

SUMMER

2014

Magnet

ATTRACTIONS

Friends of Nursing 2014

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A PASSION FOR BETTER MEDICINE

 **Lehigh Valley
Health Network**



Anne Panik, MS, BSN, RN, NEA-BC
Senior vice president, patient care services

OUR FIRST 35 NURSE RESIDENTS GRADUATED IN JUNE.



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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It's Time to Go 'Wild'

As I listened to Patricia Yoder-Wise, EdD, RN, at our recent Medallion Lecture, I could feel the energy fill the room. She spoke about “wild thinking” and how such an outside-the-box approach creates innovation. As she spoke, I thought about the amazing innovations that all of you have brought to life over the past year.

Health care is evolving, and your creativity and passion keep us pointed toward an exciting new future. You'll see many examples inside this issue of Magnet Attractions. Start in heart care, where extracorporeal membrane oxygenation (ECMO) and left ventricular assist device (LVAD) therapies are giving new hope to patients who previously had few options. Not only are our open-heart and transitional open-heart nurses experts in ECMO and LVAD, they also are incorporating some “wild thinking” to see how we can elevate the level of ECMO and LVAD care we provide.

“Wild thinking” isn't only for new therapies. Take a look at inpatient diabetes control. It's been a razor-sharp focus for program manager Joyce Najarian, MSN, RN, CDE, and her team for more than a decade. Yet the way clinicians help patients achieve tight glucose control continues to evolve. In this issue you'll read how technical partner Brian Spadt, patient care specialist Marie Gutekunst, MSN, RN, PCCN, and colleagues from 6T and Sodexo collaborated to develop a new process, achieve better patient outcomes and present on those outcomes nationally. You'll also read Joyce's very touching and personal story about her mom, and how her memory inspires Joyce every single day.

Here's yet another “wild thought” – our Nurse Residency Program, which in June graduated its charter class of 35 first-year nurses. During the program our graduate nurses worked on evidence-based projects. Inside this issue you'll meet three of our nurse residents and learn more about how “wild thinking” shaped their first year of nursing.

You'll also meet two nurses – Emily Hartman, RN, and Teresa Bangham, RN – who, like many of us, were inspired by our Medallion Lecture. Like all of the clinicians in this issue, I encourage you to keep being “wild.” Such wild thoughts will help us create an amazing future for nursing.

How Nurses Embraced LVAD and ECMO

EDUCATION, EXPERTISE
CREATE EXCEPTIONAL
OUTCOMES

With innovative therapies being introduced at lightning speed, embracing technology in health care is essential. Nursing colleagues on our open-heart unit (OHU) and transitional open-heart unit (TOHU) embraced leading-edge technology this year when Lehigh Valley Health Network (LVHN) introduced two new cardiac therapies: extracorporeal membrane oxygenation (ECMO) and the left ventricular assist device (LVAD).

“Our nurses are the glue that holds these services together,” says LVHN cardiothoracic surgeon James Wu, MD, about his nursing colleagues. Meet two nurses who care for ECMO and LVAD patients, and learn how they became proficient in these groundbreaking technologies.

EXEMPLARY PROFESSIONAL PRACTICE

EP12

Magnet™ hospitals empower nurses to assume leadership roles in collaborative interprofessional activities to improve the quality of care. Interprofessional teams from the open-heart and transitional open-heart units helped to implement two leading-edge therapies, LVAD and ECMO.

KRISTEN PECKA, RN, TOHU

Pecka admits the introduction to LVAD was intimidating. “That’s the case with any new technology,” she says, “but once you learn about it and use it regularly, it becomes second nature.”

LVAD is an implantable mechanical heart pump that helps a failing heart pump blood and improves and prolongs quality of life for patients in late-stage heart failure. Pecka received education on her unit from LVAD program coordinator Barb Ebert, CRNP. She learned about the science behind LVAD, protocols should the device’s alarm sound, and how to change dressings around the driveline that connects the pump to the external controller and power source. She also learned rehabilitation expectations, the use of anticoagulants, proper documentation and how to teach patients self-care. Care for LVAD patients is so specialized, Pecka must accompany them when they are transported for diagnostic tests.

