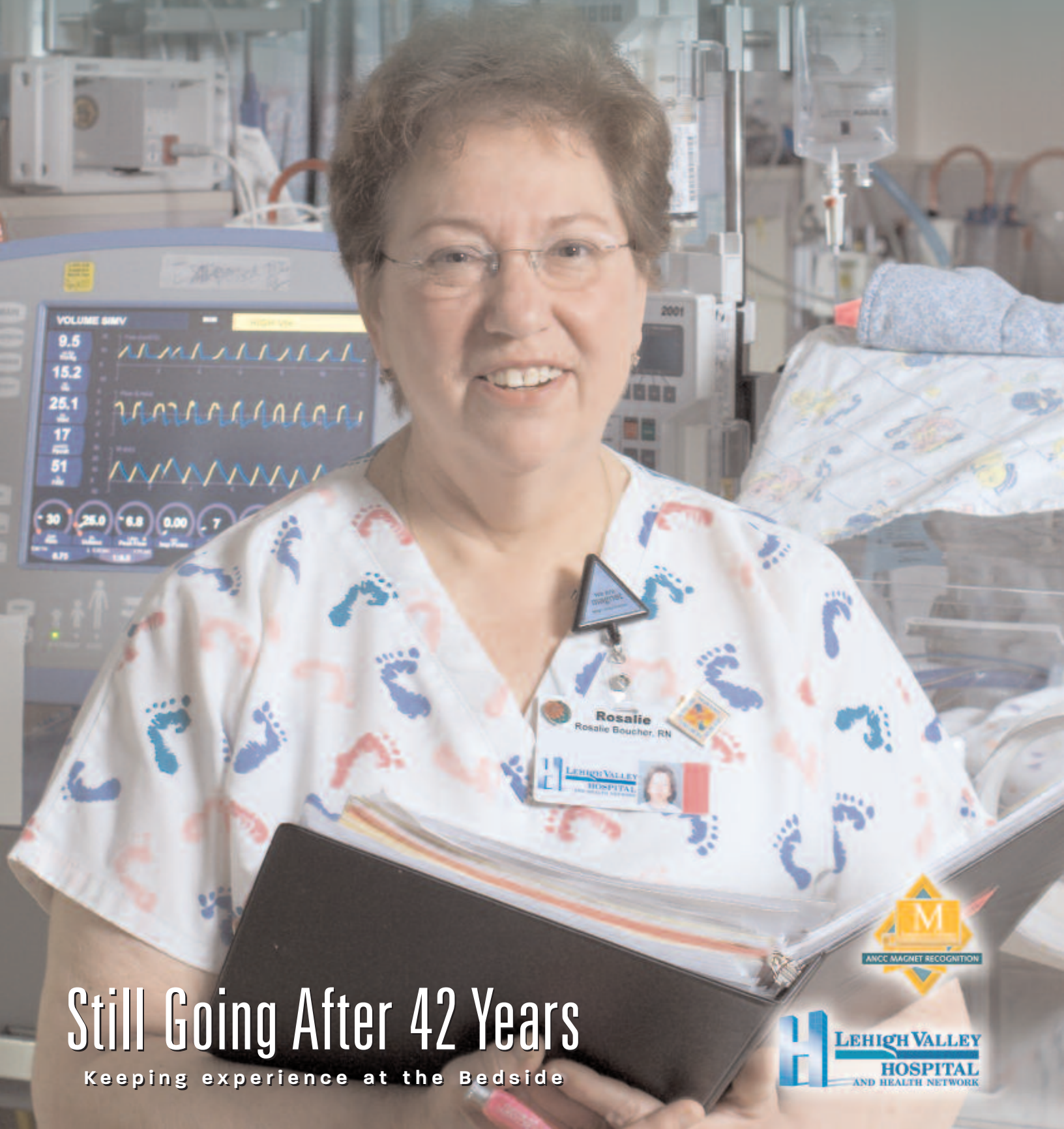


# magnetattractions

How We Attract and Retain the Best



## Still Going After 42 Years

Keeping experience at the Bedside



## o u r m a g n e t s t o r y

Magnet hospitals are so named because of their ability to attract and retain the best professional nurses. *Magnet Attractions* profiles our story at Lehigh Valley Hospital and Health Network and shows how our clinical staff truly magnifies excellence.



