SPRING 2010

Magnet Attractions

M3

You Make It Happen

Join the quest for our third Magnet designation!

PAGE 4

A PASSION FOR BETTER MEDICINE.℠

Lehigh Valley Health Network

INSIDE THIS ISSUE

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.

On the cover: We have family presence champions throughout our health network. Read more about them on page 6. Here, Tracy Gemberling, R.N. (right), and Melissa O'Neill, R.N. (left), keep family members like Lois A. Waldron of Macungie informed.

Lehigh Valley Health Network

Let Your Passion Shine During Our Magnet Redesignation Journey

You are the reason we're Magnet. That's why our theme for redesignation is M³—YOU Make It Happen!

You stand out among the best nurses in the world. That's why the American Nurses Credentialing Center originally designated us a Magnet hospital in 2004 and redesignated us Magnet again in 2006. The quest for our third Magnet redesignation is in full swing, and I am confident your Passion for Better Medicine will shine through. In fact, the theme for our Magnet redesignation journey is M³—YOU Make it Happen!

Did you notice the emphasis on YOU? You are the reason we're Magnet. Some of you may be wondering what you can do to help during our Magnet redesignation journey. Do what you always do. Be the best caregiver you can be and demonstrate the components of Magnetism just like you already do, day in and day out.

This issue of *Magnet Attractions* is full of stories that embody your dedication to the highest-quality patient care. These stories focus on the evidence-based Magnet model components, sponsored by the American Nurses Credentialing Center. These models and the forces behind them are the foundation and principles that guide our care for patients. For example, on page 6 you'll read about your colleagues who are family presence champions. See how they're implementing concepts they learned at a national conference on their units and network-wide. On page 8, you can learn how our nurses are analyzing recent research and helping translate evidence into practice. And on page 11, learn about our upcoming Nursing Week events, including this year's Friends of Nursing celebration.

Thank you for all you do every day. YOU are the reason we're Magnet now. And YOU are the reason we'll retain the Magnet honor for years to come. Let's join together as we embrace our theme: M³—YOU Make it Happen!

Anne Panik

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

Do You Like *Magnet Attractions*?

Tell us your thoughts. We're always looking for ways to make *Magnet Attractions* better for you. That's why we're taking a survey to see what you think about the publication. You can take the survey at http://www.surveymonkey.com/s/JBS9F6W. We want to know what you like about the publication, which articles are most helpful to you in your clinical role, and what we can do to improve the magazine in the future. Complete the survey for a chance to win a prize!

M³—You Make It Happen!

A Q&A with Kim Hitchings, R.N., and Nicole Hartman, R.N., about Magnet redesignation

Kim Hitchings, R.N.

Niki Hartman, R.N.

Energized after last fall's national Magnet conference, Center for Professional Excellence colleagues Kim Hitchings, R.N., and Niki Hartman, R.N., wanted to capitalize on their enthusiasm. So they brainstormed themes for our third Magnet redesignation campaign during their trip home. On the list was M³—You Make it Happen! (Your Professional Excellence Council colleagues later voted it as the winning selection.) "The national Magnet conference is very exciting," Hitchings says. "You leave there proud to be a Magnet institution and motivated to remain one."

Preparing our Magnet evidence for redesignation takes months of hard work. Every four years we need to go through the formal submission process—that's what we're doing now. Plus, each year we need to submit a summary of our quality indicators and demographics such as the number of our specialty-certified nurses and nurses who have degrees. Thankfully our colleagues are passionate about gathering all of this information and the evidence needed to support why we are Magnet. Here, Hitchings and Hartman tell us how it's going and what's in store for the future.

Q: When did you start the process to prepare the evidence?

A: It started more than a year ago—on Jan. 14, 2009, to be exact. At that time we created a formal steering committee of bedside nurses, educators and managers. They met every two weeks and methodically reviewed each Magnet standard for which we need to submit evidence.

Q: What information did you need to collect for evidence?

