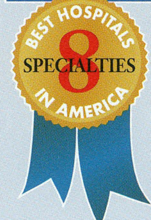
LEHIGH VALLEY HOSPITAL & HEALTH NETWORK JANUARY 2007

magnetattractions

How We Attract and Retain the Best

Join Our Patient-Centered Journey

Learn inside how you have a role



on the cover:

A Patient and her advocate—Labor and delivery nurse Joanne Stewart, R.N., supported her patient, Georgina Samaan of Bethlehem, during her recent labor journey. Read more on page 6.

inside this issue

3 Through Our Patients' Eyes
Terry Capuano shares the importance of our patient-centered care philosophy

4 Take Our Hand
OACIS helps guide patients with complex illnesses on their journey

5 Listening to Patients and Families
Surveys now measure both patients' and families' satisfaction

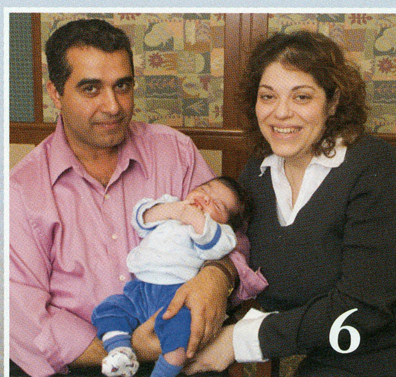
6 Behind the Scenes Care
Labor and delivery caregivers advocate for patients by speaking up on their behalf

7 Giving Patients a Voice
A community advisory board encourages HIV patients to get involved in their care

8 Patient-Centered Construction
Caregivers and patients are the architects when we build new facilities

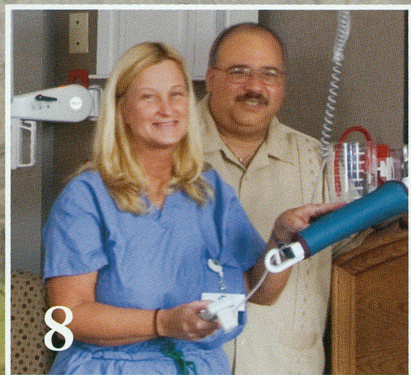
9 Our Journey of Growth
Community members help us explore the patient-centered experience

10 Our Magnet Moments
Learn about a recent gift to nursing, this year's Take NOTES program, how caregivers are supporting troops, upcoming continuing education, recent certifications and appointments, and who presented at regional and national conferences



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 Hospital and Health Network and shows how our clinical staff truly magnifies excellence.



The Patient-Centered Journey Begins Here

1993—*The Picker Institute, an independent research organization, published "Through the Patients Eyes," describing a patient-centered care philosophy.*

Through Our Patients' Eyes

In the 1980s, Massachusetts officials tried to close Winchendon Hospital, a small community hospital. It had fewer than 50 beds, was in violation of health, safety and fire codes, and was unequipped to handle even the most routine inpatient care.

But community members fought the closing all the way to the state Supreme Judicial Court. Officials were baffled. Yet, what they failed to see was at Winchendon Hospital people received personal, kind care from their friends and neighbors. That meant more to them than having the most technologically advanced hospital.

One woman compared Winchendon to one of the most prestigious hospitals in Boston after her brother received surgery there: "As to the care he got—well, I would put our facility up against yours anytime. No bath or back rub for a week and a room that looked like a prison cell. Our cheery little hospital would put Mass. General to shame."

Winchendon Hospital eventually closed. In the end, it couldn't provide the quality care demanded at the time. But this story, told in the book "Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care," helps define what it really means to be patient-centered. The book outlines a philosophy that we, and many other hospitals in the 1990s, used as a guide for putting patients first. (Throughout this issue, follow our patient-centered care journey.)

You may be thinking: Why do we need a philosophy to be patient-centered? Don't we do that naturally? Yes, we do. But this philosophy gives us a framework to find ways to make our environment more patient centered—to find ways to spend more time with patients. Our efforts haven't gone unnoticed. It is one reason we were designated a Magnet hospital by the American Nurses Credentialing Center.

Now, we're strengthening that philosophy by taking an even deeper look at the patient-care experience and our framework: the eight dimensions of care. During two retreats last year, we stepped out of our comfort zone and asked community members to join us on this journey. What they told us—they want kind, personal care. Their honesty and insight helped us create vision statements that we will use as a guide for creating the ideal patient experience over the next decade.

