2014

Visiting the Gemba

Take a trust-building walk, page 8

A PASSION FOR BETTER MEDICINE



Focus on PRIDE



My Gemba walk showed me the true sense of ownerhsip embodied by everyone at LVHN-Tilghman.

Through Our Patients' and Providers' Eyes

That's how I viewed my Gemba walk of LVHN-Tilghman

I love to dance, and fortunately I've been healthy enough to dance my whole life. Yet if I needed an orthopedic procedure, I'd want to be dancing again quickly. That's why I viewed my recent Gemba walk at our new Lehigh Valley Health Network (LVHN)—Tilghman campus with such excitement.

The facility is dedicated to orthopedics and designed to provide a new patient experience. We all have worked tirelessly for years to create ideal patient experiences. At LVHN—Tilghman, this work is even more focused because the campus is tailored to meeting the needs of orthopedic patients and providers. So here's what I saw on my Gemba walk:

- ▶ **Proactive service** The moment patients walk in the door, a receptionist asks if they used valet parking. If they haven't, she reminds them it's available for free. This shows me how LVHN—Tilghman colleagues are right on top of our patients' needs.
- ▶ The benefits of planning Such personal service continues everywhere. It's the result of careful planning, led by Brian Leader, our vice president of orthopedic and perioperative services, along with colleagues from nursing, rehabilitation, radiology, surgery, facilities and construction, marketing and organizational effectiveness. In the weeks leading up to LVHN—Tilghman's opening, colleagues combed through every step of their process, then held orientation sessions prior to opening day.
- ▶ A focus on continuous improvement Many colleagues were already thinking about ways to improve our service. They found fixes for making the lobby area warmer on frigid days. Also, imaging services colleagues developed a process to handle outpatient diagnostic study registration.
- ▶ A commitment to efficiency I dressed to go into the operating room (OR) and saw efficiency in action. LVHN—Tilghman has three inpatient ORs, and while a surgeon starts a procedure in one, colleagues clean the room and prepare the patient in another. The ambulatory surgical area shares a similar commitment to efficiency.
- ▶ Dedication to quality Colleagues get recovery started right away. Patients sit in a chair hours after surgery, then dress in street clothes the day after surgery and begin working with nursing and rehab to get mobile.

Above all, my Gemba walk showed me the true sense of ownership embodied by everyone at LVHN-Tilghman. I hope you share in the excitement about our newest campus.

A Day in the Life of an Emergency Medicine Resident

It's busy, but it earned John Ashurst, DO, a prestigious award

After a nine-hour shift in the emergency department (ED), chief resident John Ashurst, DO, walks into his Allentown apartment, flips on the TV, fires up a sports-related video game and unloads his stress.

"In the ED, we deal with the sickest patients," Ashurst says . "Depending on how stressful the shift was, video games are usually the first thing I do when I get home."

Soon, Ashurst is back to work, spending an hour or more each evening researching, editing and writing. In threeand-a-half years, he's presented four posters at national conferences, secured one

grant and been published 18 times.

The prolific research on top of caring for critically ill patients, teaching medical and physician assistant students, mentoring junior faculty members, and studying for a master's degree in clinical science is part of what earned Ashurst a Resident Academic Achievement Award from the Council of Emergency Medicine Residency Directors. The award is the equivalent of the Heisman Trophy for emergency medicine residency training, and Ashurst, 30, is the first osteopathic physician to ever receive it.

"The majority of emergency physicians will never accomplish in their career

> what John has done in three-and-a-half years," says Kevin Weaver, DO, program director in the department of emergency medicine.

How does he do it all? This is what a typical week looks like:

Three to four days a week: Nine-hour shifts in the ED, followed by at least an hour of writing, researching or editing at home during "off" hours.

Twice a week: Teaching medical students, physician assistant students and residents. Once a week: Grand rounds with medical students.

Once a month: Simulation labs, during which medical students and residents work on stateof-the-art mannequins that breathe, have vital signs and respond to treatment.

Ashurst lives with his wife in Delaware, where she is an ob/gyn resident at a different hospital. He keeps an apartment in Allentown where he stays overnight four or five nights a week. As a resident, his shift frequently changes from days, to evenings, to overnights and weekends. His commute coupled with his busy schedule leave little time for a personal life. Though Ashurst enjoys hunting and fishing, he doesn't get outdoors as much as he'd like.