A: We will follow the new Magnet application manual that was released in 2008, so that means we need evidence for 64 standards within the five Magnet model components of Transformational Leadership, Exemplary Professional Practice, Structural Empowerment, Empirical Outcomes and New Knowledge, Innovations and Improvements. The last two standards will be weighted more heavily because we are applying for redesignation, not initial designation. Then there are 28 additional requirements to address, including a history of the organization, our health network's mission and vision statements and our professional practice model.

Magnet redesignation timeline

2002 Designated as a Magnet Hospital

2006 Redesignated as a Magnet Hospital

2009 January 2009-Quest for third designation begins: M³—You Make it Happen!

January 2009-January 2010-Steering committee met regularly and shared evidence

Q: How did you gather the evidence?

A: The members of the steering committee went back to their units to collect evidence. They looked at things like innovative unit programs, shared governance models and staff exemplars. They then brought their examples back to the steering committee, which determined what examples offered the best evidence. This process took exactly one year.

Q: What are you doing with the gathered information now?

A: We are authoring the formal submission document, and our goal is to have it finished by July 1. That may sound like a long time, and here's why: The entire submission will likely be about 4,500 pages long. No joke! Last time, our stack of supporting documents was 15 inches tall. This year, we will be one of the first institutions to pave the way using a new electronic submission process. As one of the nation's "Most Wired" hospitals, we felt it was important to set an example.

Q: What happens after the information is sent?

A: The information is officially due Aug. 1. It then will be reviewed by four Magnet appraisers. One will be the same as last time. (We loved all of them, by the way.) They will score our documents, and if the score is high enough, we will be granted a scheduled site visit. We certainly hope that happens.

Q: What can I do to help?

A: Do what you always do—be the best caregiver you can be. Just showcase what you do every day. Demonstrate the forces of Magnetism like you always do because it's the right thing to do for our patients. Show the appraisers why we truly exemplify what it's like to work with A Passion for Better Medicine.

2010

January 2010-All evidence for 2010 Magnet redesignation gathered

January 2010-July 2010-Evidence compiled and finalized

August 2010-Evidence due to national Magnet office

Fall 2010-Site visit (if score warrants)

Early 2011—Redesignation decision — We'll find out if we made it happen!

ANCC MAGNET RECOGNITION

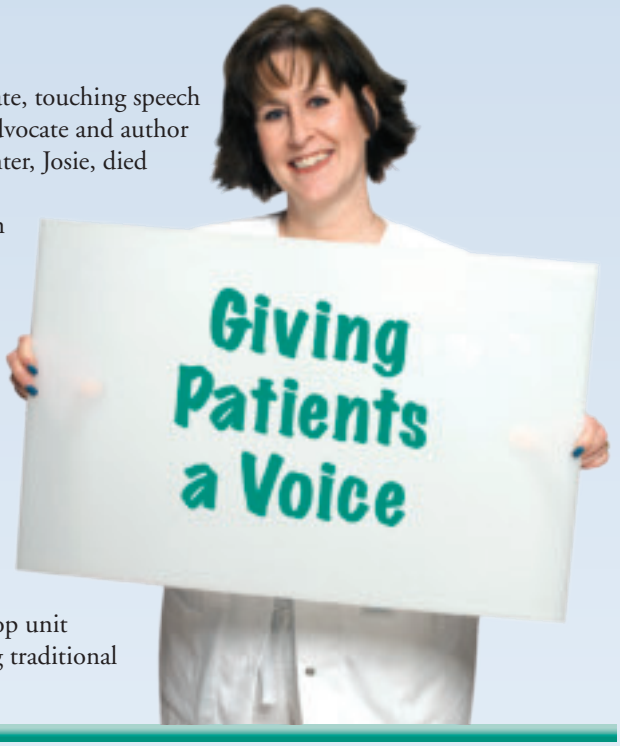
Family Presence Champions

Colleagues share what they learned at a national family-centered seminar

When our colleagues come back from Institute for Family-Centered Care (IFCC) seminars, they are a delicate blend of emotionally exhausted and inspired to enact change. During the last couple years, 19 colleagues attended these intense three-day seminars that explore the benefits of patient- and family-centered care. Participants walk away transformed, with a much clearer understanding of what this care is about. Meet three colleagues who have been forever changed by these seminars, and discover how the lessons they learned can help you become even more patient-centered.