### On the cover:

An Energizer Nurse—Rosalie Boucher, R.N., has been in nursing for 42 years, and hopes to work as long as she is able. Find out how we're helping her do that on page 6.



**FORTUNE**  
**100 BEST**  
**COMPANIES**  
**TO WORK FOR** 2007

## i n s i d e t h i s i s s u e

- 3 TAT? PCE?**  
**What Do They Mean?**  
Terry Capuano, R.N., encourages us to remember the basics of care
- 4 Returning the Favor**  
A retired police officer explores a new career in nursing
- 5 Images of Magnet Care**  
Colleagues express feelings of patient care through art
- 6 Still Going Strong**  
Research unveils ways to keep nurses at the bedside longer
- 7 What Keeps Me at the Bedside**  
Nurses share why they're still working as they get older
- 8 'Count Families In'**  
A Toronto couple tells the story of a patient-centered experience
- 9 The Next Step in Patient-Centered Experience**  
Colleagues begin to evaluate ideas for creating the ideal patient experience
- 10 Our Magnet Moments**  
Enterstomal therapy celebrates its department's 30-year anniversary and 6T colleagues are among many to present at national conferences. Find an upcoming continuing education opportunity.



As a Magnet hospital,  
we know it's important  
to keep raising the bar.  
And, we know we  
can't accomplish these  
initiatives without you.



# TAT? PCE? What Do They Mean?

If we've got a new initiative, it's likely we've got a new acronym to go with it. Lately, you're hearing TAT and PCE, and probably wondering what it all means?

TAT stands for the Turn-Around Team. This team, led by myself with the help of Rick MacKenzie, M.D., and Brian Nester, M.D., has been charged with finding ways to reduce length of stay and allow more patients to receive care within our network by May 1. We're looking at our processes and developing new initiatives to become more efficient.

At the same time, we want patients to receive the high level of care to which they have become accustomed. That's where PCE comes in. It stands for Patient-Centered Experience and is an initiative to find new ways to enhance the care experience for patients and their loved ones. (Learn more about the patient-centered experience on page 8.)

As a Magnet hospital, we know it's important to keep raising the bar. And, we know we can't accomplish these initiatives without you. So, when you hear TAT or PCE, think about the basics of patient care: developing and executing a care plan that will help patients go home sooner while ensuring their needs and those of their loved ones are met.

Recently, our president and CEO Elliot J. Sussman, M.D., shared with me a letter he received from a patient. The patient had a colostomy, and credits her physicians, and her homecare nurse, Deborah Sipos, R.N., with her survival. She writes:

*"[Deborah] pulled it all together for me after I was discharged. She arrived at my home to find me in denial of the colostomy to the extent that I was afraid of it. I quickly learned what depression was, and I also was faced with the highest level of anxiety that I ever knew existed. Deb somehow gave me back my dignity and helped me find a way to cope, heal and move forward. She was the light at the end of my adventurous journey and in a very sensitive and tender way, guided me back to reality. I applied everything that Deb said and made it a part of my recuperation efforts. A few weeks later, I found myself devoted to my well being, simply because I was taught by the best."*

What a wonderful reminder of how much our patients appreciate these basics of care. It is easy to get bogged down in acronyms and new initiatives. Just remember, at the heart of it is the reason we are Magnet caregivers: to help others.

Terry A. Capuano, R.N., M.S.N., M.B.A., C.N.A., B.C.  
Senior Vice President, Clinical Services

# Returning the Favor

After the care his family received in the NICU, retired police corporal Sean Stuber explores a new career as a nurse

**Force:  
Professional  
Image**  
**Magnet's  
Expectation:**  
The community has a positive perception of nurses and the services they provide.

Nothing changes your life like a newborn. Just ask Sean Stuber of Pen Argyl. After trying to conceive for years and undergoing in-vitro fertilization, his wife, Tara, gave birth to their first child, Tyler, more than two years ago.

But parenthood brought new pressures. A police officer for nearly 20 years, Stuber, 39, soon realized his job also was a burden. "After all we went through to have Tyler, I didn't want something to happen to me that could take it away," he says.

That realization led Stuber to explore a new career: nursing. "When I was in college in Colorado, I worked as an emergency medical technician and paramedic with the National Ski Patrol," he says, "so medicine always interested me."

