

FALL
2014

Magnet ATTRACTIONS

Passionate About Compassion

PAGE 4

A PASSION FOR BETTER MEDICINE

 **Lehigh Valley
Health Network**



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

WHEN YOU PRESENT
ON A NATIONAL STAGE,
YOU INSPIRE
OTHER
CLINICIANS
TO FOLLOW YOUR LEAD.



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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Share Your Expertise

All of us became clinicians because we have a passion to help people in times of need. It's why we find fulfillment in changing practice and improving patient care. Yet inside each of us is an even greater power. It's the power to both improve care for people here in the Lehigh Valley and to share that knowledge throughout our region and nation.

When you share your expertise in a peer-reviewed journal, present a poster at a regional symposium or make an oral presentation on a national stage, you deliver a powerful message. You inspire other clinicians to follow your lead. In exchange, you'll often receive more than you give as you teach others nationwide and learn from them too.

The stories inside this Magnet Attractions show the prestige of publishing and presenting. You'll meet oncology clinicians on 7C who use support and compassion to increase patient satisfaction and enhance their own ability to cope with their feelings related to their patients' diagnoses. You'll meet PICC nurses who pioneered a new type of catheter that helped to achieve zero infections. You'll learn how a multidisciplinary approach allows safe movement and better outcomes for patients on ventilators. You'll see how various initiatives help reduce noise for our patients. And you'll be impressed with an inspiring team of respiratory therapists who often share their expertise.

Once you read these stories, you'll be inspired to share your knowledge. We have excellent resources at Lehigh Valley Health Network (LVHN) to help you accomplish your goal. Our Center for Professional Excellence (CPE) features colleagues who can assist you in presenting or publishing. In fiscal year 2014, LVHN nurses and respiratory therapists delivered 26 oral presentations and 41 posters at national meetings and conferences, and published 10 manuscripts in texts and peer-reviewed journals.

I encourage you to take the next step today. Call the CPE at 610-402-1704 with your idea for a poster, paper or presentation. We look forward to learning from your work and applauding your contribution to professional nursing.

A DAY IN THE LIFE

Vera Deacon, RN, VA-BC

Inside Lehigh Valley Hospital (LVH)–Muhlenberg, a printer churns out physician orders requesting peripherally inserted central catheter lines (PICCs). As the orders roll in, Vera Deacon, RN, VA-BC, rolls up her sleeves. She's researching each patient's history, scanning for any potential contraindications (for example, a device like a pacemaker) and making decisions based on the patient record.

"I love the autonomy of this job," Deacon says. "The doctor places the order, but it's the PICC nurses who decide which device is most appropriate to deliver medications, nutrition, IV fluids or whatever the patient might need."

Pioneering practice change

Deacon joined the PICC team 18 years ago when Lehigh Valley Health Network (LVHN) was one of the first in Pennsylvania to pioneer this nursing specialty. "In the early '80s, a large group of nurses was responsible for inserting PICC lines, but the learning curve was long because they didn't do it very often," Deacon says. "Now it's a unique specialty."

At the bedside, Deacon performs up to 30 PICC patient encounters daily. In between, her pager sounds with requests to help with hard-to-stick patients, IVs, blood draws and vascular access device troubleshooting.

Deacon wears a cap, mask and gloves during each sterile PICC line insertion. She also preps the patient with a full sterile drape, similar to the OR. She injects lidocaine in the insertion site, then uses an ultrasound machine to guide the flexible tube through the patient's vein and into the

superior vena cava. Afterward, a radiologist will confirm the placement is correct via chest X-ray.

"We perform the PICC patient's redresses under sterile conditions to reduce central-line-associated bloodstream infections (CLABSI)," Deacon says. "We clean the site, put on new antibacterial dressings, replace the end caps and have as few hands involved as possible."

Creating zero CLABSI

Deacon recently worked with colleagues at the Good Shepherd long-term acute care hospital inside LVH–Muhlenberg. They trialed a new antimicrobial PICC device that shows promise in reducing central-line infections.

