LEHIGH VALLEY HOSPITAL & HEALTH NETWORK SEPTEMBER 2005

magnetattractions

How We Attract and Retain the Best

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.

inside this issue

On the cover:

How do you get a four-and-a-half stars review? Gwen Kutzner, R.N. (left), and Sue Nevada, R.N., know the answer after working on projects with national implications. Learn how on pages 7-8.

We have structures and processes for the measurement of quality, and programs for

Quality Improvement

improving the quality of care and services within the organization.

We all like a good movie. But with so many, how do you choose one worth the ticket price? If you're like me, you rely on the star ratings. Less than three out of five stars tells me it's probably not that great. If it has four or more stars, it's likely a quality movie.

When it comes to rating our quality, I give us four and a half stars. No, not five. As most of you know, I believe there's always room for improvement. For instance, I ask all units to strive for the 90s Club, earning patient satisfaction scores in the 90s. When we earn it, I say, "Way to go!" and then, "How can we improve?"

That's what makes us quality clinicians. We look at ourselves and our patient care honestly to find ways to improve quality. We set our goals high because we value the care we give to patients. In this issue of *Magnet Attractions*, you'll read about how quality improvement, one of our 14 Forces of Magnetism, permeates throughout our organization.

Quality is part of what we do every day. In fact, we're known nationally for it. We are one of four hospitals in the nation recognized for quality by earning a citation of merit in the 2005 American Heart Association/McKesson Quest for Quality Prize.

Quality also is one reason we welcome Mary Del Guidice, R.N., as our new vice president of patient care services this month. She comes from Hackensack University Medical Center in Hackensack, N.J.—the first Magnet hospital in the country (after the pilot program)—where she was an administrative director of nursing. We were impressed with her focus on quality and patient satisfaction, and I think you, too, will find she has wonderful emotional intelligence, a warm personality and communicates well. I can't wait for you to meet her. (You'll also read more about her in our November issue of *Magnet Attractions.*)

She will help us continue to strive for quality and look for better ways to meet the physical, emotional and spiritual needs of our patients and their families. Our core trauma nurses are doing just that — read about how they, in cooperation with Cedar Crest College, are leading a study on the benefits of having family present during trauma resuscitation. There was no research specifically for trauma resuscitation, so we're studying it ourselves.

We're always searching for better ways to do things. In this issue, you'll read about how Sue Nevada, R.N., helped revamp the operating room checklist, making it easier for nurses to complete it accurately and how LVH—Muhlenberg cardiac and intensive care nurses are practicing peer-to-peer review to improve documentation. In addition, you'll learn how Gwen Kutzner, R.N., helped update a national certification exam for behavioral health nurses to ensure they have the knowledge necessary to provide quality care.

As you care for your patients and their families, ask yourself, "How can I do this better?" Don't be satisfied. Continuous improvement makes us a Magnet hospital. I'm proud to be a member of a team that's always a half-star away from a perfect score!

Terry A. Capuano

Terry A. Capuano, R.N.
Senior Vice President, Clinical Services

I've Got Your Feed

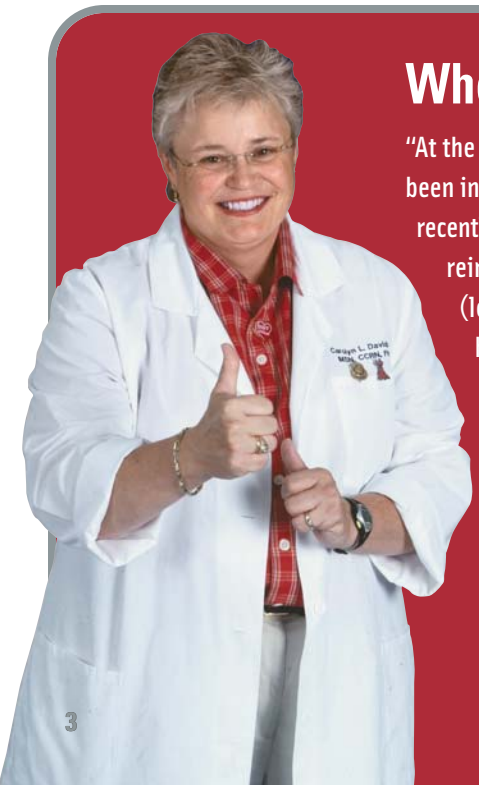
A medical chart is like a diary of a patient's care. However, the repercussions of a missed entry in this diary can be far worse than forgetting the date of a first kiss. As part of a hospital-wide effort to improve quality, staff nurses on all units design their own ways to review and improve documentation. Nurses in LVH–Muhlenberg's Regional Heart Center and Center for Critical Care use peer-to-peer review, a process in which nurses team up and double-check each other's work.

