehigh Valley, rural Pennsylvania or Utah – face the same issues. It's rewarding to be part of the process that influences change."



# RESEARCH DAY 2013

## INSPIRING A PASSION FOR RESEARCH AND EVIDENCE-BASED PRACTICE

**When Bridgette Brawner, PhD, APRN (above), a faculty member in the centers for Human Equity Research and Global Women's Health at the University of Pennsylvania, speaks about nursing-led research, her passion is palpable.** "You can be the 'somebody' who has the idea and changes the care," she says.

Brawner shared her passion for research as the keynote speaker for Research Day 2013, hosted by Lehigh Valley Health Network. More than 220 nursing professionals attended the conference where they shared learnings, presented posters and witnessed how research can change patient care practices.

### NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

## NK1EO

Magnet™ hospitals support the advancement of nursing research. LVHN's annual Research Day showcases our nurses' evidence-based practice and nursing research projects.

### 'Empirical data can back our claims and shape change.'

"Earlier in my career, I didn't really 'get' why I should do research," Brawner says. "But the first study I did in the NICU (Children's Hospital of Philadelphia – decreasing central-line infections) ignited the fire in my belly for research. It happened once I saw the value in it."

Since then, Brawner has been the principal investigator for numerous studies, gaining "how-to" knowledge each time. "In your research, you need to include frontline staff and nursing managers to support the research," Brawner says. "And by keeping people's lives at the center of what you do, it will help you stay focused on your goals."

### 'What can you do now to change the future?'

Those goals can make a difference in patient care. "There is a power in our voice and our profession," Brawner says. "We have a responsibility to think ahead and do the research that improves patient care."

### 'Be proactive instead of reactive.'

At the pre-conference session, Research and Quality Awards were presented to Jennifer King, BSN, RNC, and Krista Thomas, BSN, RN, for their

## Award Recognition

Awards recognizing outstanding work by unit staff to improve patient outcomes also were presented:

**Gold awards:** 7C, pediatrics

**Silver awards:** 7A, 5B, 6B, 6K, pediatric intensive care unit

**Bronze awards:** Transitional trauma unit, 7K, 6C, labor and delivery, 7T, ED-17, Children's ER

[VIEW PHOTO GALLERY](#)

program "Non-Separation of Mother and Infant in the Mother-Baby Unit" and to Sandra Sabbatini, BSN, RN, CEN, Judith Baker, BSN, RN, CEN, and Julie Albertson, BSN, RN, CEN, CPEN, PHRN, for their program to address "Interruptions During Medication Administration in the Emergency Department."

### 'Give your ideas a chance. Give yourself a chance.'

Research Day also featured the first public presentation of "Time to Share Our Findings: Analysis of the LVHN Nursing Work Environment" by Tricia Bernecker, PhD, RN, DeSales University, and Mae Ann Pasquale, PhD, RN, Cedar Crest College (see story, page 9).





Visitors review posters at Research Day 2013



From left to right: Eileen Sacco, RN (Research Day co-chair), Kate Swedberg, RN (Research Day co-chair), Carolyn Davidson, RN, Bridgette Brawner, RN, and Anne Panik, RN



Mae Ann Pasquale, RN, and Tricia Bernecker, RN

### BASELINE SURVEY EXPLORES 'MISSED CARE'

**Missed nursing care – patient care that is omitted or significantly delayed – happens with regularity at hospitals across the U.S.** To find the root cause for missed nursing care at Lehigh Valley Health Network (LVHN), visiting nurse scientists Tricia Bernecker, PhD, RN, DeSales University, and Mae Ann Pasquale, PhD, RN, Cedar Crest College (two of LVHN’s academic partners), and colleagues Kathy Baker, MPH, RN, and Carol Foltz, PhD, from LVHN’s community health and health studies, conducted research to determine the type and reasons for care being missed at LVHN, as well as how teamwork and the work environment is related to reports of missed nursing care. They presented these findings at Research Day 2013 – “Inspiring a Passion for Research and Evidence-Based Practice.”

“In the middle of multiple demands, nurses are challenged to provide care,” Bernecker says. “When you can’t do your job, it can lead to job dissatisfaction and a feeling of being less competent.”

Bernecker and Pasquale, along with Foltz and Baker, surveyed more than 1,000 Lehigh Valley Hospital (LVH)–Cedar Crest and LVH–Muhlenberg registered nurses (RNs) and technical partners (TPs) from 21 medical-surgical

units, two RN float pools and two TP float pools to participate in this Institutional Review Board-approved study.