Stuber's determination became even stronger when Tara became pregnant again, this time with twins. Their joy turned to concern when, at 20 weeks, a routine ultrasound revealed a serious problem: one of the twins was 30 percent larger than the other, and a premature birth was likely.

When the twins were born six weeks later, Noah weighed 2 pounds, and Katie weighed 1 pound, six ounces. Both were rushed to the neonatal intensive care unit (NICU). Katie thrived, but Noah needed life support. After 16 days, the Stubers made the difficult decision to remove him from the ventilator.

The Stubers found much-needed support from their NICU caregivers. "They explained what was happening in terms we could understand," Stuber says. "They meant so much to us that we asked one of Katie's nurses, Gillian Kurtz, R.N., to be her godmother."

The entire experience convinced Stuber to pursue a nursing career. Recently retired from the Bushkill Township Police Dept., he's now taking three foundation classes at Northampton Community College and has straight-As. He soon will enter the nursing program to pursue a two-year degree.

"I devoted quite a bit of my life to being a police officer, but it never made me happy," Stuber says. "I'd love to become a NICU nurse, so I can display the same care and compassion that we were shown when we needed it most."

Kyle Hardner



**One big happy family**—Above: At Katie Stuber's christening, her two godmothers, family friend Mary Anne Ifkovitz (left) and Gillian Kurtz, R.N. (far right), joined the Stuber family (l-r): Tyler, Sean, The Rev. Jeff Butz, Katie and Tara. To return the compassion shown by NICU nurses and family, Sean Stuber also is restarting the NICU parents' support group. "Meeting other families who have experienced what we went through is comforting," says Stuber, who is pursuing a career in nursing. Left: Sean and Katie Stuber

# Images of Magnet Care

Colleagues use words, scrapbooking and other arts to express feelings of patient care

**A**s Magnet caregivers, we help our patients and their loved ones express their feelings of loss, hope and compassion. We, too, experience similar emotions, and sometimes find comfort by expressing ourselves through art – writing, painting, quilting, scrapbooking and more.

For the first time, colleagues are sharing their creations with each other in an exhibition, Images of Magnet Care...Through the Eyes of the Caregiver, held at each hospital campus April 18 through May 2. Learn the stories behind some of the creations you'll see:



## A Plea for Compassion

*A Poem by Robin Bedford, R.N.*

After a difficult day caring for a patient in the Burn Center, Robin Bedford, R.N., went home in tears. Later that evening, she sat down and wrote the pros and cons of being a burn nurse. The end result: a poem that defines what nursing means to her. It concludes: "I will treat them with dignity, respect and compassion. I am a nurse...are you?" For a copy of the entire poem call 610-402-CARE.

## Magnet Moments

*A Scrapbook by Eva Fox, R.N.*

Eva Fox, R.N., and her colleagues in the Regional Heart Center at LVH-Muhlenberg were faced with a challenge: how to communicate with and encourage a mentally handicapped patient to walk after open heart surgery. When they discovered she liked "The Wizard of Oz," they created a yellow brick road for the patient to follow and even dressed as characters from the movie. It worked. This patient care story and many others are depicted in a scrapbook Fox created for the unit.



## A Family Portrait

*A Patient-Care Experience by Kim Hitchings, R.N.*

When Kim Hitchings, R.N., manager of the Center for Professional Excellence, was in nursing school, she learned an important lesson from the husband of a dying patient: "Be sure to get regular family portraits taken." Hitchings never forgot that advice. Nearly 20 years later, her family posed for a portrait. The next day her husband became ill and soon afterwards passed away. Hitchings found comfort by writing about this experience. In her story, she stresses the importance of appreciating life stories of patients and their families. For a copy of the entire story call 610-402-CARE.

Matthew Burns

**Force: Image of Nursing Magnet's Expectation: Interdisciplinary teams perceive nursing positively in the organization**

### You're invited to: Images of Magnet Care...Through the Eyes of the Caregiver

See inspiring images created by your colleagues that depict Magnet patient care.

April 18-May 2: LVH-Cedar Crest, Jaiindl Pavilion, lower level;

LVH-17th and Chew, café lobby; LVH-Muhlenberg, cafeteria entrance

The Professional Excellence Council will select four images and the creators will each receive a \$250 scholarship grant through Friends of Nursing to be used for continuing education.