The Documentation

Patient care specialist Lynne Harris recalls a well-known saying: "If you didn't document it, it wasn't done." At LVH—Muhlenberg's Regional Heart Center Surgical and Center for Critical Care, nurses use a computerized system called MetaVision to document information. While MetaVision automatically records patients' vital signs, nurses like Sherry Walker, R.N. (above with Mary Ann Marrey), must type in other parameters and assessments such as heart and lung sounds and daily weights. "Documentation is the legal proof of what's being done for patients. Plus, it prompts nurses to do everything that needs to be done, even if it's as simple as giving someone a bath," Harris says.

The Evaluation

To help everyone stay on track, staff nurses review five random patient charts each month. After reading them, the nurse completes a form describing where documentation was excellent and where it could improve. In only her sixth month in the Regional Heart Center, Debbie Stupak, R.N. (above), gets much-needed experience in the peer-to-peer process. "I don't care how many charts I have to review because I look at it as a learning experience," Stupak says.



When It's Time to Talk

"At the core of quality is communication. I've been in nursing for 20 years, but it wasn't until recently, I better understood the importance of reinforcing this," says Carolyn Davidson, R.N. (left), a patient care specialist on the open heart unit. "I heard one of the authors of 'Silence Kills: The Seven Crucial Conversations for Health Care' speak at a conference. He emphasized the importance of communicating with colleagues to provide quality patient care.

"We're not perfect. Recognizing what needs to be addressed shows we value quality improvement," Davidson says. But sometimes it's uncomfortable to talk with a colleague about making improvements or even hear suggestions on how we can do something better. Here are some tips from your colleagues to help make peer-to-peer conversations less awkward.

Join the Journal Club – Read articles about quality improvement and share your thoughts on how to implement new ideas. The first article is "Silence Kills." For more information, call the Center for Professional Excellence at 610-402-1704.

"back"

Our nurses count on each other to ensure patient information is documented correctly

The Feedback

What if a colleague missed a detail? The reviewing nurse gives her clear, specific examples of any improvements she could make. Because criticizing someone else's work can be difficult, Harris thought colleagues might resist the process. "But so far, everyone appreciates the feedback, and that makes it easier to talk with one another," she says. "It teaches us to become better problem solvers without the involvement of a supervisor and better communicators in all caregiving situations."

When a colleague presents the findings of a review to Walker, she doesn't take it personally; she accepts it as constructive criticism. "It's a way to learn from one another," she says.

The Action

So what's the ideal result? Everything gets captured in our "patients' diaries." "I'm a better nurse thanks to peer-to-peer review," Stupak says (above, with John Simms). "When you learn something through peer review, you never have the same documentation issue or omission again. And, when I point out a weak area during a review, it reminds me to properly document that same area." Because we document everything we do, Harris says, it's the first step in improving everything we do. "We can always do better and improve the quality of patient care."

Rick Martuscelli

When giving feedback…

"Put yourself in someone else's shoes. Think about how they'll feel before you ask a question."- Janet Shearn, R.N.

"Talk to your colleagues as soon as possible so the conversation doesn't surprise them. Focus on what your colleagues did well, too." - Debbie Stupak, R.N.

"Be diplomatic by saying, 'I'm sure I've done this before too, but did you notice that…' Don't teach negatively." - Norma Kalkan, R.N.

"Discuss the behavior, not the person. Stick to the subject." - Lynne Harris, R.N.