Pecka has cared for six of the seven patients who received LVAD since it was introduced here in February 2013. She’s made a personal connection with all of them because of the amount of hospital and follow-up care they need. It’s what she cherishes most about caring for these patients. “You become part of their family,” she says. “You can’t help but fall in love.”



RUTH DETURK, RN, OHU

“Medicine is always changing,” DeTurk says. “I believe there is always something new you can learn, and what you learn can save lives.” That’s especially true of the education DeTurk and her OHU colleagues received about ECMO.

ECMO helps patients who have a serious condition that affects the heart or lungs. With ECMO, blood is drawn from the body, run through a machine that removes carbon dioxide and adds oxygen, and then returned to the body.

The condition of a patient on ECMO can change quickly. It is why one nurse must continuously monitor the patient. Nurses review lab results, identify complications like bleeding or clotting, ensure adequate sedation and collaborate with members of the patient’s interprofessional care team, all while providing emotional support to family members. The number of ECMO therapies completed at LVHN last year was more than double the projected number because ECMO was needed to treat patients with severe influenza. Despite the high patient volume, nurses tirelessly met the challenge to produce survival statistics above the national average.

Now our nurses are examining ways to elevate the ECMO and LVAD care we provide. “Our team meets regularly to discuss patient outcomes and protocol changes we can make based on things we learned while providing care,” DeTurk says.

DeTurk says learning about innovative technology challenges her to be the best she can be. “Without this technology, people might have died,” she says. “Providing lifesaving care is something I’m proud to do for the people of our community.”



'I Am the Future of Nursing'

BECAUSE I AM ...

adaptable
resilient
optimistic
encouraging



Emily Hartman, RN



Teresa Bangham, RN

NK4EO

Magnet™ hospitals support and encourage innovation in nursing. At our Medallion Lecture, guest speaker Patricia Yoder-Wise, EdD, RN, urged “wild thinking” as a way to brainstorm such innovations.

What if you are the future of nursing?

It's a question that developed after 2014 Medallion Lecture speaker Patricia Yoder-Wise, EdD, RN, urged clinicians to “think outside the box” as they consider the ripple effects of health care reform. “This policy changes the practice of health care, and in particular the practice of nursing,” she said.

Yoder-Wise, president of The Wise Group and professor and dean emerita, Texas Tech University Health Sciences Center Anita Thigpen Perry School of Nursing, offered examples of innovative thinking: from science fiction – the Star Trek medical scanner, for instance – to recent research such as 3-D printers that can build organs layer by layer. Each idea was an example of “wild thinking,” one of the steps of innovation she described.

“Begin asking the ‘what,’ ‘why’ and ‘why not’ questions and see where they take you,” Yoder-Wise said. “You may come up with the next innovation that creates the future of nursing.”

Here, two LVHN clinicians reflect upon the lecture, share their own stories about “wild thinking” and explain why they are the future of nursing.

Emily Hartman, RN

Patient care manager, pediatrics

WE DETERMINE OUR FUTURE

The Medallion lecture was thought-provoking. I came out of it with the idea that a lot is changing, and we have to determine how we get to the future we want to achieve.

‘WILD THINKING’ BROUGHT TO LIFE

Colleagues from pediatrics worked with colleagues in perioperative services to transform the way pediatric ambulatory surgery patients are admitted and transferred in the hospital. Children who are in for one-day surgeries no longer come to peds for admission and transfer. They now start and end their journey in the surgical staging unit, reducing the time children and their families have to spend in the hospital by at least two hours. This change required a great deal of encouragement, collaboration and trust. Because it has been so successful, my director and I will present this model at an upcoming national conference.

I AM THE FUTURE OF NURSING BECAUSE...

I’m a patient care manager and always remember that I was a staff nurse for many years. In my role I advocate for my colleagues and share their concerns and ideas. I also mentor them and offer encouragement, and I lead by example by getting certified.

“I advocate for my colleagues and share their concerns and ideas. I also mentor them and offer encouragement.”

Teresa Bangham, RN

Home care – skilled nursing

HAPPIER NURSES = HAPPIER PATIENTS

Healthy, happy nurses are more resourceful and engaged at work, which results in higher patient satisfaction. I believe the future of nursing depends upon nurses taking a more active role in their own health and wellness. Focusing on self-care and a positive work-life balance will benefit nurses as well as the patients we serve.