# Still Going Strong

**Our research helps AARP-aged nurses work as long as they want to**

**A**t 62, Rosalie Boucher, R.N., is one of the most experienced nurses on the neonatal intensive care unit (NICU). “I enjoy my colleagues,” she says. “And, the babies are a miracle to watch every day.” Yet, after having back surgery to treat spinal stenosis and two knee replacements, Boucher doesn’t feel as young as she used to during a 12-hour shift.

After 24 years on the NICU, the stress of her job is sometimes difficult, especially keeping up with new computer technology and care strategies. “I’ve thought about working part time,” Boucher says. “But I want to work full time, as long as I have the option.” She’s not alone.

Twenty-two percent of our nurses are older than 50 and approaching retirement. It’s a trend across the country in which 41 percent of nurses are 50 or older, according to the U.S. Department of Health and Human Services. It has officials at many hospitals wondering how they will staff units, especially during a national nursing shortage.

Here, a team of human resources staff and clinicians recognized the potential problem and designed and implemented a study to learn how we can keep older nurses working longer. “To ensure quality care, there is an urgent need to improve how we recruit and retain qualified nurses,” says Betsy Snook, R.N., executive administrator, Pennsylvania State Nurses Association. “We commend LVHHN for taking steps to retain the nurses who have the greatest expertise in delivering the quality care necessary to ensure positive outcomes for patients.”

Here’s a synopsis of the study:

**Research Question:** How can we keep nurses of AARP age (50 and older) working as long as they want to, even beyond their eligible retirement?

**Population Studied:** Fifty-one LVHHN nurses over age 50 who work full- and part-time during various shifts.

**Force: Personnel Policies and Programs**

**Magnet’s Expectation:** Direct care nurses participate in recruitment and retention activities.

**Study Design:** Interviewed by an independent researcher, nurses were asked about their plans for retirement and what factors would affect their decision to retire or continue working.

**Principal Findings:** Two-thirds of nurses interviewed said they would like to work as long as their health allows. Also influencing their decision to continue working are:

- More flexible work arrangements
- Continued help from support staff
- Relief from both physical and mental stresses
- Decreases in nurse-to-patient ratios

**Applications to Practice:** The research team, of which Boucher was a member, made numerous recommendations. The following have been implemented:

- Moving on a unit-by-unit basis to decrease nurse-to-patient ratios
- Expanding the Express Admissions Unit to alleviate nurses on patient units from having to admit patients during peak times
- Offering nurses the option to work a mix of 8- and 12-hour shifts
- Charging units with developing guidelines to recognize nurses for perfect attendance and to create holiday scheduling that recognizes seniority
- Offering career guidance if nurses are interested in changing positions or careers to work longer
- Decreasing nurses' patient loads while they are precepting
- Addressing acuity in patient assignments so that older, more experienced nurses don't always get the most acute cases

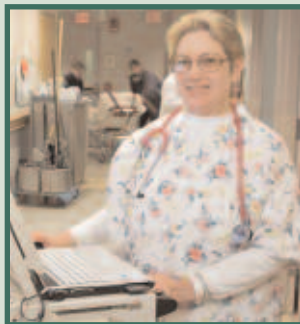
**Interested in a new career or position at LVHNN? Call Nereida Villanueva at 610-402-3086 for career guidance and about workshops.**

Sally Gilotti

## What Keeps Me at the

# bedside

These nurses know first-hand the struggles of working while getting older. As members of the study team, they helped make recommendations that will keep them and their colleagues at the bedside longer.



**Virginia "Ginny" Geist, R.N., 60  
4C, LVH-Cedar Crest**

After 20 years of nursing, Geist was physically and mentally exhausted. "Nursing has changed," she says. "Our patients are sicker, and we rely more on computers." She was ready to slow down. Now working per diem, Geist is satisfied with the decrease in nurse-to-patient ratios on 4C on nights.