She's Giving Patients a Voice

Jody Shigo, R.N., remembers the passionate, touching speech made by Sorrel King, renowned patient advocate and author of *Josie's Story*. King's 18-month-old daughter, Josie, died of misused narcotics while receiving burn care at another hospital. "Staff didn't listen to her concerns regarding her daughter's care," Shigo says.



Shigo learned many patients feel similarly—like they don't have a voice in their care. "That's why we have an empty 'family member' chair at our meetings," says Shigo, transitional trauma unit (TTU) director. "It reminds us to consider families when making decisions."

As a result of Jody sharing "Josie's Story" with staff members, they worked to develop unit guidelines for family presence, eliminating traditional visitation hours.

She's Empowering Colleagues

Mother-baby unit director Judy Pfeiffer, R.N., had an "ah-ha" moment when she heard this story at the seminar: A patient was ready to be discharged following the premature birth of twins. The patient was also an employee of that hospital and understood the importance of making her room available to another patient. She asked for a cart on which to place her belongings outside the room while she waited in the hall to see her twins' neonatologist before leaving the hospital. No one brought her the cart, so she couldn't make the room available as planned.

Pfeiffer asked colleagues to think of similar things that happen here. "We get busy and sometimes overlook simple things we can do to meet patients' needs," she says. By sharing ideas, Pfeiffer believes colleagues will pay greater attention to detail.

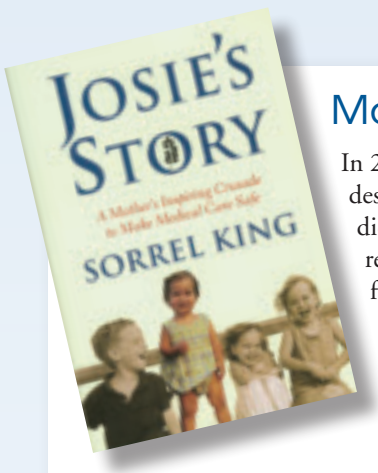
She's Encouraging Communication

Transitional open-heart unit nurse Susan DeTurk, R.N., wishes collaborative rounds were done years ago when her mother was hospitalized—her family would have appreciated these meetings involving caregivers, patients and families. Driven by her experience, DeTurk is working to improve communication among these groups.

Already passionate about the topic, she came home from the seminar with more ideas about how to improve communication. She heard about hospitals that give patients photos of doctors they will see; and ones that stress the importance of listening to patients and taking subsequent action to correct problems. We're addressing these issues through two Patient-Centered Experience (PCE) 2016 projects related to welcoming patients and keeping them updated with a daily plan of care. (See March's *CheckUp* for details.)

Next Step: Fireside Chats

Colleagues who've attended Institute for Family-Centered Care (IFCC) seminars will organize and facilitate fireside chats throughout our health network. These interactive, confidential, facilitated sessions allow staff members from all areas to share their own personal stories of their or their family's experiences within our health care system. The goal is for the shared experiences to prompt reflections that will create staff 'buy-in' and engagement to participate in the journey to create the ideal patient-centered experience within our health network.



Mother's Mission: Involve Family in Patient Care

In 2001, Sorrel King's 18-month-old daughter, Josie, died at a well-known U.S. hospital. This happened despite King's repeated attempts to express concerns about her daughter's deteriorating condition. Josie died from severe dehydration and misused narcotics—two preventable human errors. Today, King is a renowned advocate and author of the powerful book *Josie's Story*. She visited our health network last fall and shared her compelling story. Her experience embodies why patient- and family-centered care is crucial.