‘WILD THINKING’ BROUGHT TO LIFE

Team nursing has been around for decades, but to use this approach in home care has given “team nursing” a new twist. Each team of nurses works with a patient, his or her family and with other community resources such as the Lehigh County Aging and Adult Services office, Community Exchange and Meals on Wheels. This collaboration benefits the patient directly. The patient is a full participant in his or her plan of care, and with the support of the home care team, learns how to be as healthy and independent as possible.

I AM THE FUTURE OF NURSING BECAUSE...

I am resilient, adaptable and optimistic.

“I am resilient, adaptable and optimistic.”



Friends of Nursing 2014

CELEBRATING THE FUTURE OF NURSING

STRUCTURAL EMPOWERMENT

SE11

Magnet™ hospitals recognize nurses for their contributions in addressing the organization's strategic priorities. Our Friends of Nursing celebration acknowledges more than 100 clinicians for achieving excellence in care and professionalism.

Nursing colleagues, along with family and friends, shared an evening of celebration at the 30th annual Friends of Nursing awards program, held during National Nurses Week in May at Bethlehem's SteelStacks. A capacity crowd of nearly 800 applauded the inspirational stories of 30 individual colleagues and six care team award recipients, as well as the 98 additional individuals and care teams who were nominated for their extraordinary care and professionalism.

A few surprises also punctuated the evening, starting with special guests Roy Simpson from the Cerner Corporation and Linda Lewis from the American Nurses Credentialing Center (ANCC). They helped recreate the moment Lehigh Valley Health Network (LVHN) received the 2013 Magnet Prize® at last year's ANCC National Magnet Conference® in Orlando, Fla. The lively crowd cheered for LVHN's telehealth team – clinical coordinators Sharon Kromer, BSN, RN, CCRC, CTC, and Lori Yesenofski, MSN, RN, CCRN, CTC, and vice president for telehealth services Joe Tracy – who accepted the award amid confetti and refrains from Tina Turner's "Simply the Best."

In addition, longtime LVHN nursing colleague and now development colleague Josephine Ritz, RN, was honored for 65 years of service with the health network. Former LVHN president and chief executive officer Ron Swinfard, MD, remarked that Ritz's dedication to her profession is noteworthy. "Josephine's perseverance and enthusiasm for nursing is unsurpassed, and we are proud to recognize her for this incredible achievement," he said. Here are photos from the event.

► The 2013 Magnet® Prize is surrounded by members of LVHN's telehealth team: Lori Yesenofski, MSN, RN, Joe Tracy, vice president for telehealth services, and Sharon Kromer, BSN, RN. The team accepted the award during a re-creation of the Magnet Prize ceremony, which originally occurred last fall at the American Nurses Credentialing Center National Magnet Conference®.



► Anne Panik, MS, BSN, RN, NEA-BC, far left, senior vice president for patient care services, shares a light moment with special guests (back row) Linda Lewis from the American Nurses Credentialing Center and Roy Simpson from Cerner Corporation. Lewis and Simpson took part in the Magnet Prize presentation re-creation for the Friends of Nursing event. They are joined by (front row, left to right) Sandra Sabbatini, MSN, RN and Courtney Vose, MSN, RN.



▼ Marge Bigland (front center), a technical partner in pediatrics and recipient of the Medical Staff Technical Partner Award, joins some of her colleagues from the pediatric medical-surgical unit in a group photo before the awards ceremony.



▼ Usman Shah, MD, recipient of the Professional Excellence Council Physician Friends of Nursing Award, helped strengthen partnerships between the inpatient and ambulatory care teams, leading to seamless care across the cancer care continuum. He shares a special moment at the Friends of Nursing event with his wife, Wajeeha, daughter Seher and son Ayaan.



▲ Faculty members from local baccalaureate nursing programs were asked to nominate a nursing student for recognition. This year's recipient of the Dr. John M. Eisenberg Award for Excellence as a Student Nurse is Velazquez (front center), a student at Cedar Crest College. Ellen Velazquez celebrates her receipt of the award with her husband, Kyle, and Cedar Crest College faculty members (from left to right) Sandra Axt, MSN, RN, Karen Weeks, MSN, RN, and Mae Ann Pasquale, PhD, RN.