"Be specific and describe exactly what you've found." - Diane Limoge, R.N.

When receiving feedback…

"Don't take it personally. Remember the only way to learn is through communication." - Sherry Walker, R.N.

"Be open to feedback and use it to your best advantage." - Diane Limoge, R.N.

"Think of it as a partnership, not a debate." - Carol Maliken, R.N.

"Don't be afraid to ask questions. Make sure you understand so you can learn from it." - Debbie Stupak, R.N.

"Have a conversation. You can present your side of the story without getting defensive. Help your colleague get the full picture so you both understand the situation." - Kathi Brong, R.N.

Keeping Families Together

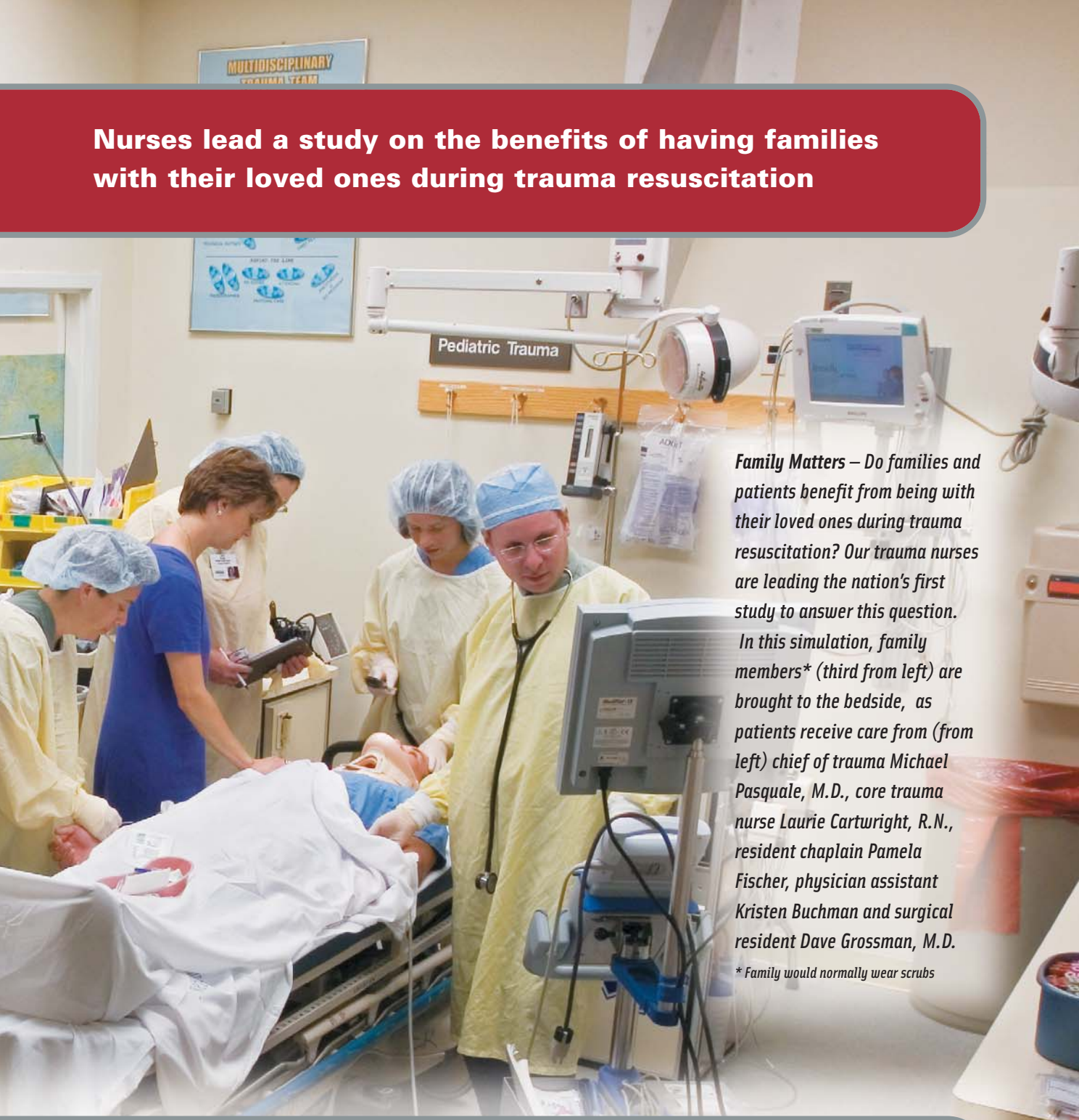
When a 19-year-old woman with a massive head injury arrived in the trauma bay, Rachel Horvath, R.N., and Michael Pasquale, M.D., knew her chances of survival were slim. So, they brought her parents to her bedside as the trauma team kept her stable, preparing her for a CT scan. They gave their daughter kisses and told her how much they loved her at that time and again before she was whisked into surgery. Sadly, the young woman died in the operating room.