In this issue, you'll learn how we're already providing patients with the ideal experience—from new patient rooms at LVH–Cedar Crest (page 8) to a community advisory board for HIV/AIDS patients (page 7). As we continue to grow, it's especially important that in addition to quality care, we continue to give, kind, personal care—just like at Winchendon Hospital. If you have doubts, take a step back and look through your patients' eyes.

Terry Ann Capuano

Terry A. Capuano, R.N., M.S.N., M.B.A., C.N.A., B.C.
Senior Vice President, Clinical Services

8

Eight Dimensions of Care:

- **Access**
- **Respect**
- **Coordination**
- **Communication**
- **Physical Care**
- **Emotional Support**
- **Family and Friends**
- **Continuity**

Take Our Hand

You can help guide patients with complex illnesses on their journey

Understanding OACIS

Oasis—A calm place amid a difficult or hectic journey.

OACIS—A new program designed to help patients with a difficult illness journey.

Advanced complex illness—Refers to 1-3 percent of the American population who are in the late, life-threatening stages of chronic, malignant or degenerative disease, yet who may not be seen as terminally ill or hospice appropriate.

Goals of care—The treatment desired by the patient (or family) during a certain point of the illness journey. Goals can change during the progression of an advanced complex illness. Early in a difficult illness, the goal may be to find a cure no matter what the side effects. If the initial treatments don't work though, the goals may change to being strong enough to attend a daughter's wedding, to avoid future hospitalizations or just to be comfortable.

Anne Marie Crown and Domenick Billera were married on June 12, 2004. Eleven days later, Billera was diagnosed with acute leukemia. As husband and wife, they faced his disease together. Crown drove Billera to five different hospitals for treatment, went to more than 150 doctor appointments with him and spent many nights in the hospital on a makeshift bed by his side.

Throughout Billera's 22-month battle, Crown didn't think twice about being his caregiver. "No one could give him the care and comfort I did," she says. But the one role she wished could have been lifted from her was that of advocate. "On Domenick's behalf, I sometimes had to be demanding and beg for things he needed," she says. "That was time I couldn't be by his side, comforting him and being his wife."

Recognizing that patients with advanced complex illnesses often are left alone to navigate their illness journey LVHHN developed OACIS Services (Optimizing Advanced Complex Illness Support) to help guide the way.

"These patients and their families often struggle with physical, emotional and spiritual issues that often go unaddressed during complex illness," says OACIS medical director Lou Lukas, M.D.

Launched in late September, OACIS Services is already caring for more than 100 outpatients and is available on several inpatient units at LVH–Cedar Crest, with plans to continue rolling it out to the rest of the network throughout the year.

What's your role? If you're a bedside nurse, you'll collaborate with attending physicians to refer patients with complex illnesses you believe could benefit from OACIS Services. "Often we see the same patients over and over again who are having difficulty controlling their illness," says staff nurse Nicole Spess, R.N., of 7B. "Now we can refer them to OACIS and get them care tailored to their needs."

When a hospitalized patient is referred to OACIS, he gets a comprehensive assessment from the OACIS team, which consists of a physician and advanced practice nurse who are specially educated in palliative medicine and complex communication skills. The goal is to help the patient and his family understand the course of the illness and express their values and goals, especially with regard to treatment options.

1994—*A team of LVHHN caregivers investigated this philosophy and how we could apply it to our care.*

1995—*We adopted it as our philosophy and defined what patient-centered care means to us. Three new units at LVH–Cedar Crest applied the philosophy by making changes such as decentralizing nurses' stations, phlebotomies and EKGs, and minimizing the number of times patients interact with different caregivers.*

The team collaborates with resources inside and outside LVHHN to help address patients' and families' needs, and assists other health care providers in crafting plans that fit the patients' goals. The team provides assistance with difficult symptoms, can make home visits and facilitates conversations with family members or other health care professionals.

"We'll ask patients what they understand about their illness and its likely progression," says clinical nurse specialist Sharyn Lang, R.N. "Then we'll find out what they still wish to accomplish during their lifetime and suggest ways to make that happen." Sometimes patients' physical symptoms are made worse because of social or spiritual issues. If the patient has an estranged relative who he hasn't seen in years, finding a way to help with that situation can do more good than increasing medicines for pain or depression.

Other benefits of OACIS? The team can help clear up conflicting messages patients might hear from their different specialists. Physicians tend to emphasize the developments in their particular specialty, so while the kidneys may be a little better today, the heart and liver might be worse. In the confusion of all the voices, families are likely to hear only parts of the whole story.

"OACIS Services will pull these details together and keep everyone on the same page," says OACIS service coordinator and social worker Christina Kulp. "We keep the focus on what the patient wants."