In her travels, King talks about the role of a Rapid Response Team (RRT). She thinks an RRT might have saved her daughter's life, had she as the patient's family been able to initiate it. Our health network has had RRTs in place since 2006. When an RRT is called, a team of experts—a critical care nurse, respiratory therapist and hospitalist physician—quickly arrives to help assess and treat patients, while the bedside nurse communicates with the attending physician. In January of this year, we began to pilot family-initiated RRTs on 7A and 6T. "We want to do the right thing for patients and their families," says medical-surgical unit director Anne Rabert, R.N.

While there always has been information about RRTs in the patient handbook, there are now posters in patient rooms on the pilot units that explain how family can initiate an RRT based on their loved one's clinical condition. This RRT process will be rolled out network-wide once the pilot units have perfected it.

Implementing Glycemic Control Protocols

Units help improve patient outcomes by following the latest research

Susan O'Neill, R.N., is a veteran trauma-neuro intensive care unit (TNICU) nurse. "Many of our patients are very ill and vulnerable," she says. "I'm passionate about doing absolutely everything I can to help them." It's one reason why she's always analyzing recent research and helping translate evidence into practice in the TNICU.

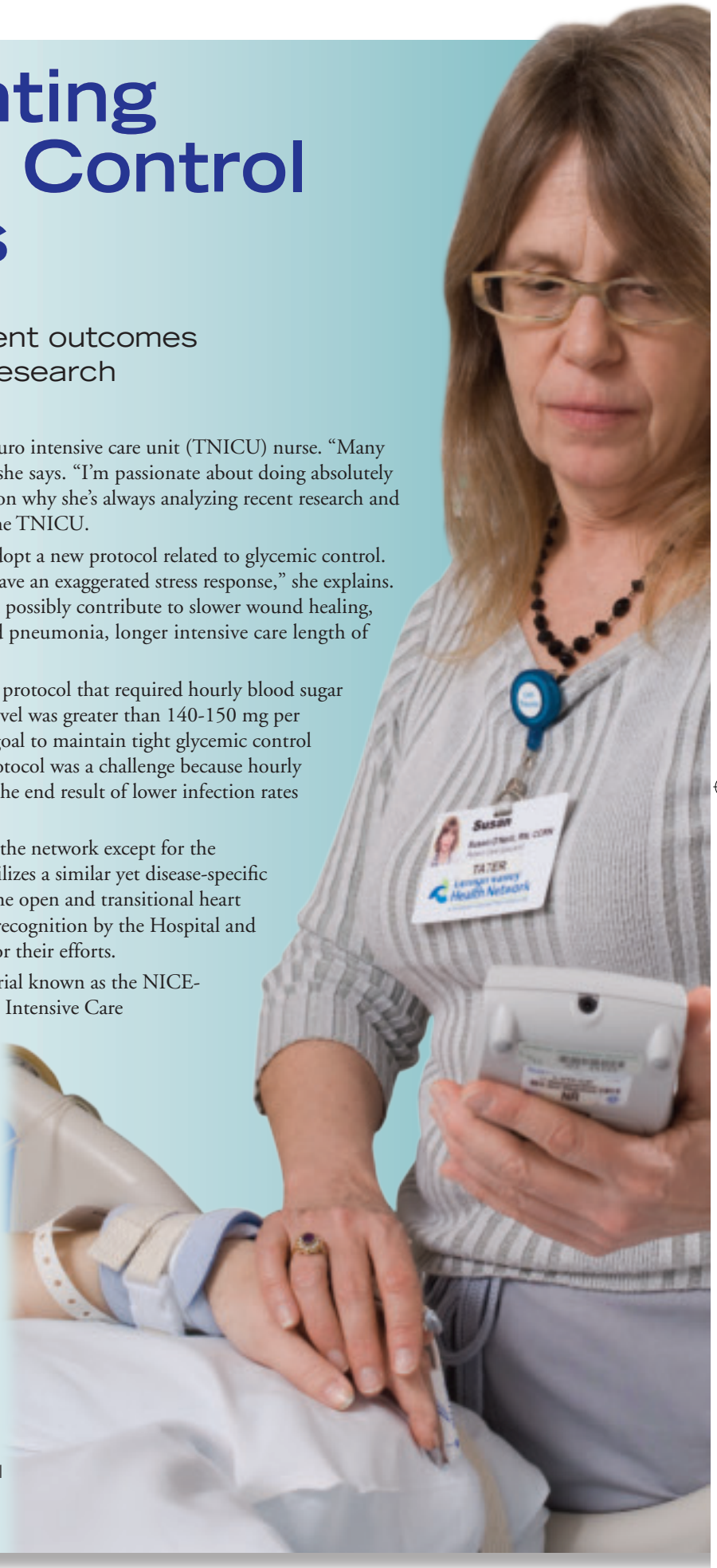
Most recently, she led TNICU's charge to adopt a new protocol related to glycemic control. "People who have traumatic injuries often have an exaggerated stress response," she explains. This leads to elevated glycemic levels, which possibly contribute to slower wound healing, urinary tract infections, ventilator-associated pneumonia, longer intensive care length of stay and poor overall outcomes.