**Gloria Wagner, R.N., "39"  
Transitional Skilled Unit  
LVH-17th and Chew**

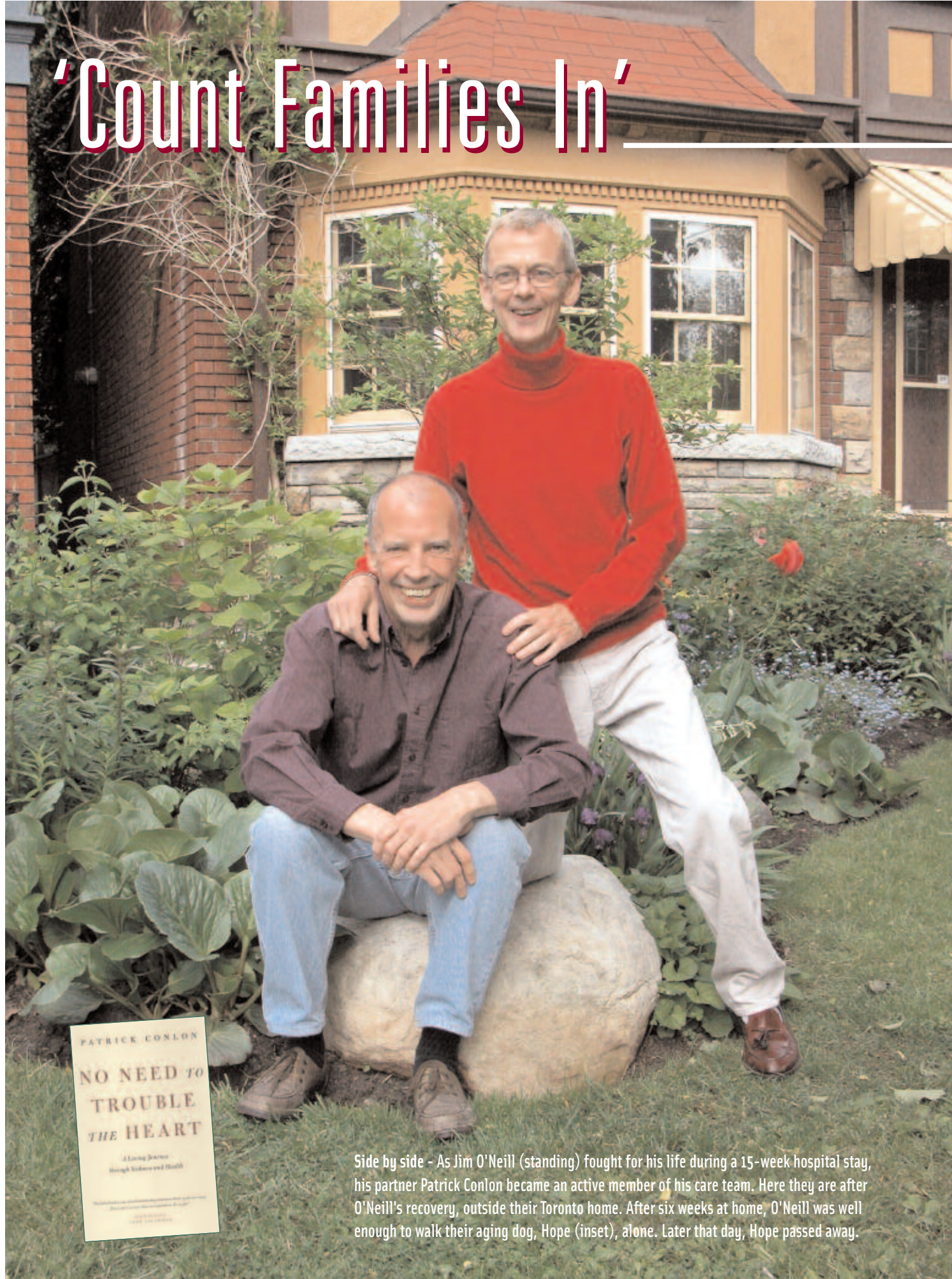
Wagner was raised to believe: "You work; you don't sit around twiddling your thumbs." This philosophy keeps her going, especially during her 8-hour shifts. Wagner, who says her birthday cakes will always say "39," plans to work at the bedside as long as she can. But, when she's ready to slow down, she'll consider career guidance to explore a slower-paced nursing position.



**Joni Wright, R.N., 60  
6T, LVH-Muhlenberg**

After almost 30 years of nursing, Wright finds the toughest part is learning new technology. "It's intimidating. Young nurses have grown up using computers, and I have to work harder to learn the basics," she says. But, that isn't slowing her down. "I love what I do," says, Wright, the most mature nurse on 6T. "With the changes, I'll be able to work for many more years."