“We went through rigorous steps to assure anonymity,” Pasquale says. “We wanted the RNs and TPs to be candid with their responses and not worry about repercussions.”

Data was collected from January to March 2013, and the researchers hoped for a 50-percent response. “Overall, 739 completed the study – 472 RNs and 267 TPs – giving us an outstanding 70-percent-plus response rate,” Pasquale says.

The most frequent instances of missed care at LVHN mirror those from other published studies, with “ambulation three times per day or as ordered” ranking as the top missed care item at 82 percent. LVHN nurses and technical partners also cited reasons for missed care here that are similar to other hospitals, with an unexpected rise in patient volume and/or acuity on a unit ranking as the top cause.

“We weren’t surprised by the findings,” Bernecker says. “We are not alone. Missed care is a nationwide problem.”

The comment part of the study revealed that a heightened sense of team culture makes a difference in reducing the incidence of missed care. As one survey respondent said, “When I truly need help in a critical situation, there is always someone who asks if I need a hand.”

## MOST FREQUENT MISSED CARE ITEMS:

Ambulation three times per day or as ordered

82%

Attendance at interdisciplinary patient care conference

69%

Medications administered w/in 30 min. scheduled time

66%

Turning patient every two hours

63%

Assess effectiveness of medications

61%

Response to call light is initiated within five minutes

61%

[READ MORE](#)

“This was a baseline study,” Pasquale says. “We want to dig deeper. Our promise is that we will work together to fix this.” Given the extent of replication, it is now time to shift focus and to develop interventions that minimize identified areas of missed nursing care, increase teamwork and promote healthier work environments.



TRANSFORMATIONAL LEADERSHIP

# TL9EO

Magnet™ hospitals create change in the organization with the input of clinical nurses. The Future of Nursing event brought together 200 nurse colleagues to chart the future at LVHN.

## Photo Gallery

The Future of Nursing at LVHN was an action-packed and energetic event. We invite you to review more photos in our online gallery so you will gain a greater sense of the robust interactions, discussions and debates that shaped our upcoming vision statements.

# The Future of Nursing

## HIGHLIGHTS FROM OUR EVENT

**To the sound of Katy Perry’s “Roar,” nearly 200 nurses and other medical professionals from Lehigh Valley Health Network (LVHN), as well as community organizations, got to work on Dec. 9, 2013, envisioning the future of nursing at LVHN.** “The future does not just happen,” Anne Panik, MS, BSN, RN, NEA-BC, senior vice president for patient care services, told the enthusiastic crowd. “The future results from what we do, or do not do, today and tomorrow.”

The two-day event focused on creating new vision statements for nursing colleagues. To get to that future, participants shared experiences as patients – the good and the bad. They created trend walls, discussed where medicine is today compared to 100 years ago and looked in their crystal balls to imagine what

medicine, and nursing, will be like in the future. The group also shared artifacts from their lives – the touch points that influenced their careers in nursing and the inspirations that move them as learners and caregivers.

After two days of creating and shaping ideas about the future of nursing in 2020, the next steps will take place in smaller teams. Starting in January, core groups will develop common-ground statements from the nearly two dozen “action” categories developed at the retreat. Once those common ground statements are developed, they will be reviewed by the steering committee, and a smaller number of final vision statements will be generated. Those vision statements, and goals for 2020, will be revealed at the Friends of Nursing gala in May.

# Celebrating Excellence

FOUR COLLEAGUES EARN RECOGNITION  
FOR THEIR EXPERTISE, PASSION



**Heather Rizzo, MSN, RN-BC**  
**Recipient, 2013 Excellence in Professional Development Award, Association**

**for Nursing Professional Development (ANPD)**

The manager for clinical staff development in the division of education, Rizzo circled the ANPD's national conference in Dallas on her calendar last summer. "I knew it would be a great opportunity to share ideas with colleagues," she says. She didn't realize she'd be an award recipient. She earned the honor for leading the revision of LVHN's new employee orientation, which included making it more interactive and increasing employee engagement and knowledge retention. "The project took more than a year-and-a-half and involved many people," she says. "This is a team award."

to guiding the future of behavioral health. "My goal is to see mental health become a component of all health care, which will help reduce its stigma for the people we serve," she says.