To help combat this, TNICU piloted a new protocol that required hourly blood sugar monitoring. When a patient's blood sugar level was greater than 140-150 mg per deciliter, an insulin drip was started with a goal to maintain tight glycemic control between 80-110 mg. "Implementing the protocol was a challenge because hourly blood draws take time," O'Neill says. "But the end result of lower infection rates made it the right thing to do."

The protocol was implemented throughout the network except for the cardiothoracic patient population, which utilizes a similar yet disease-specific protocol. The superior results obtained by the open and transitional heart units for tight glycemic limits earned them recognition by the Hospital and Healthsystem Association of Pennsylvania for their efforts.

Then came a new finding: a multinational trial known as the NICE-SUGAR study (short for Normoglycemia in Intensive Care Evaluation—Survival Using Glucose Algorithm Regulation) showed an increase in morbidity, caused by hypo-glycemia (low blood sugar), in patients who had tight glycemic control. Based on this, we revised our glycemic control protocol to 90-140 mg per deciliter.

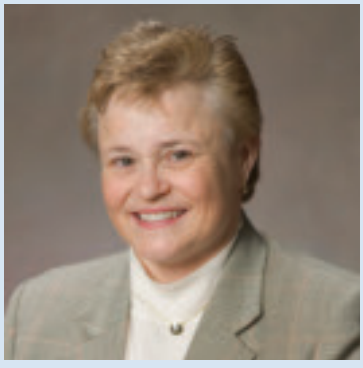
"The bottom line is that we need to do even more research," O'Neill says. "The good news is our health network is ahead of the game. We perform our own research, pay close attention to other national and international research and alter our protocols accordingly."



Susan O'Neill, R.N., veteran trauma-neuro intensive care unit nurse piloted a new protocol that required hourly blood sugar monitoring.

CAROLYN'S CORNER

Nurses Hold the Key to Implementing New Practice



Carolyn Davidson, Ph.D., R.N., C.C.R.N., A.P.R.N., Director, Quality and Evidence-Based Practice

A core element of Magnet recognition is the conscientious integration of evidence-based practice and research into clinical and operational processes that promote best practices and outcomes. Those processes may include procedures, guidelines, protocols or operations that improve patient outcomes, such as the work we did with the Transforming Care at the Bedside (TCAB) initiative.

When new evidence or research findings suggest a change in practice, it may not always be appropriate for implementation into the current context. When considering a practice change based on evidence or research, go to the practice or the point of care to consider the "fit of the setting, feasibility and current practice" (Stetler, 2001). Frontline nurses at the gemba possess the knowledge of patient and practice, supplying clinical experience and practical wisdom. They are the crucial "change elements" for success. Susan O'Neill, R.N., and her implementation of a tight glycemic control protocol on the trauma-neuro intensive care unit (see story on page 8) is one shining example of this.