# 'Count Families In'



PATRICK CONLON  
**NO NEED TO  
TROUBLE  
THE HEART**  
*A Living Doctor  
through Sickness and Death*

Side by side - As Jim O'Neill (standing) fought for his life during a 15-week hospital stay, his partner Patrick Conlon became an active member of his care team. Here they are after O'Neill's recovery, outside their Toronto home. After six weeks at home, O'Neill was well enough to walk their aging dog, Hope (inset), alone. Later that day, Hope passed away.



# One couple's experiences motivate them to share their stories and the message of a patient-centered experience

It was New Year's Eve 2002, and Jim O'Neill lay unconscious in his hospital bed. Eight days before, he was diagnosed with a sudden, life-threatening lung failure – acute respiratory distress syndrome (ARDS) – with a 50-50 chance of survival.

Testing O'Neill's response level, a nurse put her finger in his mouth. He bit it. Encouraged, several nurses bellowed his name: "Mr. O'Neill. Can you hear me?"



"Call him Jim," suggested Patrick Conlon, O'Neill's partner of 30 years. "Not James, unless you're teasing him, in which case he may ignore you anyway." A nurse leaned in and softly called his name, "Jim?" O'Neill opened his eyes and blinked.

Throughout his 15-week hospital stay and nearly year-long recovery, Conlon became an active member of O'Neill's care team. "The doctors and nurses were the experts on his illness, but I am the expert on Jim," says Conlon, who helped tend to his partner's pressure ulcers, eased his fears of having a tracheotomy and assisted in other bedside care.

Conlon has since written a book, *No Need to Trouble the Heart*, about their experiences and discovery of patient-centered care. As the featured speakers for this year's Medallion Lecture, Conlon and O'Neill of Toronto will share those times and encourage caregivers to put patients first while "counting families in." Their message mirrors our philosophy of the patient-centered experience, and our efforts to create an environment where we spend more time at the bedside while recognizing families as part of the care team.

"We'll take you back to that time of fear and triumph, disappointment and hope," Conlon says. "Sharing our stories has helped us heal. We wished this never happened, but it did. Now we're grateful to be able to share with caregivers what we've learned."

Kimberly Hassler

## Force: Quality of Care

**Magnet's Expectation:** Nurses provide an environment that positively influences patient outcomes.

### The Next Step in Our Patient-Centered Experience

Last year we took a bold step, asking patients and community members to offer advice on how we can provide even better patient care. After two "Journey of Growth" (JOG) retreats, we brainstormed more than 2,000 ideas for improving the patient experience. Two themes prevailed: patient navigation and concierge services (330 ideas) and patient and family involvement and education (387 ideas). An implementation team has been formed to evaluate these ideas to determine how they can be implemented and meet our goal for creating the ideal patient experience. Teams are also being formed to look at more than 1,300 other ideas to determine if they are potential projects as well. Some of you may be asked to join a team.

### Medallion Lecture: "The Case for an Inclusive Care Team"

Partners Patrick Conlon and Jim O'Neill will tell how the patient-centered experience was vital to them as O'Neill battled lung failure and Conlon helped care for him.