"We had zero CLABSI during our two-year trial, and we're still at zero three years later," Deacon says. She's sharing the data as co-author of an article that

STRUCTURAL EMPOWERMENT

SE3EO

Magnet® hospitals support nurses' continuous professional development. Vera Deacon, RN, VA-BC, was a pioneer as a certified vascular nurse. Now she uses her knowledge to lead research on devices that may help reduce central-line infections.

will publish this fall in the Journal of the Association for Vascular Access. "Other device trials didn't meet those expectations, but this one certainly has," she says. "Being part of this research is another rewarding part of my job. The numbers say it all."



EP4

Nurses at Magnet® hospitals create partnerships with patients and families to deliver patient-centered care. Colleagues on 7C have partnered with their patients and families to reduce compassion fatigue.

Like most oncology nurses, Joanna Ferreri, BSN, RN, felt a calling to care for cancer patients. Yet that calling comes with a potential emotional toll. “In my first year, I was surprised by the impact of compassion fatigue,” says the third-year nurse on Lehigh Valley Hospital–Cedar Crest’s 7C. “Even though you know how sick our patients are, I wasn’t ready for how deeply I felt that sadness.”

Ferreri’s colleague, Megan Derr, BSN, RN, OCN, CMSRN, experienced compassion fatigue too. “It leaves you feeling hopeless,” she says. “There are many people who work on oncology who are in their 20s and 30s. You begin to wonder what it’s all about when you lose a patient you’ve become close to.”

Compassion fatigue is a phenomenon that can cause grief, irritability, headaches or fatigue. “I have been on this unit for 26 years and have seen the toll this takes,” says 7C director Nicole Reimer, BSN, RN, OCN. “We go into this field because we are called to it, but no one can prepare you – emotionally, physically, spiritually – for the loss you feel when a patient passes.”



Joanna Ferreri, BSN, RN
Oncology

Combating Compassion Fatigue

DEEP CONNECTIONS, TENDER TOUCHES HELP 7C THRIVE

Acknowledging the problem

The first step in addressing compassion fatigue is acknowledging the problem, something 7C colleagues began doing five years ago. “One of the first ideas to combat compassion fatigue came about after a young patient passed,” Reimer says. “There was a lack of closure, so we decided to hold a gathering, led by pastoral care, to help us navigate our feelings.”

Five years later, those meetings continue weekly, and Derr is among those who find them helpful. “It’s an optional time for us to reflect or share with the group,” she says. Adds Ferreri, “When a patient passes, we talk to each other and support each other. It’s what helps me to get through this.”

Showing compassion with patients

Another strategy focuses on making deep connections with patients. “The idea of ‘making moments matter’ really spoke to me when I did a literature search on compassion fatigue,” Reimer says. “Those moments benefit patients and colleagues.”

To show the depth of their compassion, 7C has:

- **Placed a journal in a patient’s room** in which caregivers write affirming messages about the patient.
- **Given patients decorative crystal hearts.** Caregivers stand at a patient’s bedside, pass the heart to each person and hold it tightly while making positive reflections. “The heart is given to patients to keep so they always know how much we care about them,” Reimer says.
- **Partnered with former patients and their families for donations.** They also organized an annual photography sale. Each source allows 7C colleagues to give patients flowers, greeting cards, Build-a-Bear Workshop® stuffed animals, bracelets for mothers and daughters, and even special meals.

“We asked one patient who was not doing well what would help,” Reimer says. “He requested a steak from a local restaurant. So I ordered the meal, and the staff set up a table with a linen cloth and a comfortable chair. He enjoyed the meal; we enjoyed making it happen.”

In their work to combat compassion fatigue, 7C has created a family. “Nicole truly cares and wants us to feel happy and fulfilled in our work,” Derr says. “She’s there whenever we need to talk.”

And as a team, they remain committed to giving and growing in their profession, as evidenced by 7C’s Press Ganey patient satisfaction scores in the high 90s in regards to “attention to special/personal needs.” In December 2013,



Nicole Reimer, BSN, RN, OCN
Oncology

“You begin to wonder what it’s all about when you lose a patient you’ve become close to.”