If a change in practice fits into context, then the implementation of a practice or protocol change should be accompanied by an action plan, evaluation, metrics and ongoing literature review. Evidence does and will change over time, and should be carefully critiqued against the organization's established practice and outcomes. Evolving evidence, such as the NICE-SUGAR study related to tight glycemic control, may support further practice enhancements or no change based on the evaluation metrics.

There are lots of opportunities for you to participate in research throughout the health network. Find a topic you're passionate about, join a multidisciplinary team and attend to those published findings that have implications for your nursing practice. In the current state, the available research and evidence-based findings are voluminous and would require an individual to read 19 articles, 365 days a year. That means you have plenty of opportunity to get involved and make a difference!

Stetler, C. B. (2001). Updating the Stetler Model of research utilization to facilitate evidence-based practice. Nursing Outlook, 49, 272-279.

sharing our knowledge

PRESENTATIONS

Poster

National Association of Neonatal Nurses Annual Conference
Austin, Texas, Sept. 2009

Cathy Bailey, R.N.C., M.S., C.R.N.P.
Gillian Kurtz, B.S.N., R.N.
Satisfaction Through Feeding: Nurses Decide When to PO Feed Premature Infants

Academy of Medical-Surgical Nurses Annual Convention
Washington, D.C., Sept. 2009

Denise Pisciotta, B.S.N., R.N.
Donna Wermann, R.N.
Magnet, PI: A Medical-Surgical Unit Based Performance Improvement Council

Eileen Sacco, M.S.N., R.N., C.N.R.N.
Pamela Verosky, B.S.N., R.N.
Initiating TCAB on Your Own: We Did It and So Can You

Jill Peoples, B.S.N., R.N.
What do Patient Mobility, Equipment and Supplies, and Collaborative Rounds Have in Common? All Were Enhanced Using Rapid Improvement Events

Julie Kaszuba, B.S.N., R.N., C.M.S.R.N.
Professional Excellence Council: Bedside Nurses Are Leaders Too

Melissa Kisegy-Kemmerer, B.S.N., R.N.
Rosanne Kratzer, R.N.
Huddle Up! Collaborative Responsibility to Positively Impact Workflow and Patient Safety

Michelle Norton, B.S.N., R.N., C.M.S.R.N.
Grow Your Own: Recruiting and Retaining Graduate Nurses

Nancy Dirico, M.S.N., R.N., C.M.S.R.N.
April Gheller, M.S.N., R.N., C.M.S.R.N., C.B.N.
Here's to Your Future: A Mentorship Program for Staff Development Specialists

National Perinatal Association
Fort Worth, Texas, Nov. 2009

Laurie Griesel, R.N., C.C.E.
Colleen Renner, B.S.N., R.N.
Code Crimson: An Interesting Case for Obstetrical Hemorrhage

Midwest Child Life Conference
Chicago, Ill., Nov. 2009

Vanessa Gramm-Mackey, C.C.L.S.
Coping With the Loss of Your Child – A Comprehensive Guide for Families

American Burn Association 42nd Annual Meeting
Boston, Mass., March 2010

Mari E. Driscoll, R.N., C.I.C.
Something So Little Causing Problems So BIG...MRSA

Pennsylvania State Nurses Association (PSNA) Annual Summit
DeSales University, Allentown, Pa., Oct. 2009

Holly Gregory, B.S.N., R.N.
Debra Klingler, R.N.
Magnet, PI: A Medical-Surgical Unit Based Performance Improvement Council

Kim S. Hitchings, M.S.N., R.N., N.E.A.-B.C.
Organizational Mentoring for Nursing Excellence: A Case Study Presentation

Julie Kaszuba, B.S.N., R.N., C.M.S.R.N.
Nicole Hartman, B.S.N., R.N.
Professional Excellence Council: Bedside Nurses Are Leaders Too

Kimberly Riggs, R.N.
Amanda Oakes, R.N.
Pucker Up! How to Prevent Lip Pressure Ulcers From Endotracheal Tubes

Lorraine Valeriano, B.S.N., R.N., C.N.R.N.
A Team Approach Produces 100% Certification Rate. We Did It and So Can You!