**Cynthia Cappel, MSN, RN-BC, NE-BC**  
**Recipient, 2013 Nightingale Award of Pennsylvania for Leadership and**

**Management in Nursing**

As the director of clinical education in our division of education, Cappel uses her 26 years of nursing experience to help shape the future of nursing. "The requirements for nurses are increasingly focused on lifelong learning and leadership qualities," she says. "My passion is helping our nurses reach their goals in both these areas." This includes forging new partnerships with regional nursing schools to help nurses achieve advanced degrees, and creating the region's first University HealthSystem Consortium/American Association of Colleges of Nursing (UHC/AACN) Nurse Residency Program to help graduate nurses foster professional development. "It all translates into excellence in patient care," she says.



**Gail Stern, MSN, PMHCNS-BC**  
**Recipient, 2013 Excellence in Leadership Award, American**

**Psychiatric Nurse Association (APNA)**

As the first administrator for our department of psychiatry, Stern has charted the course for the position – so her receiving a leadership award from APNA is no surprise. "Our work has come a long way in my 16 years here," says Stern, who also is the founding president of the APNA's Pennsylvania chapter. "My clinical background in psychiatric nursing helps me to understand the challenges involved in administration." Now she looks forward

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## STRUCTURAL EMPOWERMENT

### SE2EO

Magnet™ hospitals support nurses' participation in local, regional, national or international professional organizations. The award recipients and finalists on this page are recognized for their contributions to professional nursing.



**Susan O'Neill, RN**  
**Finalist, 2013 Nightingale Award of Pennsylvania for Outstanding Clinical Practice RN**

While O'Neill was thrilled to be a finalist, the passion she has for her job is what matters most to her. "I started here in the 1970s as an ICU nurse at Lehigh Valley Hospital–17th Street," she says. "Back then we pretty much learned from each other. Nursing has come a long way." O'Neill's 36-year nursing career has come full circle. She started as a bedside nurse, then worked in nurse research, trauma unit education, held several leadership positions and now is back to bedside nursing, working nights in the float pool. "When I retire I'll write a book about my experiences in this great profession," she says.

## MAGNET ATTRACTIONS IS A PUBLICATION FOR CLINICAL SERVICES

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**PUBLICATIONS**

“STO2 Monitoring: A True Reflection of Tissue Oxygenation?” *Respiratory Therapy* Vol. 8 No. 5, October-November 2013.  
*Kenny Miller, MEd, RRT-ACCS, RRT-NPS, AE-C*

“High Flow Oxygen: Does It Make a Difference?” *RT – For Decision Makers in Respiratory Care*, September 2013.  
*Kenny Miller, MEd, RRT-ACCS, RRT-NPS, AE-C*

“Survivor PLACE: Evolution of a Multidisciplinary Approach to Survivorship Care,” *Oncology Issues, The Journal of the Association of Community Cancer Centers*, September/October 2013.

*Kathleen Sevedge, RN, MA, AOCN*  
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*Janelle Sharma, MSN, CRNP*  
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*Nancy Kinzli, MS, OTR/L, CLT-LANA*  
*Sandra Kanapathy*

“Improving Glycemic Control in the Acute Care Setting Through Nurse Education,” *Journal of Vascular Nursing*, December 2013.

*Joyce Najarian, MSN, RN, CDE*  
*Kimberly Bartman, BSN, RN, CVN*  
*Julie Kaszuba, MSN, BSN, RN*  
*Christine M. Lynch, BSN, RN*

“The Story Behind the Story,” *Living Donor Advocacy, An Evolving Role Within Transplantation*, Springer, New York.  
*Barbara Rutt, RN, M.Div. BCC*

“Creating Moments That Matter,” *Clinical Journal of Oncology Nursing*, December 2013.  
*Nicole Reimer, BSN, RN, OCN*

**POSTER PRESENTATIONS**

“Engaging Robotic Care Teams Across the Perioperative Continuum” at the Society of Robotic Surgery in Orlando, Fla., in November 2013.  
*Stephanie Nelson, RN, CNOR*

“EBP FellowS<sup>2</sup>: A Model for Sharing Science in the Oncology Setting and Beyond” at the 2013 Oncology Nursing Society Connections: Advancing Care Through Science Conference in Dallas, in November 2013  
*Elena Brinker, RN*  
*Laura Herbener, BSN, RN, OCN*