– MEGAN DERR, BSN, OCN, CMSRN

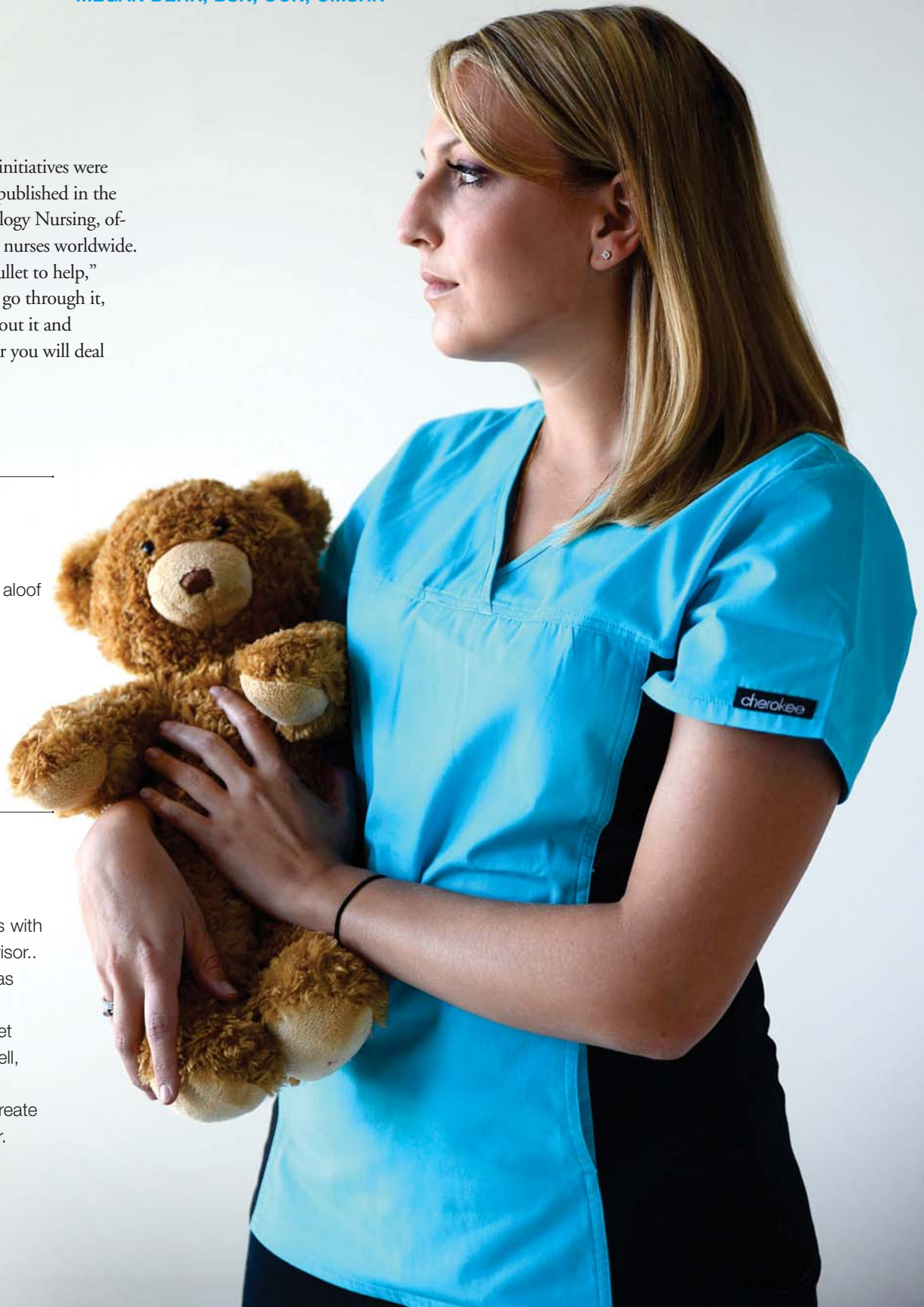
7C’s compassion fatigue initiatives were highlighted in an article published in the Clinical Journal of Oncology Nursing, offering actionable ideas to nurses worldwide. “There isn’t one magic bullet to help,” Reimer says. “It’s hard to go through it, but the more you talk about it and acknowledge it, the better you will deal with it.”