"They got to say goodbye and see how hard we worked to save their daughter's life," says Horvath, a core trauma nurse. "Otherwise, they would have been filled with questions as they waited until we could update them, or worse, share only bad news."

Now, Horvath and other trauma nurses in cooperation with Cedar Crest College are leading the first research study in the nation to look how having families present during trauma resuscitation affects patients, their families and the health care team. "We want to make sure having them there is helpful to the patients, clinician and themselves," Horvath says.

Other studies have shown that having families present during cardiac resuscitation comforts patients and reassures families everything possible is being done for their loved one, reducing their anxieties and helping them cope. The benefits of keeping families together have spurred hospitals nationwide to open more doors for families to improve quality of care.

Nurses lead a study on the benefits of having families with their loved ones during trauma resuscitation



Family Matters *– Do families and patients benefit from being with their loved ones during trauma resuscitation? Our trauma nurses are leading the nation's first study to answer this question. In this simulation, family members* (third from left) are brought to the bedside, as patients receive care from (from left) chief of trauma Michael Pasquale, M.D., core trauma nurse Laurie Cartwright, R.N., resident chaplain Pamela Fischer, physician assistant Kristen Buchman and surgical resident Dave Grossman, M.D.*

** Family would normally wear scrubs*

Here, nurses and physicians already routinely bring parents and guardians into the trauma bay to comfort children. Taking that a step further, with help from Cedar Crest College nursing professor Mae Ann Pasquale (a former LVHHN trauma nurse and research specialist), trauma nurses are researching 50 traumas in which families were present. It's funded by a prestigious grant from the American Association of Critical Care Nurses, which supports family presence during resuscitation.

If the situation allows, a nurse or physician invites families, escorted by a chaplain, into the trauma bay to observe their loved one's care and give them comfort. A month later, LVHHN nurses and Mae Ann Pasquale interview the families and health care team about their experiences, and review patient satisfaction scores.

Mae Ann Pasquale says not everyone embraced the study. In fact, Michael Pasquale admits he shared skeptics' feelings that families could crowd an already tight trauma bay and become too emotional. "After doing it," he says, "I see how important families are to patient care."

Sally Gilotti

TWO Challenges

In two separate projects, Gwen Kutzner, R.N., and Sue

Gwen Kutzner, R.N., works in behavioral health, Sue Nevada, R.N., the quest for quality. Learn how each faced a pressing issue, and

WHO IS SHE? Gwen Kutzner, R.N., is a new patient care coordinator in behavioral health and "brings a fresh perspective," says her director Bill Leiner Jr., R.N. She is working toward her bachelor's degree.

THE QUALITY GOAL How do we ensure nurses' knowledge keeps pace with health care changes? Update a national certification exam that tests nurses' knowledge and skills to provide quality care. LVHHN's Center for Professional Excellence presented an opportunity to Kutzner to help – and she became involved with the American Nurses Credentialing Center's (ANCC) Role Delineation Study.

HOW SHE ANALYZED THE ISSUE Funded by the ANCC and LVHHN's Friends of Nursing, Kutzner traveled to Washington, D.C., where she joined a three-person team to develop a survey for certified behavioral health nurses nationwide. The survey was designed to identify the daily responsibilities of behavioral health nurses and how responsibilities vary depending on the nurses' level of education. Their preliminary findings: baccalaureate nurses do more teaching while associate degree nurses provide more hands-on care.