Though Billera passed away in April and wasn't able to benefit from OACIS Services, Crown is thankful it will be available to others. "I saw too many people who didn't have anybody advocating for them," she says. "Now someone will be looking out for them."

Kimberly Hassler

From this caregiver's heart-During a recent palliative care symposium, Anne Marie Crown (seated), program coordinator for Heart Help for Women, shared her story of caring for her husband who had acute leukemia. OACIS Services team members (from left) Lou Lukas, M.D., Christina Kulp and Sharyn Lang, R.N., feel families are an important component in their care for patients who have advanced complex illnesses.

1998—*LVHHN nurses with colleagues published manuscripts in peer-reviewed journals highlighting our implementation of patient-centered care.*

Listening to Patients and Families

In the late 1990s, critical care units received little feedback from patients on their Press Ganey patient satisfaction surveys. It wasn't that the patients didn't care or were unhappy—they simply didn't remember their stay in the critical care unit.

So, nurse researcher Yvonne Bryan, R.N., and critical care nurses Kathy Baker, R.N., and Mae Ann Pasquale, R.N., decided to ask family members about their experiences. They developed an evidence-based survey to reflect families' satisfaction with care to their loved ones and themselves. It's the only survey of its kind in the region, and it's been adopted by hospitals across the country.

"Patient satisfaction surveys tell us what we are doing well, and what we can improve on," says Anne Rabert, R.N., director of the medical-surgical intensive care units. "We figured if patients don't remember their stay, their families surely will."

They now have a reliable and scientifically verified model for measuring family satisfaction. It's resulted in new services for families, such as an ambassador in the waiting room who takes care of families' needs, and sleeping rooms for family members who want to spend the night.

Matthew Burns

Behind the Scenes Care

Patients can't see it, but their labor and delivery caregivers are advocating for them and speaking up on their behalf

"Typical" is rarely used to describe days on the labor and delivery unit. Plans often change and schedules shift. The morning of Nov. 2 was no different. A high-risk mom's baby was found to be in the breech position and she required a Cesarean section (C-section). Since she had eaten before the decision was made, she could not have surgery until 1 p.m.—the same time another mom was scheduled for a C-section.

Perioperative nurse Joanne Stewart, R.N., recognized the care team was faced with a challenge: How could we accommodate both moms' needs, as well as those of the laboring patients on the unit? In the past, the responsibility of sorting out the details likely would have fallen on the surgeons. Today, nurses like Stewart are empowered to initiate plans to ensure patients get the best care.

Called crew resource management, this new initiative, used at only a few hospitals nationwide, recognizes pregnancy is unpredictable and things can change in an instant. Every morning all staff members—nurses, obstetricians, maternal-fetal medicine specialists, anesthesiologists, neonatologists and residents—are briefed on every patient. "Everyone knows about each patient on the unit, our operating room schedule and the status of our high-risk patients," says patient care coordinator Karen Groves, R.N. "We then can evaluate how this will affect the flow of the unit for the day, and how our team is best prepared to respond quickly."

Crew resource management also empowers caregivers to make suggestions if they feel a patient's care can be improved and to discuss the situation with the entire team. "Our patients' care and safety have always been a priority," Stewart says. "Now we have a voice to ensure they are getting the best care and are empowered to pull the entire team together."

And that's just what she did the morning of Nov. 2. Stewart and her charge nurse, Groves, formulated a plan and initiated a crew resource meeting with the team. After making a series of phone calls, checking physicians' schedules and talking to anesthesia, the plan was in motion. "Pushing back surgery an hour isn't as easy as it sounds," Stewart says. "But it worked out well."

By 2 p.m., each mom had delivered a healthy baby. "Best of all, our crew resource meeting and planning happens behind the scenes," Stewart says. "So patients only see the results of our hard work, making their experience more relaxed. That's what is most important."

Sally Gilotti

Working as a team—Labor and delivery caregivers (from left) Joseph DeFulvio, M.D., Karen Groves, R.N., Robin Miles, R.N., and Joanne Stewart, R.N., used crew resource management to ensure two moms, due to have C-sections at the same time, had happy and safe experiences. With everyone on the same page, they were able to shift schedules and Georgina Samaan (right front) of Bethlehem had her C-section an hour earlier than scheduled with DeFulvio, her obstetrician, as she requested. She and her husband, Joseph, had their third son, Paul Joseph (pictured).

1999—*All patient care units integrated the patient-centered care philosophy into their culture.*

Giving Patients a Voice

HIV patients are empowered to get involved in their care through a community advisory board

Raising HIV awareness—Muhlenberg College students designed and painted this mural to raise awareness about HIV. It hangs outside the pediatric clinic at LVH–17th and Chew.