◀ Josephine Ritz, RN, expresses surprise after former LVHN president and chief executive officer (CEO) Ron Swinfard, MD, asks her to the stage for recognition. This year, Ritz celebrates 65 years with LVHN, serving our community as a nurse, an instructor and as a development colleague. Anne Panik, MS, BSN, RN, NEA-BC (right), presents a bouquet of roses to her.

► Making the difference in the lives of pediatric patients with respiratory problems earned Laura Williams (second from right) the Medical Staff Award for Excellence in the Delivery of Respiratory Care. She is joined by (from left to right) Michele Gessner, Dave Gessner, Linda Dunn, Rosemary King and Barbara Jenkins.



Michelle Martin, BSN, RN



Emily Keim, BSN, RN



STRUCTURAL EMPOWERMENT

SE3EO

Magnet™ hospitals support nurses' continuous professional development. The first 35 graduates of our Nurse Residency Program learned valuable professional development skills during their first year of nursing.



Mary O'Connor, BSN, RN

Meet Our First Nurse Residency Graduates

THREE COLLEAGUES SHARE
THEIR FIRST-YEAR JOURNEY

Amid a shower of applause, 35 first-year nurses became the first official graduating class of our University HealthSystem Consortium/American Association of Colleges of Nurses (UHC/AACN) Nurse Residency Program™ last month. Designed to help graduate nurses enhance their professional development, our UHC/AACN Nurse Residency Program provides education and mentoring. Here, three graduates share their experiences.

Michelle Martin, BSN, RN

Neonatal intensive care unit (NICU)

MEMORABLE MOMENT – The Nurse Residency Program helps you gain confidence in your abilities. My very first admission in the NICU was an infant who wasn't even 600 grams. That admission went smoothly, and my colleagues complimented me on the job I did.

FAVORITE PART OF THE PROGRAM –

Participating in the program allowed me to start in an ICU setting right away. With a year of mentoring and support, we're very competent by the time we're on our own.

APPLYING CONCEPTS ON THE JOB – The mentoring I received helped me get past the nervousness I felt in the beginning and gave me a sense of confidence in my abilities as a clinician.

EVIDENCE-BASED PROJECT – Placing a newborn on its mother's chest in the first hour of life helps improve mother-infant bonding and breast-feeding success. Based on this evidence, we hope to implement a skin-to-skin contact policy for all stable babies at LVHN.

FINAL THOUGHTS – The program made me realize I play an important role. "Tales from the bedside" took the speed bumps out of becoming a professional nurse and also confirmed I have a lot to offer as a professional in the field.

Emily Keim, BSN, RN

Pediatric intensive care unit (PICU)

MEMORABLE MOMENT – One of our speakers has advanced expertise in psychiatry. She stressed the importance of self-care. That resonated with me. Now when stress hits, I do centering exercises to calm myself and give me the presence of mind to get through a difficult moment or busy day.

FAVORITE PART OF THE PROGRAM – We routinely met in small groups for confidential sessions called "tales from the bedside." They helped me trust my gut when handling difficult situations and also taught me how to interact with physicians.

APPLYING CONCEPTS ON THE JOB – I love working in the PICU, but it definitely comes with significant challenges and pressures. This job is demanding from a time management and leadership perspective. The Nurse Residency Program improved those skills and taught me how to approach crucial conversations.

EVIDENCE-BASED PROJECT – We're promoting the implementation of a pediatric early warning score (PEWS). This helps nurses identify the acuity of a patient so we can act quickly to prevent further deterioration or transfer the patient to the PICU faster.

FINAL THOUGHTS – The residency program lit a fire to further my education. I've been accepted into Drexel University's nurse practitioner program. I'll be taking classes part time and will finish in three years.

Mary O'Connor, BSN, RN

Open-heart unit


MEMORABLE MOMENT – As a nurse resident I was trained and certified using a bedside heart-and-lung machine to deliver extracorporeal membrane oxygenation (ECMO). It saved many lives during flu season.

FAVORITE PART OF THE PROGRAM – It really prepares you for challenges and provides lots of resources to support nurses. My mentor is someone I can go to even though I've graduated. That's a professional relationship I'll have forever.