SIGNS OF COMPASSION FATIGUE

- ▶ Appearing distant or aloof
- ▶ Anxiety
- ▶ Angry at the world
- ▶ Cynicism
- ▶ Excessively tired
- ▶ Irritable
- ▶ Tardiness or absenteeism

COMBATING COMPASSION FATIGUE

- ▶ Share feelings of loss with colleagues or supervisor.
- ▶ Support colleagues as they cope with loss.
- ▶ Care for yourself – get enough sleep, eat well, pamper yourself.
- ▶ Care for patients – create moments that matter.





Bonnie Wasilowsky,
BSPA-HCA, RN, CNRN

Jamie Jordan,
RRT-NPS-ACCS

Kamille Sprenkle,
PT, DPT

Moving Mechanically Ventilated Patients Safely

MULTIDISCIPLINARY APPROACH LEADS TO BETTER OUTCOMES

EP5

Nurses at Magnet® hospitals are involved in interprofessional collaborative practice to ensure care coordination and continuity. An interprofessional team comprising nursing colleagues, physical therapists and respiratory therapists created a new standard for moving mechanically ventilated patients safely.

About six years ago, Bonnie Wasilowsky, BSPA-HCA, RN, CNRN, noticed a troubling trend for patients on mechanical ventilators. She realized these patients – who often have suffered a stroke, brain aneurysm or have a serious syndrome such as Guillain-Barré – weren't being moved soon enough.

"Our patients are seriously ill and bedridden for good reason," says Wasilowsky, a patient care coordinator on the neuroscience intensive care unit (NSICU) at Lehigh Valley Hospital–Cedar Crest. "But if they don't move as soon as possible, pulmonary complications, muscle wasting and other side effects can set in."

Evidence shows patients confined to bed can lose 50 percent of their muscle mass within two weeks. A lack of mobility also increases risks for pressure ulcers, pneumonia and mucus plugs. Yet moving mechanically ventilated patients is complex.

Finding the answer

To change practice, Wasilowsky took a multidisciplinary approach. Her nursing colleagues – along with physical and respiratory therapists and others – first developed a 12-month trial to prove that patient mobilization could be performed safely and improve quality of life.

"During the trial we had zero ventilator-associated pneumonias (VAPs) and reduced other complications," Wasilowsky says. "Our research proved that mobilization within the first four or five days helps even the most seriously ill patients heal more quickly."

Creating a new standard

After the trial, the team began standardizing practice for safe movement of mechanically ventilated patients. Each day, an interprofessional team identifies patients who are alert, awake and cooperative enough to move. Then a nurse, physical and respiratory therapist work together to help the patient sit at the bedside, stand with assistance or move to a chair. Typically patients respond by coughing and clearing their lungs – sounds that are music to the team's ears.

"Coughing is one of the most desirable side effects of mobilization," says physical therapist Kamille Sprenkle, PT, DPT. "When you lie down all day, the secretions stay in one place. Getting the patient into a sitting or standing position strengthens the muscles so patients can start to improve muscle tone and breathe on their own."

For patients who require additional assistance, the team uses a yellow sling and overhead lift to move them to a tilt table or chair. The tilt table allows morbidly obese or sedated patients to be shifted into a vertical position in 15-degree increments while blood pressure, heart rate and breathing are monitored.

"Every mobilization helps patients get stronger, shortens length of stay and helps optimize their functional outcome and quality of life," Sprenkle says. "Getting patients moving puts them in a biomechanically advantageous position that allows for a better quality of cough."

More alert patients are helped into a sitting position at the bedside to help strengthen trunk muscles. Days later, they

may be ready to stand with assistance or take a few steps. Getting the patient into a chair means colleagues like Sprenkle can start more progressive physical therapy to keep the muscles toned.