Once a month, patients infected with HIV gather to share their stories of struggle and triumph and offer each other advice for coping. Absent from these meetings are the people who care for them—their physicians, nurses, case managers and others from the AIDS Activities Office (AAO). But that's just how patients said they prefer it.

The support group is just one idea that grew out of the AAO's consumer advisory board that formed more than a year ago to empower patients to get involved in their own care. "We know the best way to care for our patients is to ask them what they want," says Elena Schumacher, a dietitian in the AAO. "They told us they wanted to start a support group for themselves, and we fully support that."

Through the advisory board, patients have a voice. It's raising the bar on excellence for caregivers. "It's easy to assume we're doing things well," Schumacher says. "Now we have a forum in which we can ask our patients how we can do things better and be sure we're giving them the support they need."

The advisory board has become fairly independent with members organizing and facilitating meetings, and members have been forthright about ideas. Using feedback from questionnaires given to all patients, members recognized patients need more opportunities to interact with each other. In August, they held a picnic for patients, their families and friends.

They're also starting a buddy system, in which patients will be connected with newly diagnosed patients for support and advice. It's something David,* an HIV patient and advisory board member, is particularly passionate about. "When you're first diagnosed, you have a lot of questions and concerns. It's difficult to go to your family, and you're not yet comfortable with your physicians," he says. "With the buddy system, we're hoping to diminish those fears so that patients can speak openly about their feelings and ask those tough questions."

Recently, AAO managers were considering changing the department's name. Before making a decision, they asked the advisory board. Turns out, patients like the name—its acronym is anonymous and well-known in the community, and it's found at the beginning of the phone book. So, the current name stays.

** The patient's name has been kept confidential to protect his privacy.*

Sally Gilotti and Joe Candio Jr.

2002—*The patient-centered care philosophy heavily influenced our "ideal patient experience," our creation of processes to achieve the ideal patient experience, such as the open-heart surgery program at LVH–Muhlenberg.*

Patient-Centered Construction

When we build new facilities, caregivers and patients are the architects

Who does it take to plan a multi-million dollar expansion project at LVH–Cedar Crest? Architects, engineers, designers, and most importantly, the people who work closest with patients—caregivers.

It was caregivers who recommended spacious rooms with wider doorways, patient lifts in every room, and three nurses' stations along a long hallway. "Patients are our top priority," says 4C's Cheryl Rowan, R.N. "We want to be sure they are cared for in a safe and comfortable environment.

Bedside nurses like Rowan shared their ideas with their supervisors, who in turn shared them with architects. Once the blueprints were finished, nurses were asked to review them and give suggestions. More recently, construction crews built simulations of these new patient rooms that caregivers are encouraged to tour. There, they can make additional suggestions before the real ones are constructed.

Community members, too, were asked to tour the rooms and give their feedback. "It's just how we do things as a Magnet hospital," says Cindy Buhn, R.N., of the Burn Center. "We work with each other and our patients to determine the best ways to give care."

Tour our new Burn Center, vascular (currently 4C) unit and transitional open heart unit (TOHU) and find out how our caregivers' strong patient advocacy leads to better patient care.

4C and TOHU

Private rooms—Because family involvement impacts patients' recovery, new patient rooms will look more like hotel rooms than hospital rooms. "We want family members to be comfortable and stay as long as they need to," Rowan says.

Three nurses' stations/medication rooms—Patients often say it's hard to sleep because they can hear what's happening outside their rooms. Multiple nurses' stations and medication rooms will decrease the number of nurses working in one area, minimizing noise.

4C procedure room—It can be emotionally and physically stressful for patients when they are transported throughout the hospital for multiple tests and procedures. An on-unit procedure room will eliminate the need for patients to go to the operating room for minor surgical procedures.