WHAT SHE BROUGHT TO THE TABLE Her colleagues had advanced degrees, but no acute care experience. They turned to Kutzner for advice. "They valued my perspective because I come from a Magnet hospital where we attract certified nurses, and teach each other and our patients."

THE ULTIMATE PLAN The ANCC will use the survey results to develop up-to-date questions for a certification exam. Impressed by Kutzner's work, the ANCC asked her to apply for a position on the panel that approves the exam questions. "We look for people who know their specialty well," says Christine DePascale, ANCC test development specialist.

THE IMPACT "I'm using the high standards of LVHHN as a national model for excellence in behavioral health nursing."

ONE Common Goal

Nevada, R.N., seek solutions to national quality issues

in perioperative services. Yet, they share a common bond: then teamed with others to find solutions.

WHO IS SHE? Sue Nevada, R.N., is a patient care specialist for LVH—Muhlenberg's operating room (OR) and working toward her master's degree.

THE QUALITY GOAL What's the best way to decrease operating room delays? Nevada's research found an answer: revamp the OR checklist, a 30-item rundown of things to be done before a patient's surgery. Often, these lists were incomplete, sometimes delaying surgery. The goal: increase compliance.

HOW SHE ANALYZED THE ISSUE Nevada and patient care specialists network-wide found why the forms were not completed accurately — the directions weren't clear. An example: "We need to remove patients' jewelry, but sometimes we can't remove a ring because of finger swelling. So, in response to 'jewelry removed?' nurses would check 'no,' but the form didn't ask for an explanation. Explaining they 'taped the ring' could have avoided a delay."

WHAT SHE BROUGHT TO THE TABLE A 17-year veteran of perioperative services, Nevada is skilled in operative and postoperative care and has seen many changes through the years. "We needed to update the checklist to reflect changes like electronic medical records."

THE ULTIMATE PLAN The revamped checklist will include clearer language and shaded boxes with instructions in which "no" can't be an answer without an explanation. Information about the checklist will be featured in de'MEDICI computerized safety training sessions and new-employee orientation.

THE IMPACT "Beginning surgeries on time will help the hospital keep up with increasing demand, a problem impacting hospitals nationwide."

Rick Martuscelli and Kyle Hardner

Our Magnet Moments

Educating the Next Generation

About two dozen high school students received a first-hand view of clinical services during this summer's Nurse Camp. They spent one-on-one time with nurse mentors and learned how bones are set in the orthopedic unit, handled surgical instruments in the operating room and participated in emergency simulations. Here, Marianne Kostenbader, R.N. (center), manager of the Emergency Medicine Institute, assists students (from left) Catherine Evich, Jarrod Buzalewski, Jolie Badvini, Lauren Molz and Kara Cheever giving emergency care to a mannequin.

continuing education

SEPTEMBER

1
- Advancing Diabetes Care in the 21st Century
  8 a.m.-4:30 p.m., Classroom 1-CC
- Patient Transporter Continuing Education: Infection Control Practice
  2-3 p.m., Presidents Room-CC

8
- Bedside Scientist Institute
  8:30-10 a.m., ECC 1-CC

12
- Critical Care Course: Gastrointestinal
  8 a.m.-4:30 p.m., SON Aud-17th & Chew

13
- Critical Care Course: Renal/Endocrine/Transplant
  8 a.m.-4:30 p.m., SON Aud-17th & Chew

13
- Women's Health Conference: What Every Health Care Provider Should Know
  7:30 a.m.-4:30 p.m., Banko 1 & 2

14
- Women's Health Conference: What Every Health Care Provider Should Know
  8 a.m.-12:30 p.m., Banko 1 & 2
- S.T.A.B.L.E.
  8 a.m.-4:30 p.m., ECC 2-CC

15
- Learning Partners
  8 a.m.-noon, Classroom C, 2024 Lehigh St.

