

WINTER 2011

Magnet Attractions

Seeing Is Believing

Our nursing leaders round on all units—even if they're in the air. See what **Jackie Fenicle, R.N.**, learned when she flew with MedEvac.

PAGE 4

You Are All Exemplars of Extraordinary Care



It's February, and that means snow, snow, snow and well, more snow! It's also the month of our four-day site visit by Magnet™ appraisers to determine if we will be recognized for a third time by the American Nurses Credentialing Center.

Magnet appraisers will visit us to clarify, amplify and verify what was provided in the documentation. You may recall we submitted our application in the summer. Our written evidence garnered us a site visit without any requests for additional information. That's quite an accomplishment! The February site visit

presents an opportunity for us to share stories about the exemplary care we provide at all times.

We use *Magnet Attractions* to tell the tale of that care. In this issue, you'll read how nursing leaders value your input to improve work environment and enhance patient care. That's a great example of **Transformational Leadership**. You'll see how we're making nursing research more strategic in the **New Knowledge, Innovations and Improvements** section. You'll find a handy bookmark about shared governance in **Structural Empowerment**. And in **Exemplary Professional Practice**, you'll read about your colleagues who received specialty certifications, and see who made presentations at state and national conferences.

All of this adds up to **Empirical Outcomes**. Look for the Empirical Outcomes stories to read great examples of how you exemplify this. On page 3, you'll read reasons why Jannie Vansant Pearson, C.R.N.P., received the 2010 Courage, Commitment and Compassion Award from the Pennsylvania State Nurses Association. At the end of this issue, don't miss the touching story of how the neuroscience intensive care unit influenced a young patient with Guillain-Barre Syndrome.

When it comes to Magnet recognition, this is what it's all about. Stay tuned on the outcome of our site visit!

Anne Panik

Anne Panik, M.S., B.S.N., R.N., N.E.A.-B.C.
Senior Vice President, Patient Care Services



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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ON THE COVER

Chief flight nurse Joseph Rycek, R.N., shows Jackie Fenicle, R.N., administrator for Burn, Emergency, MedEvac and Trauma division, what it's like in a MedEvac helicopter. *See page 4.*





Courage, Commitment and Compassion

Eugenia Vansant Pearson, C.R.N.P., is recognized as one of Pennsylvania's best nurses

The Pennsylvania State Nurses Association honored one of our nurses at its annual awards ceremony in October. Cardiothoracic nurse practitioner Eugenia Vansant Pearson, C.R.N.P., received the 2010 Courage, Commitment and Compassion Award for demonstrating extraordinary responses to situations that require the highest commitment to patients and their families. Here are some of the things Pearson is doing to enhance care for patients who undergo cardiothoracic surgery.

Decreasing length of stay

Pearson helped establish collaborative rounds on the transitional and open-heart units. Every weekday, a multidisciplinary group of clinicians, led by Pearson, meets with patients and families to update them on their plan of care. This helps patients understand their goals and helps families prepare to take their loved one home. As a result, length of stay for patients who have had heart bypass surgery has decreased from 6.7 to 5.2 days.

Simplifying medication instructions

Pearson recognized problems with patients' discharge instructions. The medication information section was too generic, difficult to read and scattered over multiple pages. Pearson took action and worked with pharmacy and information services colleagues to improve the layout. Now it's printed on one easy-to-use chart that helps patients take the right medication and dose at the right time.

Developing protocols to decrease infections

Even though we already had a protocol to keep patients' blood sugar under control, Pearson and her colleagues thought we could do better. They reviewed literature that shows wound infections could be reduced in patients who have had cardiothoracic surgery if stricter blood sugar protocols were implemented. Based on this research, a new protocol was implemented that resulted in a two-year period in which no patients developed an infection post-surgery. As a result, the cardiothoracic team received a 2009 Hospital Association of Pennsylvania Annual Achievement Award.

Improving communication

A question from a Magnet™ appraiser in 2002 made Pearson realize we didn't have a forum for advanced practice nurses to regularly meet and communicate. She took action to change that and helped create the Advanced Practice Clinician Organization. The group now includes about 500 members and meets monthly to share important information about new developments in patient care.

Providing compassionate care

Pearson continually goes above and beyond to meet patients' needs. She helps patients get medications for free if they can't afford them and tells patients to call her personal cell phone if they have concerns. She once made a home visit to check on a patient who had a concern but couldn't come to the office, and determined the patient needed immediate hospital care.

Transformational Leadership

TL10EO: What is it?

This source of evidence falls under the Visibility, Accessibility and Communication section of the Magnet™ model component Transformational Leadership. It encompasses changes in work environment and patient care based on input from direct-care nurses. At Lehigh Valley Health Network, our senior nursing managers round on all clinical units and encourage staff to freely share suggestions to improve the work environment and patient care. This story shows how we're doing it, what we've learned and what we've changed as a result.