“Meeting the Challenges for the Plain Community in Health Care” at the Pennsylvania Organization of Nurse Leaders Nursing Leadership Conference

in Gettysburg, in October 2013.  
*Mindy Brosious, BSN, RN*  
*Nicole Zimmerman, MBA, MSN, RN*  
*Nancy Humes, BSN, RN*

“Transforming From a Freestanding ASF to a Hospital-based Unit” at the Pennsylvania Organization of Nurse Leaders Nursing Leadership Conference in Gettysburg, in October 2013.  
*Darlene Hinkle, MSN, RN, CNOR*

“Pursuing Wellness: Achieving Fall Reduction Through Staff and Patient Partnership” at the Institute on Psychiatric Services (IPS) in Philadelphia, in October 2013.  
*Jaime Funk, RN*

“Reducing Restraints: A Patient Safety, Staff-Driven Initiative” at the Institute on Psychiatric Services (IPS) in Philadelphia, in October 2013.  
*Dorothy Kuntz, MHT*

“Operating Room Holds: How One PACU Worked Collaboratively to Reduce This Problem” at the OR Manager Conference in National Harbor, Md., in September 2013.  
*Beth Hall, BSN, RN, CPAN*

“Preparing Contaminated Instrumentation for Quick Turnover: A Team Approach” at the OR Manager Conference in National Harbor, Md., in September 2013.  
*Jim MacDonald, BS*

“A Multi-disciplinary Team Approach to Quality and Efficiency in the Total Knee Arthroplasty Patient” at the OR Manager Conference in National Harbor, Md., in September 2013.  
*Louann Newman, RN, CNOR*

“Decreasing Turnover Time in the Operating Room: A Multidisciplinary Challenge” at the OR Manager Conference in National Harbor, Md., in September 2013.  
*Deborah Schantzenbach, RN, CNOR*

“Utilizing a Mobile Web Application for a Full-Day Conference to Enhance Learner Participation and Content Discussion” at the Association for Nursing Professional Development (ANPD) in Dallas, in July 2013.  
*Mark Buttsavage, MSN, RN, CCRN*

“Bronchial Thermoplasty in the Endoscopy Unit: Reducing Smooth Muscle Hypertrophy Asthmatic” at the Society of Gastroenterology Nurses and Associates, Inc. 2013 Conference in Austin, Texas, in May 2013.  
*Marie Porter, BSN, RN, SGRN*

“It’s Only 30 Minutes – Empowering Clinical Support Staff Through Nurturing and Education” at the International Society of Psychiatric-Mental Health Nurses (ISPN) in San Antonio, in April 2013.  
*Carol Sorrentino, MSN, PMHCNS, BC*

**ORAL PRESENTATIONS**

“Developing a Professional Nursing Portfolio: A Snapshot of Your Career” at the Greater Lehigh Valley Affiliate, Association for Nursing Professional Development (ANPD) meeting in Allentown, in September 2013.  
*Patricia L. Hoak, MSN, RN*

“A Lean Daily Management System” at the OR Manager Conference in National Harbor, Md., in September 2013.  
*Andrew Dordal*  
*Jodi Koch, BSN, RN*

“Zero Tolerance for Lateral Violence” at the OR Manager Conference in National Harbor, Md., in September 2013.  
*Jodi Koch, BSN, RN*

“Seven Critical Steps to Sustained Quality Improvement” at the New Jersey Hospital Association, Improving Surgical Safety and Patient Outcomes in Princeton, N.J., in September 2013.  
*Cheryl Barr, BSN, RN, CPAN*  
*Jeanne Luke, MSN, RN, CNOR*

“Standardized Patient Hybrid Simulation and the Non-Licensed Clinical Staff Curriculum: The Learning Comes Alive!” at the Association for Nursing Professional Development Annual Convention (ANPD) in Dallas, in July 2013.  
*Patricia Karo, MEd, BSN, RN-BC*

“Navigations: The Road to a Better Orientation” at the Association for Nursing Professional Development Annual Convention (ANPD) in Dallas, in July 2013.  
*Heather Rizzo, MSN, RN*

**PANEL PRESENTATIONS**

“Nurse Residency Programs: Gateway to Professional Practice” at the 2013 Pennsylvania Organization of Nurse Leaders Nursing Leadership Conference in Gettysburg, in October 2013.  
*Cynthia Cappel, MSN, RN-BC, NE-BC*