19
- Introduction to Basic Dysrhythmias-Day 1
  8 a.m.-4:30 p.m., Aud-17th & Chew
- Critical Care Course: Needs of the Multi-System Critical Care Patient
  8 a.m.-4:30 p.m., Aud-CC

20
- ONS Chemotherapy and Biotherapy Course Day 1
  8 a.m.-4:30 p.m., Conf. Rm. 1A/1B-JDMCC

21
- ONS Chemotherapy and Biotherapy Course Day 2
  8 a.m.-4:30 p.m., Conf. Rm. 1A/1B-JDMCC
- Assessment and Management of Behavioral Dyscontrol-Part I
  8 a.m.-noon, Banko 1 & 2

22
- Assessment and Management of Behavioral Dyscontrol-Part II
  8 a.m.-4:30 p.m., Banko 1 & 2
- Introduction to Basic Dysrhythmias-Day 2
  8 a.m.-4:30 p.m., Aud-17th & Chew
- Bedside Scientist Institute
  10 a.m.-1:30 a.m., ECC 2-CC

23
- Transplant Conference
  8 a.m.-4:30 p.m., Aud-CC

24
- Parkinson's Disease Patient & Caregiver Conference
  8 a.m.-1 p.m., Holiday Inn-Bethlehem

29
- Pediatric Critical Care Course-Day 1
  8 a.m.-4:30 p.m., Aud-CC

30
- Pediatric Critical Care Course-Day 2
  8 a.m.-4:30 p.m., Aud-CC

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

OCTOBER

4
- Oncology Core Course (Day 1)
  8 a.m.-4:30 p.m., Conf. Rm. 1A/1B-JDMCC

5 -
- Oncology Core Course (Day 2)
  8 a.m.-4:30 p.m., Conf. Rm. 1A/1B-JDMCC
- Continuous Renal Replacement Therapy Workshop
  9 a.m.-12:30 p.m., Classroom 3-CC

6
- Oncology Core Course (Day 3)
  8 a.m.-4:30 p.m., Conf. Rm. 1A/1B-JDMCC
- Cardiovascular Surgery
  8 a.m.-4:30 p.m., Classroom 1-CC
- Preceptor Preparation Program
  8 a.m.-4:30 p.m., Classroom C, 2024 Lehigh St.
- Code Orange Recertification
  7:30-11:30 a.m. or 12:30-4:30 p.m., Banko 1 & 2

10
- Trauma Nurse Course-Day 1
  8 a.m.-4:30 p.m., EMI, 2166 S. 12th St.

11
- Trauma Nurse Course-Day 2
  8 a.m.-4:30 p.m., Classroom A, 2024 Lehigh St.

12
- Trauma Nurse Course-Day 3
  8 a.m.-4:30 p.m., Classroom A, 2024 Lehigh St.
- Checking the Pulse of Our Future: Promoting Pediatric and Perinatal Awareness and Advocacy-Day 1
  7:30 a.m.-4:30 p.m., Aud-CC
- Technical Partner Continuing Education Series
  Call 610-402-2482 for times,
  1st Fl. Conf. Rm.-LVH-M

13
- Trauma Nurse Course: Burn/Tissue Trauma
  8 a.m.-4:30 p.m., Classroom A, 2024 Lehigh St.
- Checking the Pulse of Our Future: Promoting Pediatric and Perinatal Awareness and Advocacy-Day 2
  7:30 a.m.-4:30 p.m., Aud-CC
- Bedside Scientist Institute
  8:30-10 a.m., ECC 1-CC

14
- Burn/Tissue Trauma Workshop
  8 a.m.-4:30 p.m., Aud-CC

17
- Advanced Dysrhythmias
  8 a.m.-4:30 p.m., Classroom 1-CC

21
- The Value of Palliative Medicine Across the Continuum
  7:45 a.m. - 3 p.m., Aud-CC

24
- Introduction to Basic Dysrhythmias-Day 1
  8 a.m.-4:30 p.m., Aud-17th & Chew

26
- Orthopaedics Through The Ages
  7:30 a.m.-4 p.m., Aud-CC
- Patient Transporter Continuing Education: Infection Control Practice
  2-3 p.m., Classroom 3-CC

27
- Introduction to Basic Dysrhythmias-Day 2
  8 a.m.-4:30 p.m., Aud-17th & Chew
- Bedside Scientist Institute
  10-11:30 a.m., ECC 1-CC
- Patient Transporter Continuing Education: Infection Control Practice
  2-3 p.m., Presidents Room-CC

31
- Research Day 2005
  8 a.m.-4:30 p.m., Aud-CC

Sign up for research day!