The team's outcomes showed that good lung expansion, coughing and clearing the lungs help reduce pneumonia and other pulmonary complications. "A strong cough effort is a good indicator of how quickly a patient can be removed from the ventilator," says respiratory therapist Jamie Jordan, RRT-NPS-ACCS. "It's great when patients respond to me or give me a thumbs up. All of a sudden they're alert and doing better."

Sharing their work

Wasilowsky shared the team's outcomes in a March 2014 poster presentation at the American Association of Neuroscience Nurses meeting in Anaheim, Calif. The findings prove that early mobilization reduces skin breakdown, pneumonia and other complications. It also shortens length of stay.

"I love being a critical care nurse," Wasilowsky says. "Over the past 10 years I've had the opportunity to present eight posters and podium presentations at various conferences. I'm so proud to be able to share our learnings to advance education and the professionalism of nurses."

Sharing Expertise in Respiratory Therapy

DISCIPLINED APPROACH CREATES NATIONAL AWARENESS

Ken Miller, MEd, RRT-NPS, ACCS, AE-C (below), literally lives and breathes respiratory therapy. A 40-year Lehigh Valley Health Network (LVHN) colleague, he not only presents at national conferences, but makes it possible for his fellow respiratory therapists to share their knowledge as well.

With the support of his supervisor, respiratory therapy director Angela Lutz, BS, RRT-NPS, Miller continues to deliver respiratory care at the bedside. He also serves as the department's educational coordinator. In that role he educates colleagues on the latest techniques and therapies, while also encouraging, mentoring and guiding them as they share their vast knowledge both region-wide and nationwide.

Miller assembles abstracts and proposals for the approval of the American Association of Respiratory Care (AARC), the primary national professional organization for the field. Hundreds such abstracts have been accepted over the years, including five of the most recent seven which were submitted.

"We always generate a lot of interest wherever we present," says Miller's colleague, Joel Strohecker, BS, RRT. "It's a great learning experience for me in public speaking, and at each conference we learn as much as we convey."

Strohecker has made two AARC national conference presentations in the past five years. The first focused on the advent of "charge respiratory therapists," a role held by a front-line respiratory therapist who maintains schedules, provides education and manages conflicts with his or her colleagues. Strohecker's second national presentation explored education methods to help clinicians improve documentation.

In many instances, the knowledge LVHN's respiratory therapists share is implemented elsewhere. For example, in June, Miller and Phillip Hinds, RRT, presented at WellSpan York Hospital about high-frequency percussive ventilation for intensive care patients. "That hospital then purchased ventilators that could provide this advanced aeration," Miller says. Several years ago, a trauma fellow



Angela Lutz, BS, RRT-NP
Respiratory therapy

who did respiratory therapy rotations at LVHN went to a hospital in St. Louis and convinced its respiratory department to purchase equipment similar to what is used here. "That's another way we've spread the word," Miller says.

Carole Dorr, BS, RRT, AE-C, started her career at LVHN, moved to California and has since returned home. "This is the place to be for respiratory therapists," she says. She presented at a national conference in Nashville last year about the role of a respiratory care practitioner providing end-of-life care. "We investigate the latest therapies, keep abreast of the rapid changes in technology and share our knowledge," she says. "It's a real labor of love for all of us."



SE6

Magnet® hospitals provide opportunities to improve nurses' expertise in effectively teaching a patient or family. Colleagues on LVHN's night-shift council are helping to dialogue with patients about nighttime rituals and expectations within our hospitals.



Quiet at Night

NURSES SHARE NOISE-REDUCTION STRATEGIES AT NATIONAL CONVENTION

Recognizing that a quiet environment promotes sleep, healing, and higher patient and staff satisfaction, Lehigh Valley Health Network's (LVHN) night-shift council is leading a network-wide effort to reduce noise. It's a success story that three council members shared through a poster presentation at the Academy of Medical-Surgical Nurses (AMSN) annual convention in Orlando, Fla., in September.