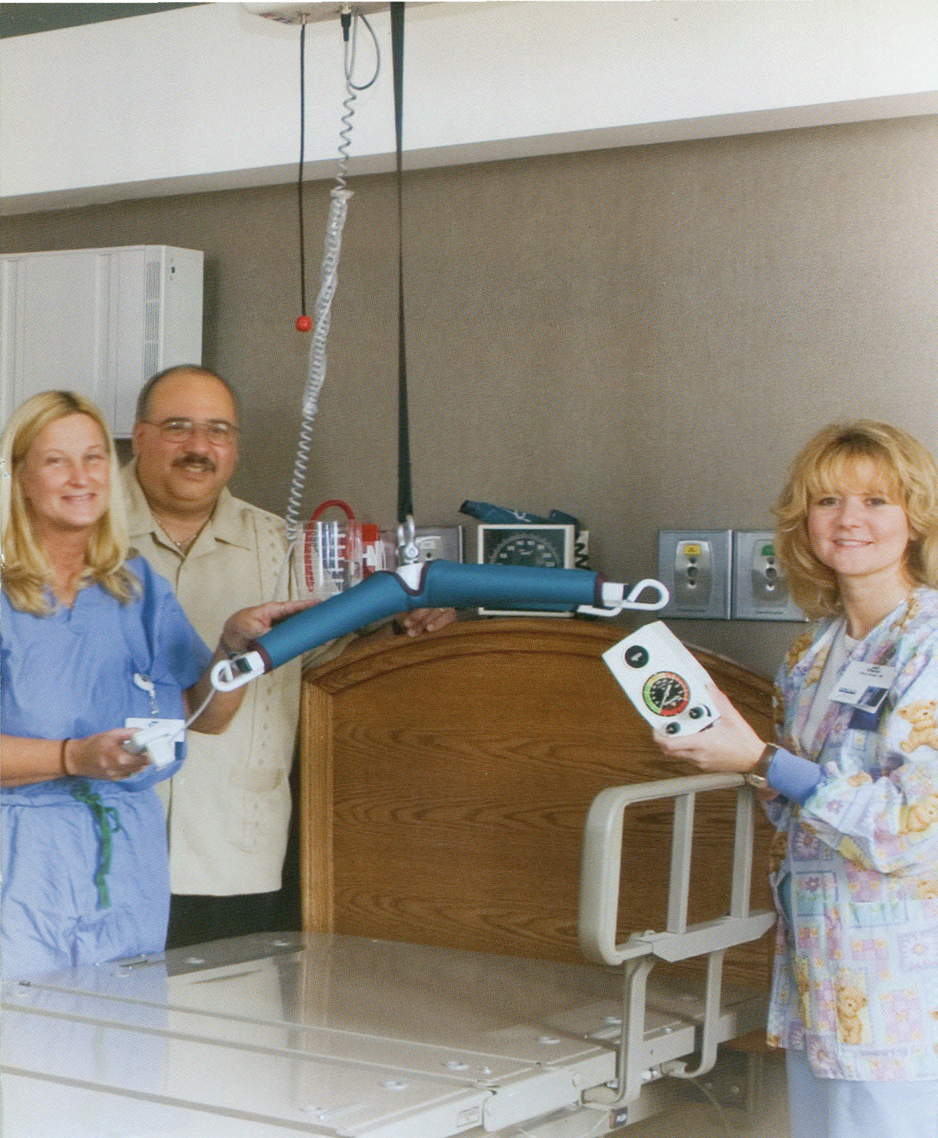
BURN CENTER

A larger center—The Burn Center will be able to accommodate more burn patients by doubling the number of beds to 18. Patients with minor burns will no longer have to be admitted to other units. Instead, they'll be in a unit designed to care for their specific needs.

Ceiling lifts—Burn injury dressing changes require two caregivers and can be painful for patients. Patient lifts in every room will help nurses move patients more gently on their own,

2003—*The new LVH–Muhlenberg tower includes private rooms, locked medication drawers in each patient's room, family sleep rooms, and more—all examples of patient-centered care.*

2006—*Our continued focus on patient-centered care helps us achieve Magnet redesignation by taking it to higher levels. We even asked our patients: "What's important to you?" and had them candidly tell their stories at two retreats.*



Building the ideal hospital–Community members like Guillermo Lopez (center) joined our caregivers to tour model rooms and make suggestions on how they could be improved. While 4C's Cheryl Rowan, R.N. (right), looks at a new patient lift and the Burn Center's Cindy Buhn, R.N.(left), inspects a suction regulator, Lopez offers a unique opinion from the patient's perspective. "I was happy to see the room included a sofa bed for family members," he says. "Family support and love is such a strong component toward recovery and healing. When I saw that bed, it warmed my heart."

reducing pain for patients. Lifts also will free up caregivers to attend to the needs of other patients.

Temperature control—"Burn patients frequently tell us they're cold," Buhn says. "That's why each bed will have an overhead heat panel." Plus, each room will have its own thermostat. The ventilation system will control humidity, which helps prevent infection.