APPLYING CONCEPTS ON THE JOB – One educational component taught me cultural awareness in the health care setting. I also learned a lot about dealing with ethical challenges and interdisciplinary team conflict. Being aware of the importance of both interpersonal and clinical skills helps me calm the fears of patients and families.

EVIDENCE-BASED PROJECT – We see a lot of pressure ulcers despite our best efforts at prevention. The literature shows that patient education can help, so we proposed an educational section on skin breakdown before surgery. Now patients will learn causes and how to avoid them.

FINAL THOUGHTS – Working at a Magnet™ institution comes with a great sense of pride. We're providing leading-edge care and working alongside the best-of-the-best. That motivates me to deliver 100 percent.

A portrait of Joyce Najarian, a woman with reddish-brown hair and glasses, wearing a blue and white patterned top. She is smiling and looking towards the camera.

Joyce Najarian,
MSN, RN, CDE, still applies
the life lessons she learned
in her childhood home.



NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

NK3

Magnet™ hospitals include clinicians who evaluate and use evidence-based findings in their practice. Joyce Najarian, MSN, RN, CDE, and the Diabetes Quality Improvement Team used evidence to create tighter glucose control for patients with type 2 diabetes.

A DAY IN THE LIFE

Program Manager Joyce Najarian, MSN, RN, CDE

Joyce Najarian, MSN, RN, CDE, grew up in tiny Stony Run, Berks County.

The town's general store, which also served as the gas station and post office, was connected to her family's home. Her mom and dad operated the store seven days a week, well into their 70s. "Even if we were eating dinner, if a neighbor needed sugar or some stamps, he or she never was turned away," she says.

Najarian's parents believed in helping others no matter the personal sacrifice. It's a lesson that drives Najarian to this day in her role as inpatient diabetes program manager. It's also why she received the 2014 Florence Nightingale Exemplary Professional Practice Award.

A certified diabetes educator since 1997, Najarian has led numerous diabetes quality initiatives, including one from [Highmark-Quality Blue](#) that earned our health network an award. While overseeing four full-time and two part-time educators, Najarian monitors LVHN

diabetes quality data and coordinates corresponding practice changes. Because diabetes care continually evolves, she works tirelessly to gather the latest evidence, distill it and share it with colleagues through classroom lectures, individual discussions and a [diabetes management intranet site](#).

Najarian's passion for sharing evidence was never more apparent than Aug. 7-8, 2013. She co-delivered a [poster presentation](#) at the American Association of Diabetes Educators national convention in Philadelphia, then drove back to Allentown after learning that her 93-year-old mother, a hospice patient at LVHN, had taken a turn for the worse. "I could hear her struggle to breathe from the hallway," she says. "It was awful."

With her sister at her mother's side, Najarian reluctantly drove back to Philadelphia, where she was scheduled to deliver an oral presentation the following day. She awoke to discover her mother

had passed away. "I cried, prayed and wondered how I would get through the presentation," she says. "Then I looked at a photo of my mom on my phone and had a revelation."

The photo became the final slide in Najarian's presentation. She told the audience that her mother, also her mentor and best friend, had taught her to help others and always keep her commitments. "She gave me the strength to get through this," Najarian said. "Now I hope you'll take this knowledge and help your patients." Najarian received a standing ovation, and she still gets calls from people saying they are successfully using her ideas. "The feedback is very satisfying," she says. "In the end I always want to do the right thing for patients."

Time to Eat

NOTIFICATION SYSTEM TIGHTENS
INPATIENT GLUCOSE CONTROL



BEFORE STUDY
50-61 MINUTES



AFTER STUDY
3-11 MINUTES

When people with diabetes are hospitalized, controlling their blood sugar is a top priority. Thanks to Brian Spadt, that process is now a little simpler – and a lot more effective.

A technical partner on Lehigh Valley Hospital–Muhlenberg’s 6T, Spadt checks glucose levels on patients with diabetes via a finger stick. Levels must be obtained four times daily, ideally 30 minutes or less before eating. If levels are high, correction insulin should be administered within 30 minutes of testing according to best practice standards. But the process became challenging when patients were permitted to eat meals at their convenience rather than at designated times. “Proper timing became a guessing game,” Spadt says.

The issue caught the attention of our Diabetes Quality Improvement Team, a network-wide, multidisciplinary group of 75 colleagues that monitors outcomes and formulates action plans for improvement. To help find a solution, LVH–Muhlenberg unit managers, staff nurses and technical partners including Spadt held a brainstorming session in July 2011. “We kicked around lots of great ideas,” Spadt says. “The group decided mine was the easiest to implement.”

Spadt suggested technical partners carry beepers so they could be notified by the kitchen whenever one of their

patients orders a meal. “Our investigation indicated food trays typically arrive 36 minutes after ordering,” he says. “That’s a perfect window of time for us to come and do our tests.” A pilot began on 6T in November 2011. With assistance from information services, a paging function on the technical partners’ phones was later activated, eliminating the need for beepers.

The advance notice has made a dramatic difference. Prior to the pilot, the average time between testing and insulin administration was 50-61 minutes. It now averages 3-11 minutes, well within the best practice guidelines. “This turnaround reflects a total team effort among Sodexo, our technical partners and our

nurses,” says 6T patient care specialist Marie Gutekunst, MSN, RN, PCCN.

Spadt and Gutekunst were invited by Joyce Najarian, MSN, RN, CDE, inpatient diabetes program manager, to share the stellar results with a poster presentation at the American Association of Diabetes Educators national convention in Philadelphia in August 2013. They also were joined by Ann Flickinger, MS, RD, LDN, clinical nutrition manager. For Spadt, the experience was humbling. “Technical partners don’t typically present at those kinds of events,” he says. “It showed me no matter your role, you can make a contribution. Now I’m an advocate for all technical partners to get more involved.”



Marie Gutekunst, MSN, RN, PCCN
6T patient care specialist



Brian Spadt (right)
credits the Sodexo staff
for helping his team achieve
tighter glucose control.

PUBLICATIONS

["An Examination of ESI Triage Scoring Accuracy in Relationship to Emergency Department Nursing Attitudes and Experience."](#) Journal of Emergency Nursing, doi:10.1016/j.jen.2013.09.009, December 2013.

Charlotte Buckenmyer, MS, RN, CEN

Carolyn Davidson, PhD, RN, CCRN, FNP-BC, CPHQ

Paul Delpais, MSN, RN, CEN

Andrew Martin MSN, RN, PHRN, CEN

Michele Ortiz, BSN, RN, CEN

Anne Panik, MS, BSN, RN, NEA-BC

["Exercise Habits of Licensed Nurses and Nursing Assistants: Are They Meeting National Guidelines?"](#) Geriatric Nursing, Vol. 35, Issue 2, Supplement, p. S17-S20, March 2014.

Tamara L. Burket, MSN, ACNS-BC, GCNS-BC, CCRN

Kelly Flannery, PhD, RN (University of Maryland)

Barbara Resnick, PhD, FAANP, FAAN, CRNP (University of Maryland)

POSTER PRESENTATIONS

"Optimizing Care – Inspiring Leadership to Improve Quality and Efficiency While Controlling Costs" at the American Organization of Nurse Executives Annual Meeting in Orlando, Fla., in March 2014.

Kim Jordan, MHA, RN, NE-BC

Anne Panik, MS, BSN, RN, NEA-BC

"Ready-Set-Go! A Clinical Practice Guideline That Promotes Safe Care of the Sedated Patient Before, During and After Transport" at the American Association of Neuroscience Nurses (AANN) Annual Meeting in Anaheim, Calif., in March 2014.

Jennifer Houpp, RN, CNRN

Kimberly Martin, RN, CNRN

"Mobilizing Mechanically Ventilated Neuroscience Patients – A Clinical Practice Guideline to 'Get Up and Go'" at the American Association of Neuroscience Nurses (AANN) Annual Meeting in Anaheim, Calif., in March 2014.

Bonnie Wasilowsky, BSPA-HCA, RN, CNRN

"Gaining Acceptance in the Plain Community for High-Tech Burn Care" at the American Burn Association Annual Meeting in Boston, in March 2014.

Mindy Brosious, BSN, RN

Nancy Humes, BSN, RN

Nicole Zimmerman, MSN, MBA, RN, CMSRN

"Fighting the Down and Dirty of Colon Rectal Surgical Site Infections" at the Association of periOperative Nurses (AORN) Surgical Conference and Expo in Chicago, in March 2014.

Amy Wojcik, RN

"Creating Alternative Educational Modalities for the Operating Room" at the Association of periOperative Nurses (AORN) Surgical Conference and Expo in Chicago, in March 2014.

Jill Rothermel, RN

"Engaging Robotic Care Teams Across the Perioperative Continuum" at the Association of periOperative Nurses (AORN) Surgical Conference and Expo in Chicago, in March 2014.

Jillian Laudenslager, RN

"Changing the Road to Recovery: A Lesson in Pediatric Surgery Efficiency" at the Association of periOperative Nurses (AORN) Surgical Conference and Expo in Chicago, in March 2014.

Hope Johnson, MSN, RN, CNOR, NEA-BC

"One Love, One Heart – Uniting Cardiac Surgery Programs Within a Network" at the Association of periOperative Nurses (AORN) Surgical Conference and Expo in Chicago, in March 2014.

Lori Fuerher, BSN, RN, CNOR

"Hot Topic: A Team Approach to Fire Safety Education" at the Association of periOperative Nurses (AORN) Surgical Conference and Expo in Chicago, in March 2014.

Jeanne Luke, MSN, RN, CNOR

"CHURN: A Time to Get Ahead of the Medical-Surgical Workload" at the 26th Annual Scientific Sessions of the Eastern Nursing Research Society in Philadelphia, in April 2014.

Carolyn L. Davidson, PhD, RN, CCRN, FNP-BC, CPHQ

"Engaging Staff to Change a Culture" at the American Society of PeriAnesthesia Nurses (ASPAN) National Conference in Las Vegas, in April 2014.

Mary Kunkle, BSN, RN, CPN

"Changing the Road to Recovery: A Lesson in Pediatric Surgery Efficiency" at the American Society of PeriAnesthesia Nurses (ASPAN) National Conference in Las Vegas, in April 2014.

Joshua Kern, BSN, RN

"Engaging Robotic Care Teams Across the Perioperative Continuum" at the American Society of PeriAnesthesia Nurses (ASPAN) National Conference in Las Vegas, in April 2014.

Amanda Knoll, BSN, RN, CPAN

"ROADMAP: Setting the Course for Patient and Family Involvement in Their Plan of Care" at the National Association of Orthopedic Nursing Congress in Las Vegas, in May 2014.

Barbara Larsen, RN

"High-Dose Interleukin-2 Administration in the Oncology Medical-Surgical Setting – An Innovation to Impact Cost Efficiencies, Clinical Outcomes and the Ideal Patient Experience" at the Oncology Nursing Society Annual Congress in Anaheim, Calif., in May 2014.

Megan Derr, BSN, RN

Deidre Kutzler, BSN, RN, OCN

"The Standard Leadership Calendar – A Pragmatic and Innovative Strategy to Foster a Healthy and Safe Oncology Practice Setting" at the Oncology Nursing Society Annual Congress in Anaheim, Calif., in May 2014.

Dawn Pingyar, BSN, RN

"Lessons Learned in Caring for Patients Treated With Therapeutic Hypothermia" at the American Association of Critical Care Nurses (AACN) National Teaching Institute Conference in Denver, in May 2014.

Carolyn Ordway, MSN, RN, CCRN

Kelly Wolfenden, BSN, RN

"Endoscopic Pancreatic Pseudocyst Drainage" at the Society of Gastroenterology Nurses and Associates (SGNA) Annual Course in Nashville, Tenn., in May 2014.

Judith Dorsam, BSN, RN, CGRN

"A Multidisciplinary Team Approach to Quality and Efficiency in the Total Knee Arthroplasty Patient" at the National Association of Orthopedic Nurses (NAON) Annual Congress in Las Vegas, in May 2014.

Lori Wittner, BSN, RN, CNOR

"E Pluribus Unum: The Unification of Four Culturally Unique Pre-Admission Testing Sites to One Network Department" at the American Academy of Ambulatory Care Nursing (AACN) Conference in New Orleans, in May 2014.