Various teams have implemented noise-reduction strategies over the years, so one of the council's goals is standardizing this work. The group meets every other month and includes night-shift registered nurses from across LVHN. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey helps the group gauge the progress we're making.

One of the survey's questions asks patients how often their room is quiet at night. Our percentage of "always" responses impacts the reimbursement we

receive from the federal government. Our scores have been trending upward, thanks to council members like Sherri Betz, RN, of Lehigh Valley Hospital (LVH)—Muhlenberg's 5T, and Stephanie Holzer, RN, of LVH—Cedar Crest's transitional trauma unit (TTU).

This past spring, Betz investigated noise reduction best practices at other hospitals nationwide. She also solicited ideas from colleagues on 4T, 5T, 6T and 7T. Betz condensed her findings and brought recommendations to the council, which led to a noise-reduction pilot program on those units. Among the new ideas: 5T trialed "scripting" to dialogue with patients about their nighttime rituals and expectations. Using tools and strategies listed on the LVHN intranet, Holzer implemented a similar pilot on TTU.

This past summer, Betz was invited by LVHN's Center for Professional Excellence to submit an abstract for consideration at the AMSN conference. With step-by-step

support from the center's team, she created and submitted a document summarizing LVHN's noise-reduction efforts. "I was honored they asked me," Betz says. "I was elated when I received the acceptance letter from AMSN."

Betz and Holzer were joined at the conference by council member Alexandra Hallinger, RN, CMSRN, from the LVH—Cedar Crest float pool. While the peer recognition was greatly appreciated, it's patient feedback that counts most, Holzer says. "I recently returned to a patient's room after stepping out for a few moments, and he said: 'It's so quiet I thought everyone went home,'" Holzer says. "That's how I know we're on the right track."



Sherri Betz, RN
5T



Stephanie Holzer, RN
Transitional trauma

SE9

Magnet® hospitals support nurses' participation in community health care outreach. The photos on this page show how our clinicians enhance our community's wellness through participation in area events.

Nurses in Our Community

MAKING A DIFFERENCE ACROSS THE REGION

Nurses from Lehigh Valley Health Network (LVHN) share their skills throughout the area, not just within our clinical spaces. In August and September, LVHN nurses provided on-site medical support at large events such as the LVHN Via Marathon. They also supplied the enthusiasm (and effort) to make the annual Attic Treasures sale at the LVH–Muhlenberg Summer Festival a success.



LVHN VIA MARATHON

Thousands of runners and walkers participated in the LVHN Via Marathon, with on-site care offered by our nurses, including (l-r) Elisa Moyer, RN, Sharee Peters, RN, Luis Puentes, RN, and Kerry Miller, RN.



MUSIKFEST

Between musical performances and other entertaining venues at Musikfest 2014, LVHN nurses offered first-aid assistance from well-staffed tents as well as from roving first-aid patrols. Shown above (l-r) Dhara Modi, RN, Jodi Koch, RN, and Mary Kunkel, RN.



SUMMER FESTIVAL

The Professional Excellence Council held another successful Attic Treasures sale at the LVH–Muhlenberg Summer Festival. Shown above (l-r) Marsha Kvacky, RN, Lori Yesenofski, RN, and Denise Laub, RN.



MOM-N-PA

The Mom-n-PA Dental Mission provided free dental care for 2,000 people at the Allentown Fairgrounds AgriPlex, assisted by many LVHN nursing professionals. Shown above (l-r) Valerie Price, RN, Carol Carbone, CRNP, and Tracie Heckman, RN.

Kudos to Our Clinicians

THREE COLLEAGUES EARN RECOGNITION FOR THEIR CONTRIBUTIONS TO PROFESSIONAL NURSING



Recipient

**Sandra Sabbatini,
MSN, RN, CEN**

2014 Excellence in Professional Development Researcher/Consultant Practice Award, Association of Nursing Professional Development (ANPD)

A patient care specialist in Lehigh Valley Hospital (LVH)—17th Street's emergency department (ED), Sabbatini was presented her award at the annual ANPD conference in Orlando, Fla., for her participation in a medication interruption evidence-based practice observation project conducted in 2012. Sabbatini, joined by patient care specialist Julie Albertson, RN, and staff nurse Judith Baker, RN, educated their ED colleagues about how avoiding interruptions can help reduce errors and lead to the safe administering of medications. That education led to 53 percent fewer ED medication interruptions. "It's a great thrill to be honored for this project," Sabbatini says.

"I want to especially commend the hard work Julie and Judith did; this project couldn't have happened without them."



Finalist

**Nicole D'Alessio,
BSN, RN, CPN**

2014 Nightingale Award of Pennsylvania for Outstanding Clinical Practice RN

When a pediatric burn patient recently came to Children's Hospital at Lehigh Valley Hospital, D'Alessio put her professionalism to work. The child was a suspected abuse victim, and police came to interview her and the child's mother. At first the child was fearful and would not speak to them. That's when D'Alessio stepped in. Because she had already established a bond with the child as her trusted caregiver, the child responded to her as she asked difficult questions on behalf of the officers. This is just one example of how D'Alessio's work earned her a Nightingale nomination. "I'm one of 19 grandchildren in a big family, so I've always been comfortable with kids," D'Alessio says.

"Connecting one-on-one with patients is what I love most about my work."



Finalist

**Tracie Heckman,
MSN, RN, CMSRN**

2014 Nightingale Award of Pennsylvania for Outstanding Nurse Educator – Staff

Heckman enjoys working with older adults. She began her career as a nurse's aide in a nursing home. Today she's the coordinator for our NICHE (Nurses Improving the Care of Hospitalized Elders) program. In that role she mentors more than 150 nurses network-wide on the nuances of caring for seniors. She's also a patient care specialist, inspiring her fellow clinicians to strive for professional excellence in their careers. Her excellence in teaching made her a Nightingale finalist. How does she find the time to balance her many responsibilities? "I grew up on a dairy farm and being busy all the time came naturally," Heckman says.

"My grandmother was a nurse, so my love of nursing came naturally too."

SE2EO

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

PUBLICATIONS

"Right-Sizing Care: Promoting Sensitivity to a Growing Population," Pennsylvania Nurse, Volume 69, Issue 2, Summer 2014, pp. 4 -10.

Christine Joyce, BSN, RN, CMSRN
Dorothy Jones, MSN, RN, CNOR, NEA-BC
Anne Rabert, MHSA, RN, CCRN, NE-BC

"Up for the Challenge: Achieving Zero Peripherally Inserted Central Catheter (PICC) Infections in a Complex Patient Population," Journal of the Association for Vascular Access, Volume 19, No. 3, pp. 159-164.

Holly Tavianini, MHSA, BSN, RN, CNRN
Vera Deacon, RN, CRNI®, VA-BC™
Judylee Negrete, RN, VA-BC™
Sharon Salapka, RN, VA-BC™

POSTER PRESENTATIONS

"Taking Family-Centered Care to a Whole New Level: BabyCam," at the Philadelphia Area Magnet® Consortium's Sixth Annual Magnet Champions Conference in Philadelphia, in June 2014.

Jane Nemeth, MSN, RN

"Rallying the Team to Improve Glycemic Control in the Acute Care Setting: Mission Possible," at the Philadelphia Area Magnet® Consortium's Sixth Annual Magnet Champions Conference in Philadelphia, in June 2014.

Brian Spadt

"Diabetes Care Management in the Cancer Center: Challenging Current Models of Care to Optimize Outcomes for a Complex Population," at the American Association of Diabetes Educators Annual Meeting in Orlando, Fla., in August 2014.

Cara Habeck, BSN, RN, CDE
Joyce Najarian, MSN, RN, CDE

"Lessons Learned in Caring for Patients Treated With Therapeutic Hypothermia," at the Philadelphia Area Magnet® Consortium's Sixth Annual Magnet Champions Conference in Philadelphia, in June 2014.