**Thursday, May 17**

LVH-M, ECC B, C and D

9:30 a.m. – Registration and Breakfast

10-11 a.m. – Presentation

**Friday, May 18**

LVH-CC, Auditorium

7:30 a.m. – Registration and Breakfast

8:30-9:30 a.m. – Presentation

**Friday, May 18**

LVH-CC, Auditorium; video conference to

LVH-17th and Chew, auditorium, and

LVH-M, ECC B, C and D

11:30 a.m. – Registration and Lunch

Noon-1 p.m. – Presentation

# Our Magnet Moments

## continuing education

MAY		JUNE	
3	<b>Introduction to Basic Dysrhythmias (Day 1)</b> 8 a.m.-4:30 p.m., LVH-M Banko, Classrooms 1 and 2	4	<b>Critical Care Course: Needs of the Multi-System CC Patient</b> 8 a.m.-4:30 p.m., LVH-CC, Auditorium
4	<b>Introduction to Basic Dysrhythmias: (Day 2)</b> 8 a.m.-4:30 p.m., LVH-M Banko, Classrooms 1 and 2	5	<b>Critical Care Course: Interdisciplinary Concepts</b> 8 a.m.-4:30 p.m., School of Nursing Auditorium
7	<b>Critical Care Course: Neuro (Day 1)</b> 8 a.m.-4:30 p.m., LVH-CC, Auditorium	5	<b>ONS Chemotherapy/Biotherapy Course (Day 1)</b> 8 a.m.-4:30 p.m., JDMCC, Conference Rooms 1a and 2 b
7	<b>STABLE Program Learner Course (Day 1)</b> 8 a.m.-4:30 p.m., LVH-M Banko, Classrooms 1 and 2	6	<b>ONS Chemotherapy/Biotherapy Course (Day 2)</b> 8 a.m.-4:30 p.m., JDMCC, Conference Rooms 1a and 2 b
8	<b>Critical Care Course: Neuro (Day 2)</b> 8 a.m.-4:30 p.m., LVH-M, ECC Rooms C and D	7	<b>Advanced Concepts in Cardiac Care</b> 8 a.m.-4:30 p.m., LVH-17, Auditorium
8	<b>STABLE Program Learner Course (Day 2)</b> 8 a.m.-4:30 p.m., LVH-M Banko, Classrooms 1 and 2	8	<b>Code Orange Recertification</b> 7:30-11:30 a.m. <i>or</i> 12:30-4:30 p.m. LVH-M Banko, Classrooms 1 and 2
10	<b>Assessment &amp; Management of Behavioral Dyscontrol (Day 1)</b> 8 a.m.-12:30 p.m., LVH-M Banko, Classrooms 1 and 2	8	<b>Advancing Diabetes Care in the 21st Century</b> 8 a.m.-4:30 p.m., LVH-CC, Classroom 1
11	<b>Assessment &amp; Management of Behavioral Dyscontrol (Day 2)</b> 8 a.m.-4:30 p.m., LVH-M Banko, Classrooms 1 and 2	13	<b>Trauma Nurse Course (Day 1)</b> 8 a.m.-4:30 p.m., LVH-17, Auditorium
11	<b>New Approaches to Diagnosis and Treatment of Stroke</b> 8 a.m.-4:30 p.m., LVH-CC, Auditorium	14	<b>Trauma Nurse Course (Day 2)</b> 8 a.m.-4:30 p.m., LVH-CC, Classroom 2
17	<b>Medallion Lecture Series</b> 10-11 a.m., LVH-M, ECC Rooms B, C and D	14	<b>Introduction to Basic Dysrhythmias (Day 1)</b> 8 a.m.-4:30 p.m., LVH-M Banko, Classrooms 1 and 2
18	<b>Medallion Lecture Series</b> 8:30-9:30 a.m. <i>or</i> Noon-1 p.m., LVH-CC, Auditorium (Noon-1 p.m., lecture teleconferenced to LVH-17 and LVH-M)	15	<b>Trauma Nurse Course (Day 3)</b> 8 a.m.-4:30 p.m., LVH-17, Auditorium
21	<b>Critical Care Course - Gastrointestinal</b> 8 a.m.-4:30 p.m., LVH-CC, Auditorium	15	<b>Introduction to Basic Dysrhythmias (Day 2)</b> 8 a.m.-4:30 p.m., LVH-M Banko, Classrooms 1 and 2
22	<b>Critical Care Course - Renal/Endocrine</b> 8 a.m.-4:30 p.m., School of Nursing Auditorium	18	<b>Trauma Nurse Course: Burn/Tissue</b> 8 a.m.-4:30 p.m., LVH-CC, Auditorium
22	<b>STABLE Program Learner Course (Day 1)</b> 8 a.m.-4:30 p.m., LVH-M Banko, Classrooms 1 and 2	19	<b>Burn Workshop</b> 8 a.m.-4:30 p.m., LVH-CC, Classroom 2
23	<b>STABLE Program Learner Course (Day 2)</b> 8 a.m.-4:30 p.m., LVH-M Banko, Classrooms 1 and 2		
23	<b>Advancing Diabetes Care in the 21st Century</b> 8 a.m.-4:30 p.m., LVH-M, ECC Rooms A, B, C and D		
31	<b>Pediatric Critical Care Course</b> 8 a.m.-4:30 p.m., LVH-CC, Auditorium		

Contact Division of Education at 610-969-2277 to register for a course.