Ashurst and his wife keep their marriage strong by making the most of time spent together. "When I'm home and she's at work, I do paperwork or writing," he says. "When she gets home, we try not to do anything medical. That's one of our rules. The same is true when we are on vacation. We don't answer email, and don't take books or our cellphones with us. We're totally off the grid."

- Alisa Bowman

Emergency department chief resident John Ashurst. DO. needs floor space when he's researching, editing and writing.

Hospitals 6.6

Safety First

Committees focus on reducing workplace injuries

Our mission is to heal, comfort and care for the people of our community.

Sometimes the efforts made in fulfilling that mission result in injuries, anything from wrenching a back while moving a patient to an inadvertent puncture from a needle.

It happens more often than you think. According to the U.S. Bureau of Labor, the rate of employee injuries in hospitals is much higher than in construction, mining and chemical manufacturing.

To help prevent workplace injuries, we formed two committees: the Safe Patient Handling Committee and the Sharps Safety Committee. Colleagues representing a variety of departments meet quarterly to examine injury concerns and

discuss ways to avoid them. The result has been a steady annual decrease in on-thejob injuries.

In 2013, we reduced sharps injuries by 23 percent and patient handling injuries by 35 percent. While the national rate of occupational injuries and illnesses was 6.6 per 100 hospital employees, we achieved a rate of 4.5 in calendar year 2013, more than 30 percent better than the national rate for hospitals.

Clinical safety education specialist Laura Walker, RN, leads both committees. Linen manager Catherine Edgar works with Hospital Central Services Corp., the company that provides linen services at LVHN. Learn how the work they do on their committees helps keep colleagues safe.

- Ted Williams

Construction 3.7

Mining **2.8**

Chemical Manufacturing

Chart: Annual Injuries per 100 U.S. Workers by Industry

Source: Bureau of Labor Statistics. 2012 data

Laura Walker, RN

"It's all about awareness and education. There was a time when back injuries were common and accepted among nurses when trying to move patients. These injuries were greatly reduced by the installation of patient lifts. We encourage colleagues to use patient lifts regularly for even the simplest of moves because injuries can happen so easily.

"We're trying to change culture and get colleagues to make the use of lifts a consistent part of their routine. It's the same for needle-stick injuries. Safety devices were added to needles so they can be shielded to prevent staff exposures. But no safety-engineered sharps device can prevent injuries if colleagues forget to activate the safety mechanism. Our goal is to anticipate adverse outcomes and avoid them whenever feasible. We won't eliminate all back injuries or sharps exposures, but we've been

able to reduce them significantly with awareness.

"Our committees strive to look for ways to create a safer working environment. We've made excellent progress, and I can't say enough about how well colleagues have responded to our recommendations. We're well below the national average for hospital employee injuries. Everyone can be proud of this accomplishment."

Catherine Edgar

"Our role in enhancing safety is providing slings for patient lifts and making sure each unit has as many as needed. The rule of thumb is to provide one sling per patient and to replace a sling when it's soiled. Some units need a lot of slings, and others don't need as many. The demand for slings keeps growing, and we only have so many people folding and delivering them. We're working with the committee to streamline our processes so we can better serve the overall need. It's an efficiency that will help us meet the growing demand.

"Another big safety improvement happened when we switched from using larger fabric bags for holding soiled linen to plastic bags, similar to trash bags. The old linen bags were more elastic and often overstuffed. Some were stuffed to the point of weighing as much as 50 pounds, which



Going Back to School



With LVHN's support, it's one of the best decisions these colleagues ever made

Have you thought about going back to school for your associate's degree, bachelor's degree or beyond? It's

a question many colleagues ponder, especially if they're considering a shift into a new area of growth or advancement within their current specialty. To help remove or reduce financial barriers to education, Lehigh Valley Health Network (LVHN) offers colleagues tuition reimbursement (up to \$4,000 per calendar year for full-time colleagues and up to \$2,000 per year for part-time colleagues). LVHN's tuition reimbursement requests now are being handled entirely online. Colleagues also can take advantage of application and credit-hour discounts at many institutions.

Meet two colleagues who have taken the challenge of working while learning, and see where their education has taken them.