Rick Martuscelli

2006—*Patient-centered care evolves into the patient-centered experience. We're looking at ways to take patient-centered care to the next level over the next 10 years using 39 vision statements for creating the ideal patient experience as our guide.*

Our Journey of Growth

Community members join our exploration of the patient-centered experience

Guillermo Lopez's mother, Sara, spoke mostly Spanish. But when caregivers spoke English to her, she appeared to understand every word, nodding and smiling. "When they left, she would turn to me and say, 'Junior, what did they say?'" says Lopez of Bethlehem. He wanted to be sure she understood important health information, so he learned to ask for an interpreter. "It was scary for me to explain often complicated information to my mom," he says. "An interpreter took that burden off of me."

We're using stories like Lopez's to shape the future of our patients' experiences. Last year, we took a bold step. We asked community members to tell us about their own and their families' experiences and give us their advice. It was part of our Journey of Growth, two retreats devoted to exploring how we can take care to the next level. The result: 36 vision statements we will use as a guide and more than 2,000 ideas that a committee is reviewing to determine which can be implemented.

Although Lopez's mother passed away in June after struggling with heart disease, he says her story is a reminder to caregivers to not assume people understand what they hear, especially medical information.

Other community members' advice:

- Treat all patients as though they are your family or friends. News of great care travels.
- If you don't know the answer, find someone who does.
- Put patients first, no matter your position.
- Listen to patients and their family members.

Want to read the candid stories community members shared about their care during our Journey of Growth retreats and the advice they offered? Visit www.lvh.org/magnetattractions or call 610-402-CARE.

Sally Gilotti

Our Magnet Moments

continuing education

JANUARY	
2	**Critical Care Course: Hemodynamics** 8 a.m.-4:30 p.m., Aud., LVH-17th and Chew
8	**Critical Care Course: Neurosciences Part 1** 8 a.m.-4:30 p.m., Aud., LVH-17th and Chew
9	Critical Care Course: Neurosciences Part 2 8 a.m.-4:30 p.m., Aud., LVH-17th and Chew
11	Assessment & Management of Behavioral Dyscontrol (Code Orange) 8 a.m.-12:30 p.m., LVH-M Banko 1 & 2
12	Assessment & Management of Behavioral Dyscontrol (Code Orange) 8 a.m.-4:30 p.m., LVH-M Banko 1 & 2.
18	Advanced Concepts in Cardiac Care 8 a.m.-4:30 p.m., Aud., LVH-17th and Chew
22	Critical Care Course: Gastrointestinal 8 a.m.-4:30 p.m., Aud., LVH-17th and Chew
22	Preceptor Preparation Program 8 a.m.-4:30 p.m., LVH-M Banko 1 & 2
23	Critical Care Course: Renal/Endocrine 8 a.m.-4:30 p.m., Aud., LVH-17th and Chew

FEBRUARY	
1	Introduction to Basic Dysrhythmias 8 a.m.-4:30 p.m., LVH-M Banko 1 & 2
2	Introduction to Basic Dysrhythmias 8 a.m.-4:30 p.m., LVH-M Banko 1 & 2
5	Critical Care Course: Needs of a Multi-System Critical Care Patient 8 a.m.-4:30 p.m., Aud., LVH-17th and Chew
8	3rd Annual Advances in Cardiac Care Symposium 8 a.m.-4:30 p.m., Holiday Inn - Fogelsville
9	Code Orange Recertification 7:30 a.m.-11:30 a.m. or 12:30 p.m.-4:30 p.m., LVH-M Banko 1 & 2
9	Art and Science of Mechanical Ventilation Conference 8 a.m.-4:30 p.m., Bear Creek Lodge
12	Introduction to Basic Dysrhythmias 8 a.m.-4:30 p.m., Aud., LVH-17th and Chew
15	Introduction to Basic Dysrhythmias 8 a.m.-4:30 p.m., Aud., LVH-17th and Chew
19	Trauma Nurse Course 8 a.m.-4:30 p.m., LVH-CC Classroom 1
20	Trauma Nurse Course 8 a.m.-4:30 p.m., LVH-CC Classroom 1
21	Trauma Nurse Course 8 a.m.-4:30 p.m., Aud., LVH-CC
22	Trauma Nurse Course: Burn 8 a.m.-4:30 p.m., LVH-CC Classroom 2
23	Burn Tissue Workshop 8 a.m.-4:30 p.m., LVH-CC Classroom 1
26	Introduction to Basic Dysrhythmias 8 a.m.-4:30 p.m., LVH-M Banko 1 & 2
27	Introduction to Basic Dysrhythmias 8 a.m.-4:30 p.m., ECC C & D, LVH-M

Contact Donna Stout at 610-402-2482 to register for a course.

A Care Package From Caregivers

Foot care and personal hygiene products, reading material, and plenty of American snacks—they're what every member of the U.S. military craves while serving our country in the Middle East. The mother-baby unit's Joanne Weidner, R.N. (right), discovered that firsthand while her son Lance Cpl. Brent Mengel was serving with the Marines in Iraq.

Inspired by Mengel, who has since returned home, all mother-baby unit caregivers donated and collected items to send to his battalion. "We've sent 12 boxes so far," says Sandy Berk, R.N., (left, pictured with colleagues from left: Mary Frost, R.N., and technical partner Terry Wieder). "We also wrote notes of encouragement and included them in the boxes. We simply feel it's the right thing to do."

Motivated by the Professional Excellence Council's continued focus on community service, nine other patient-care units hosted similar campaigns. To date, we've sent nearly 30 military care packages to our servicemen and servicewomen overseas.

sharing our knowledge

CERTIFICATIONS

Sue Francis Neiman, R.N.
Certified Registered Nurse Assessment Coordinator
August 2006

PRESENTATIONS

2006 rL Solutions User Group Meeting
Toronto, Canada, September 2006

Kelly Beauchamps and Stephanie Pacelli. NDNQI Falls Made Easy With Risk MonitorPro (oral presentation)

National Perinatal Association 2006 Annual Conference Washington, D.C., September 2006.
Erika Linden, R.N., and Laura Beaupre, R.N., Maternal-Fetal Transport Program (oral presentation)

Pediatric Pharmacy Advocacy Group
San Francisco, Calif., September 2006.

Jenny Boucher, Pharm.D., Diane Saniski, R.N., and Lynda Thom-Weiss, R.N.: Pain and Sedation Clinical Practice Guidelines in a Level III NICU (poster presentation)

Ryan White Clinical Conference
Washington, D.C., August 2006

Jean D'Aversa, R.N.: Using a PDSA Cycle to Improve Medication Adherence in HIV (poster presentation)

Jean D'Aversa, R.N.: HIV/HCV; Making Co-Infection Treatment Happen (poster presentation)

Allen Smith, R.N.: Neuman Systems Model in HIV Care (poster presentation)

Allen Smith, R.N.: Brief Safer Sex Counseling Reduces High-Risk Sexual Activity Among Sexually Active HIV Positive Adults (poster presentation)

National Emergency Nurse's Association Annual Meeting
San Antonio, Texas, September 2006.

Ann Gallagher, R.N., Diana Haines, R.N., Charlotte Buckenmyer, R.N., Christina Lewis, R.N., and Courtney Vose, R.N.: Implementation of an Electronic Emergency Department Medical Record System (poster presentation)

Mark Gutekunst, R.N., Brian Joho, R.N., and Diana Haines, R.N.: Neuro-Critical Transfer: Faster Access to Definitive Care (poster presentation)

Diana Haines, R.N.: An Electronic Emergency Department (poster presentation)

American Association of Cardio Vascular Pulmonary Rehab (AACVPR)
Charleston, W.V., September 2006

Catherine Odom: A Pilot Study to Evaluate the Use of Guided Imagery in Cardiothoracic Surgery Patients (poster presentation)

Heart Failure Society of America's 10th Annual Meeting
Seattle, Wash., September 2006.

Michael Rossi, M.D., Joshua Skibba, M.D., Patricia Parker, R.N., Katrina Fritz, R.N., Nancy Davies-Hathen, R.N., and Donna Petruccelli, C.R.N.P.: Effective Use of Information Technology to Improve Quality of Care for Heart Failure Patients (poster presentation)

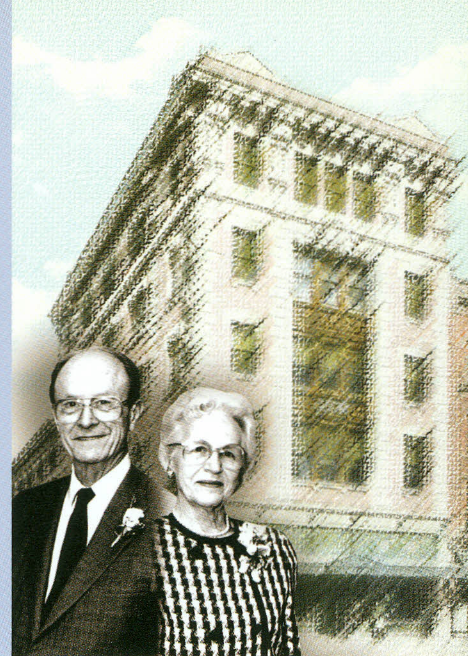
APPOINTMENTS

Lisa Durkin, Pharm.D., Appointed Adjunct Instructor in the Department of Pharmacy Practice at Wilkes University, July 2006.