Teresa Elwell, RN

“Charging Change” at the American Academy of Ambulatory Care Nursing (AAACN) Conference in New Orleans, in May 2014.

Kaye Barnhardt, RN

“Cystic Fibrosis Late Onset: A Case Study of Success” at the Clinical Insights in Respiratory Care Conference in Allentown, Pa., in May 2014.

Kenneth Miller, MEd, RRT-NPS, ACCS, AE-C

ORAL PRESENTATIONS

“Modified Early Warning Score Influence on Cardiac Arrest Events in an Academic Medical Center” at The Academic Forum Conference in Baltimore, in March 2014.

Anne S. Rabert, RN, MHSA, CCRN, NE-BC

“Interprofessional Communication and Collaboration Yields Cost Savings in Perioperative Services” at the American Organization of Nurse Executives (AONE) in Orlando, Fla., in March 2014.

Dorothy Jones, MSN, RN, NEA-BC, CNOR

Michael Moritz, MD, FACS

“A Clear Vision to Bring Evidence-Based Practice to the Older Adult: The EBP Fellows2 Program” at the NICHE Annual Conference in San Diego, in April 2014.

Wendy LeBron, BSN, RN

“Meaningful Communication in the Patient’s Circle of Care...A Systematic Approach to Patient Centered Care” at the Pennsylvania Hospice Network Annual Meeting and Conference in Harrisburg, Pa., in April 2014.

Carolyn Bozsolak, RN, BSN

Kimberly Bruns, MSW, LCSW

Ernest DeAngelis, LSW

Sarah Nicklin, MD

Jeannie Vogt, MSN, MBA, RN, CPHN, CHPCA

Reverend Albert Voorhis, M.Div.

“An Active Voiding Trial Protocol for the Post-Operative Urologic/Gynecologic Surgical Patient – A Simple ‘Just Do It’ to Impact Satisfaction, Cost and Quality” at the Oncology Nursing Society Annual Congress in Anaheim, Calif., in May 2014.

Joanna Ferreri, BSN, RN

Annie Krupka, BSN, RN

“Diabetes Care in the Hospitalized Patient: Transitioning From Tradition to Evidence-Based Care” at the Society for Vascular Nursing Convention in San Antonio, in May 2014.

Kim Bartman, BSN, RN, CVN

Morgan Fick, BSN, RN

Joyce Najarian, MSN, RN, CDE

“An Intensive Evidence-Based Organ Donor Management Protocol: Ensuring the Gift of Life” at the American Association of Critical Care Nurses (AACN) National Teaching Institute Conference in Denver, in May 2014.

Maureen Smith, MSN, RN, CNRN

Tanya Wagner, RN

“Utilization of High-Frequency Percussive Ventilation During ECMO: A Case Study” at the Medical Support High Frequency Conference in Lancaster, Pa., in May 2014.

John Reed, RRT-ACCS

“Highly Infectious Respiratory Diseases” at the Focus National Respiratory Conference in Orlando, Fla., in May 2014.

Kenneth Miller, MEd, RRT-NPS, ACCS, AE-C

“Ventilator Dyspnea: Optimizing Patient Interfacing During Mechanical Ventilation” at the Focus National Respiratory Conference in Orlando, Fla., in May 2014.

Kenneth Miller, MEd, RRT-NPS, ACCS, AE-C

“Inhaled Pulmonary Vasodilators” at the Pennsylvania Society for Respiratory Care Northeastern Conference in Wilkes-Barre, Pa., in May 2014.

Kenneth Miller, MEd, RRT-NPS, ACCS, AE-C

“High-Frequency Percussive Ventilation: Theory and Application” at the Pennsylvania Society for Respiratory Care Northeastern Conference in Wilkes-Barre, Pa., in May 2014.

Kenneth Miller, MEd, RRT-NPS, ACCS, AE-C

PANEL PRESENTATIONS

“Conversations With Nurse Leaders” at the Pennsylvania Action Coalition Nurse Residency Programs Conference in Pittsburgh, in April 2014, and Hershey, Pa., in May 2014.

Cynthia A. Cappel MSN, RN-BC, NE-BC

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Anne Panik, RN

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Pamela Riddell

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