## sharing our knowledge

### AWARDS

#### Advance for Nurses—Patient Care Team Award

January 2007  
6 Tower LVH-M, Recipient of 5th Place Overall Award; and 1st Place Teamwork Award

#### American Nurses Association Inaugural National Database of Nursing Quality Indicators Conference

Las Vegas, Nev., January 2007  
Georgiann Morgan, R.N., and Holly Tavianini, R.N.  
Educating Direct Care Nurses in Using Quality Indicators to Implement Bedside Practice Improvements: One Magnet Hospital's Innovative Approach (oral presentation)

### Emergency Nurses Association 2007 Leadership Challenge

Boston, Mass., February 2007  
Anne Sanders, R.N., and Bonnie Dahlgren, R.N.  
They Want Us To Do What? Reducing Blood Culture Contaminates (poster presentation)  
Paul Delpais, R.N., and Andrew Martin, R.N.  
An Emergency Department Waiting Room Study: Improving the Experience (poster presentation)  
Anne Panik, R.N., and Cheryl Celia, R.N.  
It's Not Just an ED Problem: Overcrowding Strategies for the Bulging Hospital (oral presentation)

# Happy 30th Anniversary ET Department

30 Years of Wound Ostomy Continence Nursing at LVHHN

2007 with Grammy Award, Beverly Hills  
Central Long Beach, 2007  
Wagon, Carol Balcavage, Beverly Hills  
Central Long Beach, 2007



Carol Balcavage setting up exhibit at  
the Wound Ostomy Center at LVHHN



Author of the 1978 M.  
ET Nurse (WOC) with Patient Care Project (1982) 1988  
LVH Wound Ostomy Center (1988) 1988  
2007 Wound Ostomy Center & LVH WOC (1988) 1988



Wagon 1982 with  
Margaret Gergar, PhD, Bachelor of Science  
and Susan Landis, PhD



ET Staff with Barbara Braden, author of the  
Braden Pressure Ulcer Risk Assessment  
Nancy Kethner, Susan Landis, Margaret Gergar, Deborah Wolf,  
RoseMarie Winters, Carol Balcavage, Jacqueline Wolf, Nancy

Wound Ostomy Center  
Wound Ostomy and Continence Program



Collaborating with Physical Therapy  
Wagon Center (1982) and Jackie Wolf



Jack Wolf  
LVH Wound Ostomy Center & Patient Care Services for LVH

January 2007



## Celebrate Good Times

Enterostomal therapy (ET) nurses recently celebrated the 30th anniversary of their department by hosting parties at LVH-Cedar Crest and LVH-Muhlenberg for staff, physicians, patients and visitors. The celebration featured presentations given at conferences, educational materials and a raffle. When the program first started, coordinator Carol Balcavage, R.N. (left), was the only ET nurse who cared for patients. Today,

she and 12 others care for patients who have wound, ostomy and continence problems. "We have backgrounds in pediatrics, case management, coronary care, home care and vascular care," Balcavage says. "This diversity and broad knowledge helps us give better care to our patients." Attending the celebration were Indru Khubchandani, M.D. (center), and patient care services administrator Nancy Davies-Hathen, R.N. (right).

## Rounding It All Up



Each hour LVH-Muhlenberg 6T clinical staff, like technical partner Brianna Finck, visit each of their patients to see if they need anything, check vital signs, administer medications or chat for a few minutes. It's part of a new rounding program started by 6T staff to be more proactive about patients' needs. Director Beth Kessler, R.N., Megan Snyder, R.N., Rachel Dries, R.N., technical partner Sheila Gates and other colleagues shared and will share this program at multiple conferences: the Fourth Annual Patient Safety Conference of University of Pennsylvania in Philadelphia, the American Nephrology Nurses Association conference in Dallas and the American Medical-Surgical Nursing National Conference in Las Vegas.

What's Your  
*Inspiration?*  
Pass it on.



Join us for the  
Friends of Nursing Celebration,  
as we honor caregivers,  
award recipients and donors.

**Tuesday, May 15, 2007**

Holiday Inn Conference Center  
Fogelsville, Pa.

Reception: 5:30-7 p.m.  
Feature Presentation: 7 p.m.

Hear the stories of our Friends of Nursing Award recipients and  
discover who inspires us to be great caregivers.

R.S.V.P. required

Get inspired by watching the movie *"Pay It Forward"*  
prior to attending the event.



Internet: [www.lvhurses.org](http://www.lvhurses.org)

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