Leroy Kromis, Pharm.D., Appointed Adjunct Instructor in the Department of Pharmacy Practice at Wilkes University, July 2006.

Molding the Minds of Tomorrow

It was Megan Derr's first time watching a live laparoscopic surgery, and she didn't want to miss a single detail. Fascinated by the doctors and nurses removing the patient's gall bladder, she thought, "I want a career in the operating room." Derr (left), a senior at Parkland High School, and 30 other students from around the Lehigh Valley participated in this year's Take NOTES program, which gives them observation experiences and a look at medicine that few people would ever get outside of completing a degree. It also connects the students with mentors like Hope Johnson, R.N. (right), patient care specialist for perioperative services, who shows Derr how to prepare a patient for surgery on a training dummy. After spending the morning shadowing nurses, participants hear from guest speakers such as MedEvac nurses, wound care specialists and college students pursuing nursing degrees.



Better Nurses by Farr

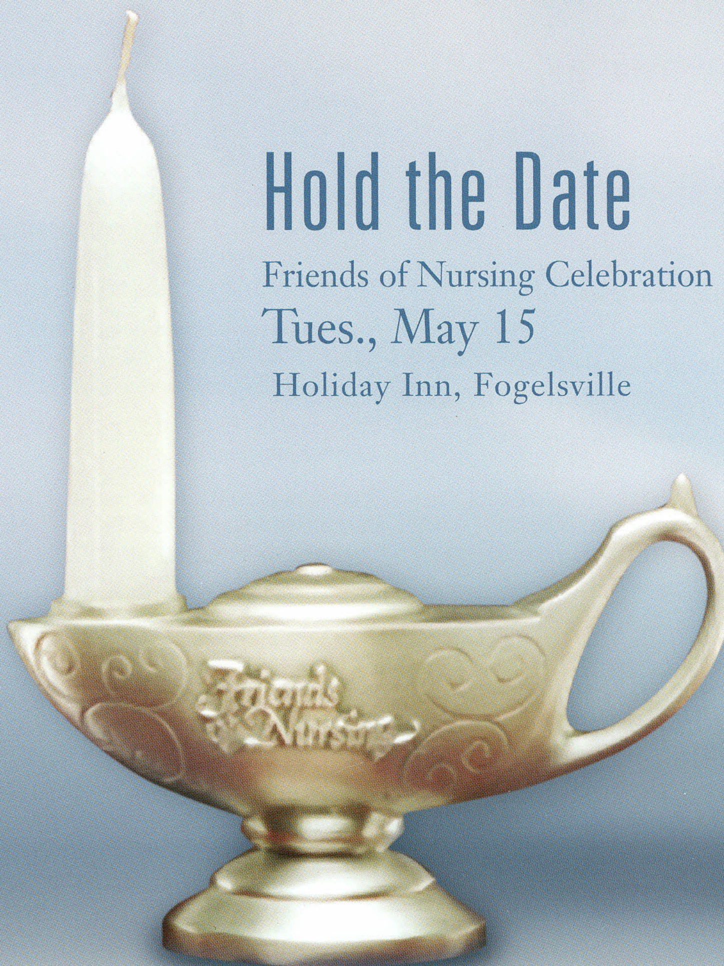
The Allentown Hospital School of Nursing students knew if they wanted quality nursing shoes to start their careers, they could find them at Farr Brothers Shoe Stores. Farr Brothers sold comfortable shoes for those long hours on your feet. The shoe stores closed in the mid-1980s, but the Farrs' reputation for offering the best to nurses continues. Elsa Farr, wife of shoe store proprietor Harvey Farr, has donated in excess of $20 million from her trust to support LVHHN nurses who want to return to school, attend professional conferences, earn special certifications and pursue other professional excellence presentations. It's the second largest single gift the hospital has ever received.

Want to learn more about the Farrs? Visit www.lvh.org/magnetattractions or call 610-402-CARE.

Wanted: Volunteers for the Friends of Nursing Awards Selection Panels

Are you interested in helping to select the recipients of the 2007 Friends of Nursing Awards? Sign up to be a member of the selection panels. You and your colleagues will personally interview award nominees and share your thoughts on who should receive awards.

Contact the Center for Professional Excellence at 610-402-1704 by Jan. 10.



Hold the Date

Friends of Nursing Celebration
Tues., May 15
Holiday Inn, Fogelsville

Internet: ***www.lvhnurses.org***

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