From housekeeper to registered nurse



A chaotic scene involving a shooting victim brought to Lehigh Valley Hospital—17th Street's emergency department offered a moment of insight to Lisa Ondush, RN. "That night, I was working as a technical partner," she says. "When the trauma patient arrived, the doctor asked for equipment I had never used. I felt helpless. The other technical partner I was working with knew exactly what he wanted because he had helped with trauma patients at LVH—Cedar Crest. At that moment, I realized how much more there is to learn and that I wanted to further my education and become a nurse."

For Ondush, that moment was another step in the reinvention of her career. "In 1989, I started at LVHN in the housekeeping department," she says. "Seven years later, our department changed, and I had to bid on a support partner position. From that point on, I saw new opportunities here. I earned

EMT (emergency medical technician) certification to become a technical partner and remained in that job for 15 years."

Then came the spark to become a nurse. "I was scared," Ondush says. "I wanted to know more about medicine and caregiving, but I never considered myself a great student. I started slowly, taking one nursing class at a time at Lehigh Carbon Community College."

Eventually, she adjusted her schedule to work weekends and attended school full time at Cedar Crest College, earning her Bachelor of Science in Nursing (BSN) in 2009. "I only wish I had done this sooner," she says. "I let my fear stand in the way. Now I'm thinking about earning my master's degree, which is something I would have never imagined."

A career steppingstone



Lynnette Clinton has earned several titles. To her list of credentials, she most recently added "manager, process team for access and revenue" for LVHN's Epic project. At

home, she enjoys her "mom" and "wife" titles. Not long ago, "college student" was another title she held.

"After high school, I earned an associate's degree in computer science," she says. "Then I went right into the workforce with the thought that someday I would go back for my bachelor's."

In 2004, after seven years in the information technology field, Clinton and her husband, Robert, decided to enroll at Albright College for their accelerated degree program in information systems. "As I moved through my career, I didn't want the lack of a bachelor's degree to hold me back from moving ahead," Clinton says. "While personality, drive and skill are 'musts,' having a degree also helps."

Clinton's previous work experience enhanced her education. "Getting a bachelor's isn't just about learning new things," she says. "Having a frame of reference from work helped me understand concepts I actually heard at the associate's level, but I 'got it' in a more in-depth way while studying for my bachelor's."

As for going back to school again someday, she's all for it. "I'm considering going for my master's degree," Clinton says. "As long as I can strike a balance among work, school and home, it's probably the next steppingstone for my career."

– Jenn Fisher



Gemba walks build trust between leaders and front-line colleagues

As chief medical officer Tom Whalen, MD, stands with neonatal intensive care unit (NICU) colleagues at their visibility wall, he learns why it's so important for the team to huddle every morning. The team talks about the babies on the unit who have a central line, and reviews plans to have the central lines removed within five days, before the risk for infection increases. "It's been more than 300 days since our last central line infection," says NICU director Denise Keeler, RN.

As colleagues collaborate, Whalen listens closely. Then he asks, "What is the one thing you need most that I can help you get?" It's a question he always asks while conducting a Gemba walk.

What's a Gemba walk? "Gemba" is a Japanese term meaning "the real



place." A Gemba walk is when a leader goes to the place where the real work is done, like a patient care unit, physician practice or department.

"I get more out of Gemba walks than the colleagues I visit," Whalen says. "They educate me about ways we can become an even better health network."

"And the staff appreciates Gemba walks because we can showcase what we do to provide the best patient care," Keeler says.

That's exactly the outcome lean department colleagues want from a Gemba walk. "When done well, a Gemba walk builds trust between the leader and colleagues," says lean director Dale Lucht. To help ensure walks are done well - and because you said you need trust (along with time

and teamwork) to be at your best - lean department colleagues developed a more structured approach to the way we conduct Gemba walks.

Many patient care units adopted meeting-free zones in the morning so unit leaders can round, huddle with colleagues, and discuss successes and opportunities at their visibility wall. It's a perfect time for senior leaders to go on a Gemba walk and join the conversation. "We are coaching leaders how to facilitate a Gemba walk and educating colleagues what to expect if one takes place on their unit," Lucht says.

Here are five tips for leaders and front-line colleagues to get the most out of a Gemba walk.

Tips for Leaders

- 1. Walk with a purpose. Where you walk is up to you. Choose a place where you can learn something such as a new or renovated unit - or share information that will affect colleagues.
- 2. Be spontaneous. As a courtesy, call the director of the department where you want to walk only a day or two before your visit. "Short notice" will help you see the Gemba as it really is.
- 3. Visit the visibility wall. Use the information on it to spark conversations. Encourage colleagues to talk about their challenges.
- **4. Embrace the red.** It's the color on a visibility wall that identifies opportunities for improvement. We can't solve problems until we know what the problems are.
- 5. Listen and offer assistance. Asking colleagues how you can help is a strong trust-builder.