Maria McNally, B.S.N., R.N., C.M.S.R.N.
Initating TCAB on Your Own: We Did It and So Can You

Megan Mojeda, R.N.
What Do Patient Mobility, Equipment and Supplies, and Collaborative Rounds Have in Common? All Were Enhanced Using Rapid Improvement Events

Oral

The Children's Hospital *of* Philadelphia
Philadelphia, Pa., Jan. 2010
Laura Williams, R.R.T.
Linda Cornman, B.S., R.R.T.-N.P.S.
Tina Gallagher, R.R.T.
Clinical Utilization of High-Frequency Percussive Ventilation

Western Berks EMS
Reading, Pa., Feb. 2010
Michelle Kardohely, R.N., B.S.N.
ICE Alert: Improving Patient Outcomes After Cardiac Arrest

The 4th International Conference on Patient- and Family-Centered Care
Philadelphia, Pa., August 2009

Kim Jordan, B.S.N., M.H.A., R.N., N.E.-B.C.
The Most Meaningful PRESENT of ALL: Family PRESENCE at the Bedside and Beyond

Lorraine Dickey, M.D., M.B.A.
Ladene Gross, R.N.
The Professional Caregiver's Plan for Resiliency: Hospital-Based Facilitated Reflective Writing and Narrative Exchange Workshops Address Staff-Identified Barriers to the Delivery of High-Quality Patient Care

Terry Ann Capuano, M.B.A., M.S.N., R.N., N.E.-B.C., F.A.C.H.E.
Kim S. Hitchings, M.S.N., R.N., N.E.A.-B.C.
JOG (A Journey of Growth) to Enhance the Ideal Patient Centered Experience

Academy of Medical-Surgical Nurses Annual Convention
Washington, D.C., Sept. 2009

Eileen Fruchtl, B.S.N., R.N., C.C.R.N., C.M.S.R.N., and **Jody Shigo,** R.N., C.M.S.R.N.
The Most Meaningful PRESENT of All: Family PRESENCE at the Medical-Surgical Patient's Bedside

Megan M. Snyder, B.S.N., R.N.-C.
Dawn VanWinkle, R.N.
From: How Dare You Confront Me? To: Thank You for the Coaching–Creating a Culture of Lateral Accountability

University of Pennsylvania Patient Safety Conference
Philadelphia, Pa., Oct. 2009

Beth Kessler, R.N.-C.
From: How Dare You Confront Me? To: Thank You for the Coaching–Creating a Culture of Lateral Accountability

Melissa Kisegy-Kemmerer, B.S.N., R.N., C.M.S.R.N.
Huddle Up! Collective Responsibility to Positively Impact Workflow and Patient Safety

Tracie Heckman, M.S.N., R.N., C.M.S.R.N.
Magnet, PI: A Medical-Surgical Unit Based Performance Improvement Council

International Nursing Administration Research Conference (INARC)
University of Maryland School of Nursing, Oct. 2009

Carolyn Davidson, Ph.D., R.N., C.C.R.N., A.P.R.N.
Nurses' Intent to Stay in an Organization

Pennsylvania State Nurses Association (PSNA) Annual Summit
DeSales University, Allentown, Pa., Oct. 2009

Holly D. Tavianini, M.S.H.S.A., R.N., C.N.R.N.
Panel Member with keynote speaker Sorrel King regarding Rapid Response Teams

Magnet Recognition Program, Annual Magnet Conference
Louisville, Ky., Oct. 2009

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

Nancy Davies-Hathen, M.S., M.S.N., R.N., N.E.A.-B.C.
Carolyn Davidson, Ph.D., R.N., C.C.R.N., A.P.R.N.
Our Staff Told Us So: Drilling Down Within Employee Satisfaction Surveys to REALLY Impact Retention

Sigma Theta Tau International Biennial Convention
Indianapolis, Ind., Oct. 2009

Nancy Davies-Hathen, M.S., M.S.N., R.N., N.E.A.-B.C.
Carolyn Davidson, R.N., C.C.R.N., A.P.R.N., Ph.D.
Our Staff Told Us So: Action Items to Impact Nurse Retention

Friends of Nursing Celebration

Honoring our caregivers and Friends of Nursing Award recipients and donors

Thursday, April 29

Holiday Inn Conference Center, Fogelsville

5 p.m. Reception – 6:30 p.m. Program

R.S.V.P. required, call 610-402-CARE

Be inspired as we continue the M^3 quest for Magnet redesignation!

Annual Friends of Nursing Medallion Lecture

Monday, May 3
Magnet – Where did it come from? Where is it now? How can you MAKE IT HAPPEN at LVHN the third time around?

11 a.m. – Live at LVH–Cedar Crest, Kasych ECC 6, 7 and 8
LVH–Muhlenberg, ECC B, C and D (video conference)
LVH–17th Street, Auditorium (video conference)

1 p.m. – Live at LVH–Muhlenberg, ECC B, C and D
LVH–Cedar Crest, Kasych ECC 6, 7 and 8 (video conference)
LVH–17th Street, Auditorium (video conference)

Lunch will be served at all locations at both presentations.

Registration via eLearning is required.

An application for contact hours has been submitted to PSNA. Please call Nicole Hartman at 610-402-1789 for more information regarding contact hours.

Professional Poster Displays

Week of May 3 – 8
View colleagues' poster presentations from national meetings and conferences.

LVH–Cedar Crest, Kaysch Family Pavilion lobby
LVH–Muhlenberg, Educational Conference Center Lobby

Podium Presentations from National Conferences

Tuesday, May 4

Hear presentations offered at professional meetings by your colleagues.

LVH–Cedar Crest, Kasych Family Pavilion, ECC 6 and 7

11 a.m. – Donna Kalp, B.S.N., R.N., C.M.S.R.N. and Kristina Holleran, B.S.N., R.N., C.M.S.R.N.
New Graduate… Night Shift… Who Ya Gonna Call? The Clinical Resource Specialist

12 p.m. – Eileen Fruchtl, B.S.N., R.N., C.C.R.N., C.M.S.R.N., and Jody Shigo, R.N., C.M.S.R.N.
The Most Meaningful PRESENT of All: Family PRESENCE at the Medical-Surgical Patient's Bedside

1 p.m. – Kimberly Korner, M.B.A., B.S.N., R.N., N.E.-B.C., and Gina Bender, B.S.N., R.N.
Somebody to Lean On: How Lean Principles Promote Exemplary Professional Practice

Friday, May 7

LVH–Muhlenberg, ECC C and D

11 a.m. – Anne Panik, M.S., B.S.N., R.N., N.E.A.-B.C., and Andrew Martin, B.S.N., R.N., P.H.R.N., C.E.N.
Successful Collaborative Research Team Building: Readying for Data Collection

12 p.m. – Kim Kelly-Jordan, B.S.N., M.H.A., R.N., N.E.-B.C.; Wendy Petrohoy, M.S.N., R.N., C.N.O.R., and Jill Rothermel, R.N.
The Most Meaningful PRESENT of All: Family PRESENCE at the Bedside and Beyond

1 p.m. – Beth Kessler, R.N.-C.; Melissa Kisegy-Kemmerer, B.S.N., R.N., C.M.S.R.N., and Tracie Heckman, M.S.N., R.N., C.M.S.R.N.
Champions of Change for Quality Improvement

Registration via eLearning is required.

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Lehigh Valley Health Network

Magnet Attractions **is a magazine for clinical services staff of**

LEHIGH VALLEY HEALTH NETWORK

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F R I E N D S O F N U R S I N G C E L E B R A T I O N 2 0 1 0

Be inspired as we continue the M3 quest for our third Magnet designation.