Jeffrey Martin, RN, PCCN

"Demystifying Insulin Pump Therapy in the Acute Care Setting: Clarifying Roles, Processes and Practices for Standardized Care Delivery," at the American Association of Diabetes Educators Annual Meeting in Orlando, Fla., in August 2014.

Sharnae Cederberg, MSN, RN, CDE
Joyce Najarian, MSN, RN, CDE

"Quiet Please...A Compendium of Strategies to Impact Hospital Noise," at the Academy of Medical Surgical Nurses Annual Convention in Orlando, Fla., in September 2014.

Sherri Betz, RN
Alexandra Hallinger, RN, CMSRN
Stephanie Holzer, RN

ORAL PRESENTATIONS

"What Will Nursing in Your Organization Look Like in 2020? Think BIG and Vision It," at the Philadelphia Area Magnet® Consortium's Sixth Annual Magnet Champions Conference in Philadelphia, in June 2014.

Teresa Bangham, RN

"Project HUSH – Helping Understand Sleep Heals," at the Philadelphia Area Magnet® Consortium's Sixth Annual Magnet Champions Conference in Philadelphia, in June 2014.

Marion Daku, BSN, RN, CCRN

"Project LeaRN: Clinical Nurses Engaging in Scholarly Visits to Transform Practice in Their Own Setting," at the Philadelphia Area Magnet® Consortium's Sixth Annual Magnet Champions Conference in Philadelphia, in June 2014.

Celeste Dutko, BSN, RN, PCCN

"Transforming Patient Care Through Telehealth," at the Philadelphia Area Magnet® Consortium's Sixth Annual Magnet Champions Conference in Philadelphia, in June 2014.

Sharon Kromer, BSN, RN, CCRC, CTC
Lori Yesenofski, MSN, RN, CCRN, CTC

"Transforming the Road to Recovery: A Workflow Redesign for Pediatric Ambulatory Surgical Patients," at the Pediatric Nursing Annual Conference in National Harbor, Md., in July-August 2014.

Marcia Summers, MSN, RN
Emily Hartman, BSN, RN, CPN
Cheryl Barr, BSN, RN, CPAN

"Stop the Chaos! One Patient at a Time, Please," at the Academy of Medical Surgical Nurses Annual Convention in Orlando, Fla., in September 2014.

Megan Snyder, BSN, RN, CMSRN
Nicole Wiswesser, BSN, RN, CMSRN

"ROADMAP...Setting the Course for Patient and Family Involvement in Their Plan of Care," at the Academy of Medical-Surgical Nurses Annual Convention in Orlando, Fla., in September 2014.

Maryann Rosenthal, MSN, RN, CMSRN
Alyssa Bruchko BSN, RN, CMSRN

"Transforming Patient Care Through Telehealth," at the Pennsylvania Nursing Congress in Harrisburg, in September 2014.

Joseph Tracy, MS, BA
Sharon Kromer, BSN, RN, CCRC, CTC
Lori Yesenofski, MSN, RN, CCRN, CTC

AWARDS

Association for Nursing Professional Development (ANPD) Annual Convention in Orlando, Fla., in July 2014

*Excellence in Professional Development
Researcher/Consultant Practice Award*
Sandra Sabbatini, BSN, RN, CEN

SPECIALTY CERTIFICATIONS

Jill Hinnersthit, RN-BC
Nicole Pasquarello, RN, CPEN
Debra Bednar, RN, CMSRN
Karen Heilman, RN, CMSRN
Laura Collins, RN, CMSRN
Megan Derr, RN, CMSRN
Megan Derr, RN, OCN
Jennifer Vicidomini, RN, CMSRN
Elizabeth Carey, RN, CMSRN
Wendy Lebron, RN, CMSRN
Antje Schwartz, RN, CMSRN
Martina Oswald-Remaly, RN, CCRN-CSC
Alexandrea Hallinger, RN, CMSRN
Charlett Loveless, RN, CMSRN
Christine Metzler, RN, CMSRN
Elena Brinker, RN, CMSRN
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