Tips for Front-line Colleagues

- 1. Offer an invitation. If you bump into a leader, invite him or her to your department. The leader will appreciate the offer.
- 2. Don't prepare. There's no need to spruce things up like you would for an unexpected houseguest. The leader wants to see the real way your department looks and works.
- **3. Be yourself.** There is no reason to feel intimidated by leaders. They are there to help, not criticize.
- 4. Talk about the red. It's hard to discuss what's wrong, but constructive conversations help solve problems.
- 5. Share your ideas. It's OK to tell a leader how he or she can best support you and your team. Whalen says, "Nothing can be said during a Gemba walk that is wrong."

Rick Martuscelli

The Future Begins With You

Friends of Nursing celebrates excellence in nursing and clinical care

The accomplishments of our professional nursing staff and clinician colleagues are in the spotlight at the annual Friends of Nursing celebration, an inspiring part of our National Nurses Week observance. The evening celebrates the present and envisions the future of nursing and patient care. Here are this year's award recipients.



The Medical Staff Administrative Partner Awards Christine Reichard, 6T Brenda Gray, 4K



Award for Excellence as a Case Manager Carla Jane Saveri, Case Management



Trauma Nursing Award Teri Lippowitsch-Vogel, Trauma Neuroscience ICU



Keri Fegley Suchy Award for Excellence in the Delivery of Ambulatory Care Marisa Kauker, Radiation Oncology



Advanced Practice Registered Nurse Award Daniele Shollenberger, Neurosurgery



The Medical Staff Patient Observation Assistant Award Sandra Dee Witman, Float Pool





Medical Staff Award for Excellence in the Delivery of Respiratory Care Laura Williams, Respiratory



Dr. & Mrs. Donald H. Gaylor Medical-Surgical Nursing Award Elizabeth Cooper, 6K



Anne Panik Transformational Leadership Award Cynthia Cappel, Division of Education



Dr. Fred Fister Award for Excellence in Hospice Nursing Lisa Bickel, Hospice



Psychiatric Nursing Award Kirsten Gustafson, Behavioral Health



The Fleming Nursing Caring Awards Nancy Kantor, Progressive Coronary Unit Marianne Lubinensky, 6T



The Florence Nightingale Exemplary Professional Practice Award Joyce Najarian, Inpatient Diabetes



Award for Excellence as a Nurse Preceptor Alyssa Bruchko, 6K



Josephine Ritz, RN, Nursing Award for Excellence in Patient and Family Teaching Susan Hassay, **Pediatrics**



M.G. Asnani. MD. Award for Excellence in Pediatric Nursing Nicole D'Alessio. Pediatric Medical-Surgical Unit



Joseph J. Prorok, MD, Award for Excellence in Perioperative Nursing Diane Gerny, Operating Room, LVH-Muhlenberg



Award for Excellence as a Pharmacist David Lorchak, Pharmacy, LVH-Cedar Crest Ieanette Tomasi, Pharmacy, LVH-Cedar Crest



The Tewari Award for Cardiovascular Nursing Melissa Bubbenmoyer, Cardiac Intensive Care Unit



Professional **Excellence Council** Physician Friends of Nursing Award Dr. Usman Shah, Hematology/Oncology Associates



LVHN Department of Legal Services Award for Excellence in the Promotion of Patient Care

Jack Dunleavy, Organizational Development



The Bill and Nancy Mason Award for Excellence in the Delivery of Rehabilitation Services Lisa LePage, Occupational Therapy, LVH-Cedar Crest



The Medical Staff Technical Partner Awards Margery Bigland, **Pediatrics** Brigitte Naratil, Inpatient Hospice



The Medical Staff Award for Excellence in a Care Delivery Technician Role Heleanna Immerso, Behavioral Health



Kathy Mundt-Bulla Memorial Award for Excellence as a Laboratorian Rochelle Reidnauer, Health Network Laboratories



John M. Eisenberg, MD, Award for Excellence as a Student Nurse Ellen Velazquez, Cedar Crest College