Practice Grounded in Evidence
Mon., Oct. 31 • 8 a.m.-4 p.m. • Cedar Crest campus

sharing our knowledge

PUBLICATIONS

Journal of Vascular Nursing
March 2005
Tami Lee, R.N., and **Joni Bokovoy, R.N.:** Understanding Discharge Instructions After Vascular Surgery: An Observational Study

Hospital Pharmacy
May 2005
Robert Begliomini and **Jill Green, registered pharmacists:** Case Study: Challenges, Successes and Lessons Learned From Implementing Computerized Physician Order Entry (CAPOE) at Two Distinct Health Systems: Implications of CAPOE on the Pharmacy and the Medication-Use Process

Nursing 2005
May 2005
Maryann Godshall, R.N.: Mountaing a Defense Against Burkholderia Cepacia

The Pennsylvania Nurse
June 2005
Judy Bailey, R.N.: Improving Patient Safety Through Technology

Journal of Vascular Nursing
June 2005
Karen Marzen-Groller, R.N., and **Kimberly Bartman, R.N.:** Building a Successful Support Group for Post-Amputation Patients

PRESENTATIONS

Association for Practitioners in Infection Control and Prevention 2005 National Conference
Baltimore, Md., June 2005
Terry Burger, R.N.: An Outbreak of Group A Streptococcus; (poster presentation)

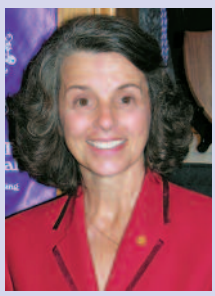
Institute for Safe Medication Practices Teleconference
June 2005
Bob Begliomini, registered pharmacist: Is CAPOE Still the Right Thing to Do? (oral presentation)

AWARDS

Karen Groller, R.N.: Best Overall Conference Presenter, Society of Vascular National Symposium. Cincinnati, Ohio, and Sigma Theta Tau, Theta Rho Chapter (Cedar Crest College) 2005 Research Award: Building a Successful Support Group for Post-Amputation Patients

Joseph Rycek, R.N., and **Michael Wargo, R.N.:** Certified Medical Transport Executive (CMTE) Designation, Association of Air Medical Services (AAMS)

Susan Steward, R.N.: Sigma Theta Tau, Theta Rho Chapter (Cedar Crest College) Leadership Award


Kathleen Stevens, R.N.

the "star" of research day

Evidence-based practice (EBP) is the foundation for optimal patient care and quality improvement, but can be challenging. At Research Day (details below), national expert Kathleen Stevens, R.N., Ed.D, F.A.A.N., will share innovative ways to overcome the hurdles and put research into bedside practice.

Stevens, professor and founding director of the Academic Center for Evidence-Based Nursing at the University of Texas Health Science Center in San Antonio, Texas, developed the ACE Star Model to provide an easy-to-understand framework for EBP. "While evidence-based practice is the fastest moving health care reform I've seen in my career, and Magnet hospitals have been early leaders, doing EBP well remains a challenge," Stevens says.

Bringing in experts like Stevens is part of LVHHN's evidence-based practice initiative, led in part by the Collaborative Council for Research in Practice (formerly the Collaborative Nurse Research Committee).

Want to join the council?
If you're an employee, contact co-chairs Rita Bendekovits, 610-402-2379, Rita.Bendekovits@lvh.com or Eileen Sacco, 610-402-8496, Eileen.Sacco@lvh.com.

Want to learn more about the Bedside Scientist Institute?
Visit www.lvhhn.org/bedsidescientist.