Happier Nurses, Healthier Patients

Administrators identify ways to improve work environment and patient care during rounds

Hopefully you've met our senior nursing leaders during rounds. They make such rounds quarterly—often more frequently—on all of their units. They try to stagger their visits throughout the day and night so they can connect with nurses and caregivers on all shifts. Through these rounds—and through the very valuable conversations you have with them—they pinpoint ways to enhance patient care and improve our work environment. Here's how three of our administrators do it.



A NEW ROLE TAKES
ON NEW HEIGHTS

» Read on for details.

Jacqueline Fenicle, R.N.

■ HER ROUTINE

Rounding was one of the first actions Fenicle took after beginning her new role in February 2010 as the administrator for Burn, Emergency, MedEvac and Trauma division. She saw all of the units—but one left a lasting impression: A helicopter trip with MedEvac (and she's admittedly not a good flyer). “Luckily, I did not become a patient on MedEvac,” she recalls. “It took three quiet days to recover from the vertigo.” Regardless, her initial rounding trips were extremely valuable and continue to be today.

■ HOW IT IMPROVES WORK ENVIRONMENT

Above all else, Fenicle believes rounding contributes to a collaborative relationship. “People appreciate that you not only hear what happens in their department, but that you also see it with your own eyes,” she says. “As the saying goes, ‘a picture is worth a thousand words.’” By seeing the same things, everyone feels like they're on the same team.

■ HOW IT ENHANCES PATIENT CARE

Fenicle cites the work being done by Jody Shigo and the transitional trauma unit (TTU) staff as an example of how regular rounding by unit leadership staff improves patient care. These individuals observe the pilot “warm welcome” initiative, which is a specific way of orienting patients to a unit, and offer suggestions for enhancement. Patient satisfaction scores on the TTU have increased since it started.



Gemba guide—Chief flight nurse Joseph Rycek, R.N., took Jackie Fenicle, R.N., on her MedEvac rounds.



Balancing act—Kay Rauchfuss, R.N., left, worked with staff nurses like Usha Rai, R.N., when they expressed concerns about balancing patient acuity.

Kay Rauchfuss, R.N.

■ HER ROUTINE

Rauchfuss makes monthly rounds on all her units, alternating evening and day shifts. “Getting to all my units requires rounding on several of them each week,” she explains.

■ HOW IT IMPROVES WORK ENVIRONMENT

When she did one-to-one rounds with her progressive coronary care unit staff, she learned charge nurses needed additional support tools and training. “They were giving staff nurses a lot of scattered assignments to help them balance patient acuity,” she says. “We worked on team behaviors, delegation and accountability, and improved the situation.”

■ HOW IT ENHANCES PATIENT CARE

During rounds, staff expressed concerns regarding admissions to appropriate units. Rauchfuss worked with staff members to improve their advocacy for best placement with SBAR communication, as well as empowering them to escalate concerns to their managers when necessary.

Next steps

ATTEND AN ANNUAL NURSING MEETING PRESENTED BY ANNE PANIK, R.N., OUR SENIOR VICE PRESIDENT OF PATIENT CARE SERVICES.

Courtney Vose, R.N.

■ HER ROUTINE

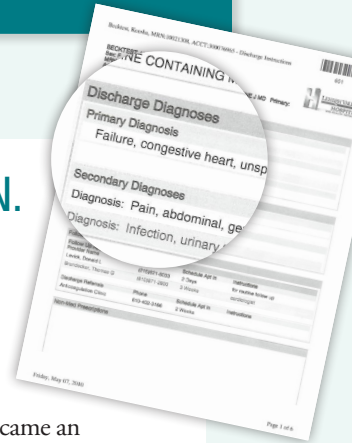
As a unit director, Vose always enjoyed rounding, so it’s no surprise she embraced the opportunity to make rounds on even more units when she became an administrator about three years ago. “I round as often as I can, not because I have to, but because I want to,” she says. “I see rounding as an opportunity to stay grounded on what’s important.”

■ HOW IT IMPROVES WORK ENVIRONMENT

She credits the unit directors with making her rounding a breeze. “They do a really great job of listening to their staff and making changes before I even get to round on their units,” she says. This is important for all units, and most recently for the medical-surgical nursing staff. Vose learned during rounds on evening and night shift that nurses were having a hard time with the high “churn” rate, secondary to reduced length of stay. “We’re moving patients out of the hospital more quickly, and that’s a good thing,” she says. “But it also means our nurses have more work to do.” A team led by Marilyn Guidi, R.N., is currently meeting to look at this opportunity and identify potential process changes to address it.

■ HOW IT ENHANCES PATIENT CARE

During rounds, a staff nurse expressed concern that automated discharge sheets were difficult for patients to follow. So Vose took the concerns to information services, and a more patient-friendly format for discharge instructions was developed and implemented.



New Knowledge, Innovations and Improvements

NK4: What is it?

This source of evidence is included in the Research section of the New Knowledge, Innovations and Improvements Magnet™ model component. It includes the structure(s) and process(es) used by the organization to develop, expand and/or advance nursing research. The story about how we're implementing the Iowa Model of Evidence-Based Practice certainly exemplifies this.

Transforming Ideas Into Bedside Research

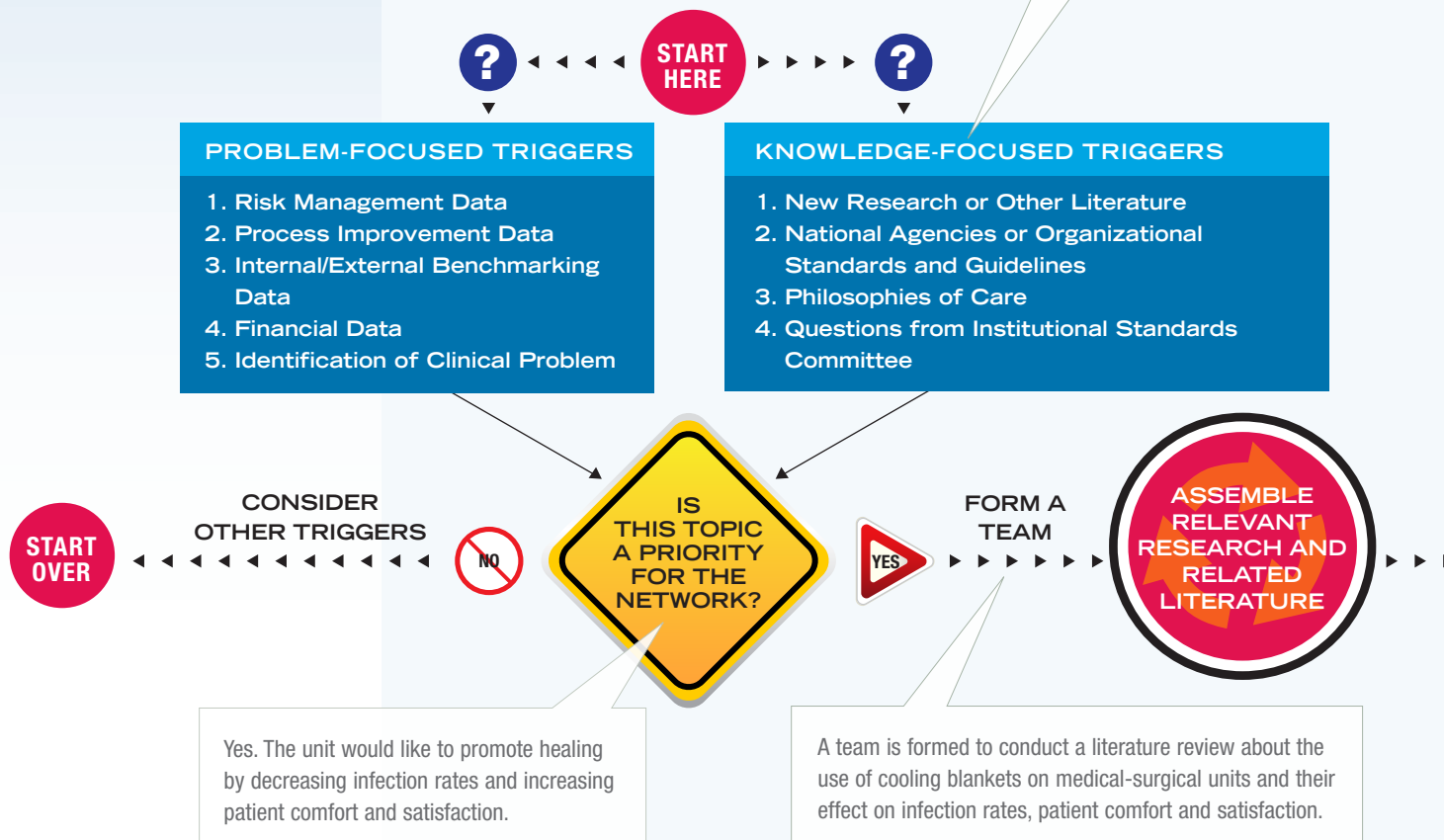
If you are a bedside nurse, you may have ideas about how to improve patient care. To better transform those ideas into evidence-based practice and research projects, Lehigh Valley Health Network is utilizing the Iowa Model of Evidence-Based Practice to address practice ideas proposed by health network clinical colleagues. "The health network has always valued nursing-led research or evidence-based practice," says Carolyn Davidson, Ph.D., R.N., administrator of evidence-based practice and clinical excellence. "The Iowa Model provides a coordinated, systematic approach to improving practice."

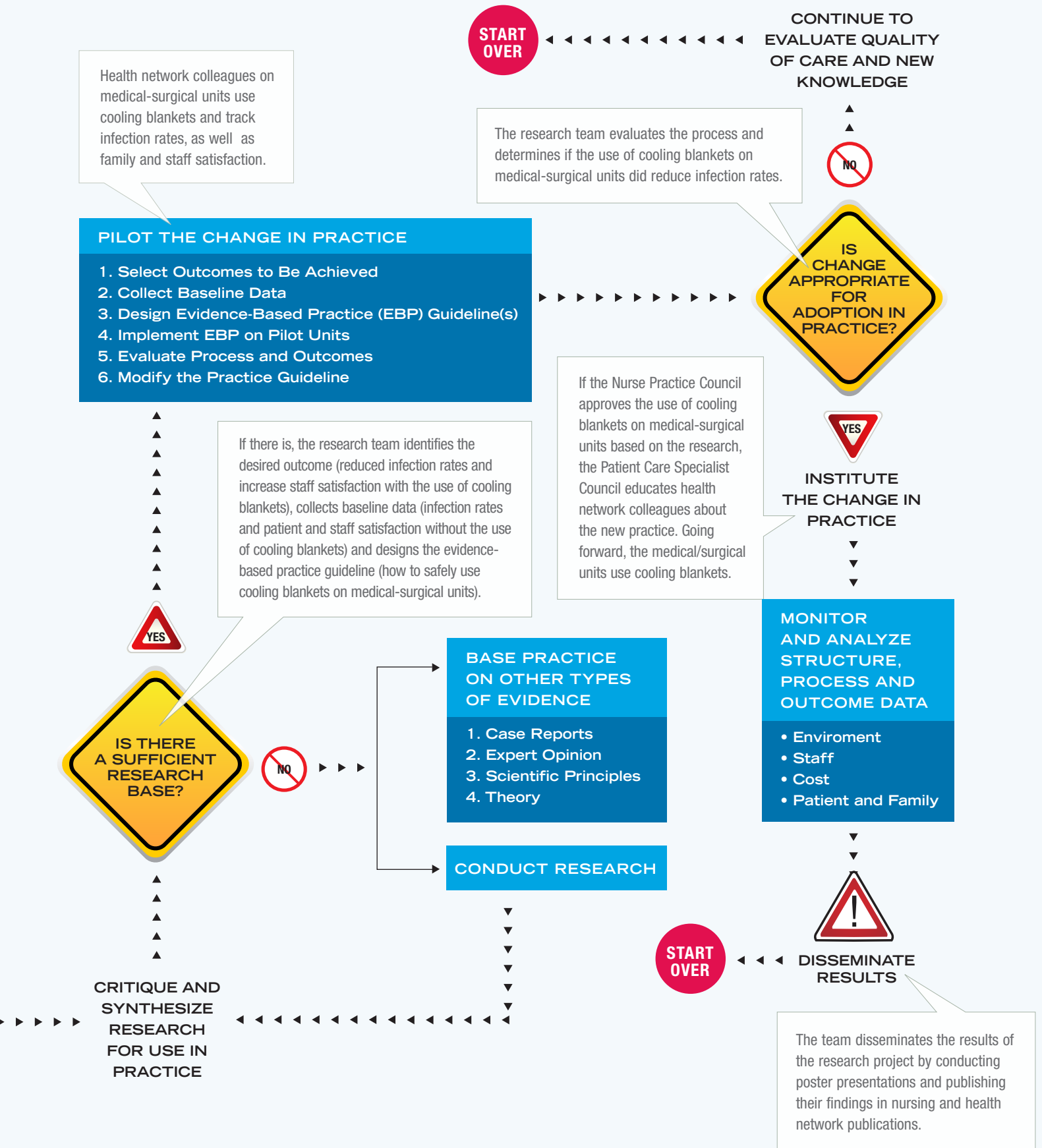
The Iowa Model is based on the application of evidence-based research to improve patient care outcomes. "We have been performing evidence-based practice for a long time at the health network," Davidson says. "By using the Iowa Model, we hope to generate more research questions and have a more structured process to move these questions forward."

Next steps

WANT TO GET INVOLVED IN RESEARCH? CONTACT KATHY BAKER, R.N., RESEARCH SPECIALIST, OR CAROLYN DAVIDSON, Ph.D., R.N., ADMINISTRATOR OF EVIDENCE-BASED PRACTICE AND CLINICAL EXCELLENCE.

Based on new research she encountered, a health network nurse colleague suggests the use of cooling blankets on medical-surgical units. Cooling blankets' ability to regulate body temperature helps to reduce infection rates, speed the healing process, shorten hospital stays and maintain proper function of body systems.





NK8: What is it?

This source of evidence is part of the Innovation section of the New Knowledge, Innovations and Improvements component. It encompasses innovations in nursing practice. Here, you'll read about how we're studying mirror-based therapy.

Mirror, Mirror on the Wall

Study to determine if mirrors decrease wandering in dementia patients

Karen Boutron, R.N., still has a thank-you note she received from a patient in 1998. In the note, the patient thanks Boutron, currently the patient care specialist on 7T, for a mirror she gave him to help care for a tracheotomy. "I've used mirror therapy with radical neck surgery patients and breast reconstruction patients for years," she says. "The therapy also helps patients with phantom limb pain, eating disorders and stroke deficits."

Boutron would like to expand the use of mirror therapy for patients with dementia who become confused and agitated when a hospital stay disrupts their daily routine. "Caring for dementia patients can be very challenging for nurses," Boutron says. "In the Lehigh Valley, we

have an increasingly older population, so implementing evidence-based guidelines for mirror therapy will help nurses care for these patients."

Wandering is among the most problematic, frequent and dangerous co-morbid behaviors in patients with dementia. Studies show mirror therapy is an inexpensive, holistic way to promote self-recognition and prevent wandering in patients with dementia (more conventional practice includes use of restraints and medications). That's why, with the guidance of our nursing research council, Boutron plans to implement an evidence-based practice study that will use mirror therapy to minimize wandering in patients with dementia.

Her research will build on a study that used mirrors as "subjective barriers" to prevent patients with dementia from wandering. In that study, mirrors were placed at door thresholds, and patients stopped to look at themselves. "Patients become entranced in a state of self-recognition," Boutron says. "This creates a calming effect and significantly reduces agitation."

This reminds Boutron of a quote by an unknown author: "Sometimes the one thing you are looking for, is the one thing you can't see." Stay tuned for details on how this research unfolds.



Structural Empowerment

SE1: What is it?

This Magnet Recognition Program® source of evidence falls under the Structural Empowerment Magnet™ model component. In this component, the structure(s) and process(es) that enable nurses from all settings and roles to actively participate in organizational decision-making groups such as committees, councils and task forces are defined. You'll see this come to life in the story about Sue O'Neill, R.N., and Maryann Lubinensky, R.N., two staff nurses who are actively involved in our shared governance model and made a presentation at the National Magnet Conference on the topic.

A Tip a Minute

Staff nurses offer suggestions on how to strengthen shared governance

In many ways, a shared governance model is like a relationship. It requires communication and dedication, and it needs to be invigorated and rejuvenated as it matures. Two of our staff nurses, Maryann Lubinensky, R.N., from 6T, and Susan O'Neill, R.N., from the trauma-neuro intensive care unit (TNICU), recently presented on the topic in "A Tip a Minute: 50 Action Items to Make Your Shared Governance Model Tip-Top," at the 2010 American Nurses Credentialing Center National Magnet Conference in Phoenix, Ariz.. Here's a snapshot of what they shared.

Communicate

It may seem like a no-brainer, but everyone needs to know the expectations for how to communicate what's happening within councils. Just like you would set ground rules with a spouse (no, you cannot communicate about something major through e-mail alone), you must have multiple ways to communicate council news with your colleagues. "On 6T, we use several methods to communicate each council's work to the entire staff," Lubinensky says. "When the decisions made at meetings create a change in practice, it is crucial to have clear and thorough communication to the team."

Celebrate!

You wouldn't overlook a major milestone like a wedding anniversary, and it's important to celebrate accomplishments at work too. Lubinensky says 6T routinely

communicates and celebrates successes. "When our managers receive positive feedback from a patient, family member or health network colleague, we get an e-mail that says, 'You rock!'" Lubinensky says. "This boosts our egos, brings us closer and inspires us to strive for perfection."

Focus on interpersonal skills, group dynamics

Some people are natural-born leaders. Some are visionaries. For shared governance to succeed, each colleague has a responsibility to discover his or her personal traits and to learn to appreciate other personalities. "In our early years with shared governance, TNICU used the Myers-Briggs Type Indicator to measure preference in how we make decisions," O'Neill says.

Don't be afraid to change it up

Long-term relationships last for a reason. Successful shared governance models last for the same reason—they evolve. A good example of this is TNICU's Peer Advisory Council, which moved from simply providing peer review to the unit manager, to being actively involved in developing and communicating the annual performance appraisal of staff.



SUSAN O'NEILL, R.N.



MARYANN LUBINENSKY, R.N.

A TIP A MINUTE: 50 Action Items to Make Your Shared Governance Model Tip-Top

Kim Hitchings, MSN, RN, NEA-BC
Manager, Center for Professional Excellence

Maryann Lubinensky, RN, BC
Staff Nurse, 6T Med-Surg Unit

Susan O'Neill, RN, CCRN
Staff Nurse, Trauma Neuro ICU

1. Measure, measure, measure
2. Define
3. Is an expectation... not an invitation
4. Involve staff in defining your model
5. Describe core values and beliefs
6. Identify key components
7. Be thoughtful, but do not agonize
8. Carefully consider your terminology
9. Words are important
10. Assure competence
11. Consider a variety of learning options
12. Define who is accountable and how
13. Establish consequences of non-compliance
14. Determine structure
15. Develop descriptions for all levels

Utilize charter templates that define...

16. Functions
17. Membership guidelines
18. Meetings
19. Agenda
20. Minutes
21. Communication methods
22. Make it all about decisions
23. Form follows function
24. Decisions consistent with functions
25. Set annual goals
26. Consider need for strategic plan
27. Go after low hanging fruit
28. Begin with something of value to staff
29. Prioritize what is important to staff
30. Go for the win
31. Reward
32. Recognize
33. Celebrate
34. Seek mentoring
35. Managers are critical to success
36. Invest in manager knowledge
37. Consider a consultant
38. Hold managers accountable
39. Include council reports in unit meetings
40. Conference call to increase attendance
41. Budget dollars to support work
42. Consider philanthropic dollars
43. Don't be afraid to "change it up"
44. Be creative and innovative; avoid sacred cows
45. Consistency with organizational priorities
46. Consistency with nursing priorities
47. Focus on interpersonal skills and dynamics
48. Identify a single champion for maturation
49. Culture eats strategy for lunch!
50. Think "Legacy"

✂ Next steps

CUT OUT AND USE THE "TIP A MINUTE" BOOKMARK TO CONTINUOUSLY MATURE AND ENHANCE OUR SHARED GOVERNANCE MODEL AT THE UNIT AND NETWORK LEVELS.



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Exemplary Professional Practice

EP1 and EP1EO: What is it?

These Magnet Recognition Program® sources of evidence fall under the Exemplary Professional Practice Magnet™ model component, which encompasses the ways in which nurses develop, apply, evaluate, adapt and modify the Professional Practice Model. In this section, you'll read about your colleagues who made presentations at regional, state and national conferences, as well as those who were published in peer-reviewed journals. You'll also find newly specialty-certified colleagues listed here.

Next steps

THINKING ABOUT SPECIALTY CERTIFICATION? CONTACT OUR CENTER FOR PROFESSIONAL EXCELLENCE TO FIND OUT HOW YOU CAN DO IT.

PRESENTATIONS

POSTER

Emergency Nurses Association Annual Meeting *San Antonio, Texas, September 2010*

Andrew Martin, B.S.N., R.N., P.H.R.N., C.E.N.; Bountiful Crop Awaiting Cultivation

Charlotte Buckenmyer, M.S., R.N., C.E.N.;
Constance Simpson, R.N. and **Kristine Weitzel**, R.N.; The Surge of H1N1: A Patient Safety Initiative

Lucinda Bierman, R.N., and **Alice Wall, R.N.**; Implementation of an Emergency Department Specialty Float Pool.

Paul Delpais, B.S.N., R.N., C.E.N., and
Neil Kocher, R.N., C.E.N.; ED Triage... Putting the Nurse First

Pennsylvania Organization of Nurse Leaders Nursing Leadership Symposium

Harrisburg, Pa., September 2010

Beth Kessler, R.N.-B.C.; Huddle Up! Collective Responsibility to Positively Impact Workflow and Patient Safety

Kim Korner, M.B.A., B.S.N., R.N., N.E.-B.C., and
Maria McNally, B.S.N., R.N., C.M.S.R.N.; Somebody to Lean On: How Lean Principles Promote Exemplary Professional Practice

Nursing Management Congress

Grapevine, Texas, September 2010

Miriam Ramos-Martinez, M.S.N., R.N., C.M.S.R.N.; The White Rose Program—Assuring Respect and Dignity for the Terminally Ill

Academy of Medical-Surgical Nurses Annual Convention

Las Vegas, Nev., October 2010

Angela Agee, R.N., C.M.S.R.N. and **Laura Baker**, R.N.; Somebody to Lean On: How Lean Principles Promote Exemplary Professional Practice

Debra Peter, M.S.N., R.N., B.C., C.M.S.R.N.; Team Quality: Coaching Staff Toward Stardom

Diana Pabon-Hurtzig, M.B.A., M.S.N., R.N., C.M.S.R.N.; **Susan Gross**, B.S.N., R.N., and

Tracey Silfies, B.S.N., R.N., C.M.S.R.N.; Innovative Collaborative Rounding Approaches on a New Medical-Surgical Unit

Holly D. Tavianini, M.S.H.S.A., R.N., C.N.R.N.; Eliminating Green to Go Green: Using Web Technology to Increase Clinical Documentation

Holly D. Tavianini, M.S.H.S.A., R.N., C.N.R.N., and **Joan Jerant**, B.S.N., R.N.; Sharing the Passion: Paying It Forward through Organizational Mentoring for Neuroscience Nursing Excellence

Jeanine DeLucca, M.S.N., R.N., B.C., and
Christine Marakovits, B.S.N., R.N.; An Advanced Medical-Surgical Course: Fostering Bedside Leadership and Excellence in Medical Surgical Nursing

Susan Gross, B.S.N., R.N., and **Tracey Silfies**, B.S.N., R.N., C.M.S.R.N.; "Back to Basics"—Interdisciplinary Collaboration on Skin Care Impacts Network-Wide Practice

Tracy Gemberling, B.A., R.N., C.M.S.R.N., and
Maryann K. Fye, M.S.N., R.N., C.M.S.R.N.; Bedside Nurse Shift Report: An Opportunity to Partner with Our Patients and Families

Pennsylvania State Nurses Association Annual Summit

DeSales University, Center Valley, Pa., October 2010

Eileen Wasson, M.S.N., R.N., C.C.R.N., and
Julie Werkheiser, R.N., A.D.N., C.C.R.N.; Responsible Staffing: Assuring Patient Safety and Economic Stability

Jeanine DeLucca, M.S.N., R.N., B.C.; An Advanced Medical-Surgical Course: Fostering Bedside Leadership and Excellence in Medical-Surgical Nursing

Lee Bowman, B.S.N., R.N., and **Jennifer Murray**, A.D.N., R.N.; Somebody to Lean On: How Lean Principles Promote Exemplary Professional Practice

Maria McNally, B.S.N., R.N., C.M.S.R.N., and
Laura Herbener, R.N., O.C.N.; Team Quality: Coaching Staff Toward Stardom

Sandra J. Sabbatini, B.S.N., R.N., and
Tara Lynne Wisniewski, B.S.N., R.N.; The Surge of H1N1: A Patient Safety Initiative

Tami Meltsch, B.S.N., R.N., P.C.C.N., C.N.M.L.; The White Rose Program—Assuring Respect and Dignity for the Terminally Ill

Magnet Recognition Program®, Annual Magnet Conference

Phoenix, Ariz., October 2010

Kim S. Hitchings, M.S.N., R.N., N.E.A.-B.C.; Self-Regulating Nursing: A Compendium of Peer Review Strategies—From Performance Evaluation to Quality Investigation

Association of Hematology/Oncology Pediatric Nurses

Minneapolis, Minn., October 2010

Joanne DiNatale, R.N., C.P.O.N.; Coping With the Loss of Your Child—A Comprehensive Guide for Families

ORAL

26th Annual Pediatric Nursing Conference

Philadelphia, Pa., July 2010

Jayne Febraro, M.S.N., C.R.N.P.; **Christine Hafner**, M.S.N., and **Michele Dunstan**, B.S.N., C.C.R.N.; Educating Pediatric Critical Care Nurses—An Innovative Approach Using Multiple Methodologies

Trends In Critical Care Nursing Conference

Valley Forge, Pa., September 2010

Bonnie Wasilowsky, R.N., C.N.R.N., B.S.P.A.-H.C.A.; Open to the Public: Addressing Opportunities of Trans-Cultural Nursing

Colleen Day, M.S.N., R.N., C.N.S.; Aneurysm Alphabet Soup: TAA, TEVAR, OTAR—What does it all mean?

Carolyn Ordway, M.S.N., R.N., C.R.N.P.; The Heart of Innovation—A New Circulatory Assistive Device

Lynne Harris, M.S., B.S.N., R.N., C.C.R.N.-C.M.C.; CSI (Cardiac Signal Investigation): Finding the Evidence on the 12 Lead EKG

Maureen T. Smith, M.S.N., R.N., C.N.R.N., and **Kimberly Martin**, R.N., C.N.R.N.; Nurses as Patient Care Navigators: A Case Study Presentation of a Stunned Myocardium From Neurological Injury With Devastating Multisystem Consequences

Magnet Recognition Program®, Annual Magnet Conference

Phoenix, Ariz., October 2010

Bonnie Wasilowsky, B.S.-H.C.A., C.N.R.N.; **Charlotte Buckenmyer**, M.S., R.N., C.E.N., and **Anne Panik**, B.S.N., M.S., R.N., N.E.A.-B.C.; Open to the Public: Addressing Opportunities of Trans-Cultural Nursing

Carolyn Davidson, Ph.D., R.N., C.R.N., A.P.R.N.; Workforce, Leadership, Empowerment: Discerning Factors for Intent to Stay Among Traditional and Accelerated BSN Graduates

Courtney Vose, M.S.N., R.N., C.E.N., and **Beth Kessler**, R.N.-B.C.; Raising the Bar on Structural Empowerment—Creating a Culture of Lateral Accountability

Kim S. Hitchings, M.S.N., R.N., N.E.A.-B.C.; **Maryann Lubinensky**, R.N., B.C., and **Susan O'Neill**, R.N., C.C.R.N.; A Tip a Minute—50 Action Items to Make Your Shared Governance Model Tip-Top

Academy of Medical-Surgical Nurses Annual Convention

Las Vegas, Nev., October 2010

Debra Sellers, M.S., B.S., R.N., and **Maryann K. Fye**, M.S.N., R.N., C.M.S.R.N.; Round and Round and Round We Go to Assure Exemplary Professional Practice

Nurses Improving Care for Healthsystem Elders Conference

Chilton Memorial Hospital, N.J., October 2010

Diana Pabon-Hurtzig, M.B.A., M.S.N., R.N., C.M.S.R.N.; NICHE at LVHN: Family Presence

PUBLICATIONS

American Journal of Nursing, October 2010, **Joyce Hislop**, R.N., O.C.N., Paper Chart Nurse.

Practicing Anthropology, Fall 2010, **Lynn M. Dietrick**, Ph.D., R.N.; **Terry Capuano**, M.B.A., M.S.N., R.N., N.E.-B.C., F.A.C.H.E., and **Debbie Salas-Lopez**, M.D., Practicing Anthropology in an Academic Community Hospital: Lessons From the Field

Critical Care Nurse, October 2010, **Vanessa L. Pasch**, R.N., B.S.N., P.C.C.N.; **Michelle Myers**, R.N., B.S.N.; **Karyn Bennett**, R.N., B.S.N.; **Mary Boyle**, R.N., P.C.C.N., and **Jeanne Manavizadeh**, R.N., B.S.N., P.C.C.C.N., “Help, I Need Somebody . . .” A Collaborative Approach to Nurses Helping Nurses

AORN Journal, **Diane B. Kimsey**, R.N., M.S., C.N.O.R., Lean Methodology in Health Care

SPECIALTY CERTIFICATIONS

The following nurses were certified in medical-surgical nursing:

Lee W. Bowman, R.N., C.M.S.R.N.
Alyssa A. Bruchko, R.N., C.M.S.R.N.
Kelly M. Karpich, R.N., C.M.S.R.N.
Christine E. Marakovits, R.N., C.M.S.R.N.
Pamela B. McWilliams, R.N., C.M.S.R.N.
Rachael M. Seese, R.N., C.M.S.R.N.

The following nurses were certified in emergency nursing:

Vicki Hartman, R.N., C.E.N.
Corrine M. Hyman, R.N., C.E.N.
Linda M. Ingaglio, R.N., C.E.N.
Susan E. Jonovitch, P.C.C., C.E.N.
Nancy D. Robson, R.N., C.E.N.
Traci L. Wagner, R.N., C.E.N.

The following nurses were certified in pediatric emergency nursing:

Julie S. Albertson, R.N., C.P.E.N.
Lindsay J. Houck, R.N., C.P.E.N.
Jennifer H. Nicholas, R.N., C.P.E.N.

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**EMPIRICAL
OUTCOMES**

Rock on

A young musician's dream is back on track thanks to his critical care team

When Chris Connors dreams about the future, he's usually playing guitar in front of thousands of adoring fans. But as he lay in a hospital bed last summer—unable to move his legs—the 21-year-old college student had a more urgent wish: "Please let me walk again."

Connors first felt leg weakness at home in Stroudsburg a week earlier. Suspecting acute Guillain-Barré Syndrome, physicians at Pocono Medical Center transferred him to the neuroscience intensive care unit (NSICU) at Lehigh Valley Hospital—Cedar Crest, where the diagnosis was confirmed. The NSICU's multi-disciplinary team sprang into action, with little time to spare. The nervous system disorder had moved beyond Connors' legs and was now attacking other parts of his body. "Every day we could see him slipping further away," says patient care specialist Maureen Smith, R.N.



Rock stars—To thank the NSICU team for its exceptional efforts, the Connors family designed T-shirts that mimic the tour shirts sold at rock concerts. Staff names are listed on the back under the title "Chris Connors Summer 2010 NSICU Tour," followed by a heartfelt, "We love you all!"

Connors underwent frequent intravenous immunoglobulin (IVIG) therapy and plasmapheresis. Mindful of their patient's guitar-playing dream, staff members also worked aggressively to preserve strength and range of motion in his hands and fingers. The uncertainty of the outcome terrified Connors and his parents, so the team rallied around the family to provide much-needed emotional support. "We don't just care for our patients," Smith says. "We care for their loved ones too."

After days of intense treatment, staff finally saw a response. The changes were

subtle, but significant. "It meant we were reversing the trend," Smith says. Connors continued to improve on 6K and then went to Good Shepherd for rehabilitation. Three months later, he returned to the neuroscience unit and surprised staff with a unique gift (see photo and caption). "Chris is here," someone shouted, "and he's walking!" He was also back to playing guitar—and dreaming about the future.

"I stand in awe of the NSICU team," Smith says. "They poured their hearts out to help this young man fight and win a very difficult battle."