The Fleming Award to Recognize New Knowledge, Innovations and Improvements

Open-Heart Unit Colleagues

The Fleming Award to Recognize a Department That Promotes Family Presence

Labor and Delivery/Perinatal/Triage Unit Colleagues

The Fleming Award to Recognize a Department That Demonstrates a Commitment to Structural **Empowerment** 5A Transitional Trauma Unit Colleagues

Lehigh Valley Health Network Board of Trustees Patient Satisfaction Award for Ambulatory Services Colleagues of ABC Family Pediatricians, Bethlehem Township

Senior Management Council Patient Satisfaction Award for Inpatient Care Pediatric Medical-Surgical Unit and Pediatric Intensive Care Unit Colleagues

Betty E. Andersen, RN, Award for Professional Nursing Certification GI/Pulmonary Endoscopy Unit Colleagues

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Celebrating the 100th TAVR



Mary Longo (center) suffered with chest pain and shortness of breath, especially when walking up stairs. The symptoms were caused by a diseased aortic heart valve. "Now I sail up the stairs," says the 90-year-old Hazleton woman, who became the 100th patient to receive transcatheter aortic valve replacement (TAVR) at LVHN. Longo and her family joined colleagues for a special celebration, where she received a commemorative plate and cake decorated with icing depicting the TAVR valve. Our team of cardiologists and heart surgeons were the first in the region to perform TAVR using the Edwards Lifesciences SAPIEN valve®. Due to our experience and quality outcomes, we have been selected to be among the first hospitals in the nation to implant the Medtronic CoreValve®, allowing the TAVR procedure to be performed on a wider range of patients in need of aortic valve replacement surgery.

KNEE-DEEP IN EXPERIENC

Collectively, Kim Vaupel, RN (left), and Paulette Villafane, LPN, have worked in our orthopedics department for more than 40 years. In recent years, they've become even more important to patients who have had knee replacement surgery. That's because they've been there themselves. Vaupel had her right knee replaced in 2011. Villafane had both knees replaced in 2009. "After surgery, many patients wonder what will happen next," Vaupel says. "I tell them it gets better every day. The excruciating pain they were enduring before surgery isn't coming back." Villafane is especially empathetic with patients who have had a bilateral (double) knee replacement. "I've seen discouraged people after surgery wondering why they ever did this to themselves," she says. "I go in, do deep knee bends and tell them they'll be doing the same thing before long. You should see the smiles I get."



A Hearty Bake Sale

Case managers Diane Brown (below right) and Diane Rute had a personal goal. They wanted to do something to help patients with heart failure. Brown and Rute work closely with these patients in Lehigh Valley Hospital—Muhlenberg's Regional Heart Center-Medical. To accomplish their goal, they organized a bake sale, with proceeds to be used to purchase scales for patients with heart failure to use at home to manage the condition. (Weight gain is a warning sign for heart failure complications.) They baked, as did other colleagues who wanted to help. On the morning of the sale, their table was packed with goodies. By day's end, nearly all of it was gone. Brown and Rute hoped to raise \$400, but were shocked to count \$655, enough to purchase 20 scales for patients. Goal accomplished.

\$57

SAVINGS IN BLACK AND WHITE

In July 2013, the default settings on all LVHN-Mack Boulevard printers and copiers were changed so they would print double-sided and in black and white. Why? At the time, we were spending \$12,000 a month (\$144,000 a year) on paper and toner, and color toner is much more expensive. Did the change lower costs? You bet. It worked so well, Mack Boulevard's office supply budget for fiscal year 2015 is more than \$57,000 less than the current fiscal year. So the next time you print, think about how much you can

save by printing double-sided, in black and white if color isn't

needed, or not printing at all if it's not necessary.



Service Star of the Month



Brigitte Naratil, certified nurse assistant

Hospice inpatient unit

If the latest big snowstorm to hit the Lehigh Valley was anything like the previous storms, Brigitte Naratil knew two things would happen. There would be chaos on the roads, and the inpatient hospice unit, where she works as a certified nurse assistant, might be understaffed. Naratil wasn't going to take chances in either case. She offered to stay the night and help where she could.

That night, one of her patients was becoming upset when she was left alone because she kept thinking about dying. The patient needed a distraction, and Naratil had a plan.

Earlier that day, the hospice unit had received two large baskets of flowers. The next day was Valentine's Day, and Naratil thought it would be nice to give a vase of flowers to all the patients on the unit as a special present. However, she needed help placing flowers in vases.

Realizing this would be the perfect distraction for her anxious patient, Naratil brought her into the hospice unit family room. Together, they arranged flowers into individual vases for all the patients to enjoy. Her plan worked. Before long, all anxiety and fear left her patient.

On Valentine's Day, nominator Lisa Bickel, RN, realized how much Naratil's compassion touched not only the patient who helped arrange the flowers, but also all the patients who received them. "Another patient on our unit started crying when I complimented him on the beautiful roses Brigitte gave to him," Bickel says. "He asked me to hold them up to his nose so he could smell them."

Within the next two days, both these patients passed away. "How special it is that Brigitte provided personalized care and helped them through this difficult time in their life – forming a special bond with them, alleviating their anxiety and giving them special moments during their last days of life," Bickel says.

- Matthew Burns

THINGS TO REMEMBER WHEN NOMINATING A SERVICE STAR:

- Choose a colleague or a team of colleagues.
- ➤ **Tell a story.** Specifically explain how the colleague or team did something extra special.
- All colleagues and teams can be nominated. You don't have to provide direct patient care to be a Service Star.

NEXT STEPS

- Nominate a Service Star
- ► Congratulate these nominees:
- Children's Early Care and Education Center colleagues
- Tricia Ritter, College Heights OBGYN Associates – Allentown
- LouAnn Newman, RN, LVHN-Tilghman
- Denise Estephan, RN, transitional skilled unit
- Jacqueline Graciani, RN, 6T, Lehigh Valley Hospital–Muhlenberg
- Erica Vetter, RN, emergency department, Lehigh Valley Hospital-Muhlenberg
- **Dennis Catino,** patient transport, Lehigh Valley Hospital-Cedar Crest
- Melanie Miles, transitional skilled unit

40 Years

Paulette Hawkey Neuroscience Unit

Donna O'Donnell

Medical Records

Miriam Turnbach PACU

35 Years

Karen Schleicher Labor and Delivery

Janette Tough

Medical Oncology

Bonnie Wehr

Supply Distribution

30 Years

Susan Dreher

Pediatric Surgery

Suzanne Smith

Tobacco Treatment Program

Margie Snyder

25 Years

Wendy Cramsey NICU

Sonja Handwerk

Kidney Acquisition

Suzanne Jany

Risk Assessment

Terry Koehler

Home Care

20 Years

Constance Brown

PCCU

Michelle Christman

Home Care

Teri Gerhard

Home Care

Ilene Harrison

Clinical Social Work

Michelle Lapp

Labor and Delivery

Diane Messenlehner

Group Health Admin.

Juanita Miller

Short Stay Hospital

Charlene Piro

Medical Records

Denise Wright

Adult Psychiatry

Katherine Wuerstle

Emergency Department

15 Years

Nirmal Chana

Adult Psychiatry

Kimberly Fenstermacher

Cardiac Rehab

Deborah Halkins

Management Engineering

Shelly Higgins

Emergency Services

Michael Krestynick

LV Anesthesia Services

Rasheeda Rodriguez Sterile Processing

Michelle Rummel

Weight Management Center

Erin Shay

Disease Management

Mark Short

Information Services

Barry Slaven

Surgical Specialists

Margaret Van Velsor

Float Pool

Kevin Virgo

LV Anesthesia Services

10 Years

Mariana Badelita

Jennifer Breidinger

Respiratory Care Services

Joel Calarco

MedEvac

Amanda Castillo

Bethlehem Gynecological Assoc.

Ana Cruz

Operating Room

Denise Dengler

TNICU

Amy Depalma

MICU/SICU

Leann Dewalt

Riverside Family Practice

Lucy Fabian

Operating Room

Brandi Haja

Operating Room

Jason Kirka

Sarah Luther

Cardiology

Valerie Martin-Randall

Courier Services

Allison Miller

Patient Accounting

Cindy Mitman Pharmacy

Shelly Schleicher Organizational Effectiveness

Margaret Scott

Marlene Shields

NICU

Veronica Stoeckel

Health Spectrum Pharmacv

Laurie Sussman

Breast Health Services

Dolores Suzansky

NICLI

Mary Williams

Anti-Coagulation

5 Years

Carolyn Bozsolak

Hospice

Jenna Brunner

Emergency Medicine

Gregory Brusko

Toselli, Brusko, Garcia & Garcia

Amber Chaplain

Pleasant Valley Family Practice

Elissa Difilippantonio

Emergency Services

Joan Downes

Cardiac ICU

Lauren Freeman

Jennifer Gambal

Pre-Op Staging

Eufemia Ganiko

OB/GYN Assoc.

Gerardo Garcia Toselli, Brusko, Garcia & Garcia

Guillermo Garcia Toselli, Brusko, Garcia & Garcia

Pamela Henry Toselli, Brusko, Garcia & Garcia

Kelly Hewitt

ExpressCARE

Kerry Hogan

Coding Integrity

Holly Jones

Toselli, Brusko, Garcia & Garcia Erika Keller

OB/Maternal Fetal Medicine

Bernadette Klima

Primary Care Assoc.

Sara Madrid

Teresa Matejicka Riverside Family Practice

Jennifer McClarin

Labor and Delivery

Kevin McGill

Heart and Lung Surgeons

Coleen Messics

Toselli, Brusko, Garcia & Garcia

Kenneth Miller

Security

Bradley Moser

Michael Nguyen

Emergency Department

Kathy Ostrich

Float Pool

Amanda Pembroke

Patient Transport Services

Suzanne Podlesny

Toselli, Brusko, Garcia & Garcia

Denise Reitz

Riverside Family Practice

Jamie Reynolds Hematology Oncology Assoc.

Avani Shah Vision Specialists of LV

Heather Sneckenburg

Short Stay Hospital

Dilicia Spencer

Richard Steinmetz

Engineering

Pat Toselli

Toselli, Brusko, Garcia & Garcia

Patricia Trowbridge LV Anesthesia Services

Linzi Wotring Children's Float Pool

Nicholas Yackanicz Pharmacy

Donna Yelles

Riverside Family Practice

CheckUp magazine is for Lehigh Valley Health Network colleagues.

Vice President, Marketing Editorial Manager and Public Affairs

Susan Hoffman

Pamela Riddell

Communications

Director of

Kyle Hardner Editor Rick Martuscelli

Creative Manager Teressa Colbaugh

Designer Michael Hess Photographer Scott Dornblaser

Production Assistant

Alane Mercei

CheckUp, a 2013 MarCom Award gold winner and 2014 AAMC Award for Excellence Honorable Mention recipient



WELLNESS ROLE MODEL

Craig Souders

Craig Souders, director of rehabilitation services at Lehigh Valley Hospital-Cedar Crest, recently appeared in a Runner's World video. His goal: help editor Katie Neitz run without pain. "Katie's weak gluteal muscles led to chronic hamstring pain," he says. "Weak glutes plague most of us. We sit too much. Gluteal muscles atrophy if they aren't activated. Then when you run or walk, other muscles have to compensate. "Before you walk, run or ride a bike, Souders suggests asking yourself if you're prepared for the activity. "If there's a flaw in your mechanics, weak glutes could be the cause," he says.

Use these tips to get real gluteal:

- 1. See a primary care provider, physical therapist or exercise physiologist for a fitness assessment. (Use your Culture of Wellness benefit for a membership at LVHN Fitness.)
- 2. Watch Souders' Runner's World video to assess gluteal strength.
- 3. Follow Souders' gluteal strengthening exercises.
- 4. Don't rush the process. It will take three weeks or longer to change your muscles' strength and capability.

- Jenn Fisher









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A PASSION FOR BETTER MEDICINE



Culture of Wellness

Schedule

Baby Care (two-week series) May 1 and 8

Preparing for Childbirth (Saturday/Sunday class) May 3 and 4

Monday Morning Moms Starting May 5



Maternity Tours May 5, 14 and 18



Postpartum Support Group May 5 and 15

CPR for Family and Friends May 6

Getting It Done in One: Preparing for Labor, **Birth and Newborn Care Class** May 10



Car Seat Check Event May 13 and 29

Breast-feeding Baby May 13 and 29

Preparing for Baby: Includes Labor, Birth, **Breast-feeding and Newborn Care** (six-week series)

Starting May 14

Baby Care (one-day class) May 17



Preparing for Childbirth (Saturday class) May 24

Preparing for Childbirth (Saturday/Sunday class) May 31 and June 1

Learn more.

LVHN Fitness Group Classes

Being an LVHN Fitness member allows you to partake in a variety of classes. Call 610-402-CARE for more information. Get a list of class locations and descriptions.