Evidence-based practice expert Kathleen Stevens, R.N., Ed.D., F.A.A.N., will give two keynote presentations, and humorist Rita Miller, R.N., will share joyful ways to develop an EBP culture. Join several breakout sessions in which colleagues present their research, and peruse your colleagues' research posters.

Register through One Staff or TAO bulletin board, forms_nursing, continuing education registration form. For information, contact Eileen Sacco at 610-402-8496 or Eileen.Sacco@lvh.com

Quality Communication

On average, we care for one pregnant mom who is transferred from another hospital every day. To improve communication between the transferring hospital and LVHHN, labor and delivery nurses (from left) Julie Gogle, R.N., Erika Linden, R.N., and Lori Grischott, R.N., revised the maternal-fetal transport log. "Now we get a clear, concise report," Linden says. "Nurses, patients and families feel more comfortable with the transition." The group's work led them to the Association of Women's Health, Obstetric and Neonatal Nurses Convention in Salt Lake City, Utah, where they created a poster presentation about their communication tool. "Helping patients locally and sharing information with 2,500 nurses from across the country is truly rewarding," Gogle says.

A Mother's Request

If I let busy days get the best of me, I wouldn't be able to listen to my patients and provide quality care

by Mary Jo Moerkirk, R.N.

I was so honored to receive the 2005 Friends of Nursing Fleming Caring Award. But I also had to chuckle when I read Dr. Rick MacKenzie's nomination letter, painting the picture of a busy day so familiar to us. I was the charge nurse in the emergency department (ED) that day, trying to facilitate patients into rooms for their care.

Dr. MacKenzie wrote: "Mary Jo came around the corner, and with a smile and chuckle, she said, 'Dr. MacKenzie, can I talk to you?' Because I always comply with Mary Jo, I said, 'Of course.' She pulled me aside, showed me her LifeBook and pointed to the ED census. 'Dr. MacKenzie, you need to discharge the patients in rooms 19 and 24. They have been here for several hours, and you need to make some disposition on them. By the way, I have a patient with chest pain who I want to place in bed 21, and she will be coming shortly, and I need an additional room to place other patients. So, please, if you could make some disposition on those patients, I would kindly appreciate it.' And with a merry jaunt in her step, she moved on to the next patient care area."

We experience this hustle and bustle every day, and we all try to be efficient and on top of our game. That's an important part of providing quality care. But even more important is making time to personally connect with our patients and ensure they receive the care they deserve, even when we're working under difficult conditions.

Amidst my busy days, I'll never forget a patient named Maryann. She had ignored the signs of her illness for a year, until she finally came to the LVH—Cedar Crest ED. She was well-dressed and attractive on the outside, but something was terribly wrong inside.

She timidly told me about a "pimple" on her breast, covered by a large pad, similar to a sanitary pad. Maryann was reluctant to allow me to look under her gown, but with gentle conversation and understanding, I gained her trust. When I examined her, I found the situation worse than anyone imagined. She was very anxious and I was afraid that if I left her, she might leave. I asked Gary Bonfante, D.O., to see her quickly, and we soon confirmed that she had breast cancer — and it spread to her lungs.

I held Maryann's left hand as Dr. Bonfante and I explained her treatment options. Maryann looked up and asked one question: "Will I be able to dance at my daughter's wedding?" I encouraged her to think positively and set that as her goal through her upcoming treatment. "I promise I will send you a picture of us at the wedding," she responded.

Several months later, I received a surprise in the mail. It was a photograph of Maryann and her daughter dancing at the wedding. That was 10 years ago. I've never forgotten Maryann, and I still cherish her photograph. She reminds me that even on the busiest and most challenging days, we all must take time to hold hands and touch hearts to truly deliver quality care…because we *all* encounter a Maryann every day. Who is your Maryann today?

Mary Jo Moerkirk, R.N., *is a nurse in the LVH-Cedar Crest emergency department and recipient of a 2005 Friends of Nursing award. Her late husband, George E. Moerkirk, M.D., founder of the Emergency Medicine Institute at Lehigh Valley Hospital, inspired her to become a nurse.*

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LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK