



LEARNING FUELS
OUR HEALTH
NETWORK'S CULTURE
OF PROFESSIONAL
EXCELLENCE.



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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Where Did You Learn the Things You Know?

"I learned the 'important' things from my dad. He told me that education was the key to success. Ask questions. Treat everyone with respect." –Teresa Sanders, clinical staff pharmacist, LVH–Muhlenberg Cancer Center

"I learn from my colleagues – new and old. Never be afraid to ask a question, because you may learn something you can share with someone later." –Kim Vaupel, RN, 7K, LVH–Cedar Crest

Prior to this year's Friends of Nursing celebration, we asked nominees and recipients to answer the question: "Where did you learn the things you know?" The quotations above are two of the many you shared with us. Now, in this issue of Magnet Attractions, we'll share with you how learning helps to fuel our health network's culture of professional excellence.

When Liz McDonald, RN, made her transition from PSNA to RN, she says she learned about pediatric nursing from her colleagues. Now she's setting a shining example for others. She advocates for children who are victims of abuse. Read her story and learn why she received the 2015 M.G. Asnani, MD, Award for Excellence in Pediatric Nursing.

Respiratory therapist Robert Allman – known as "Bob the Breather" – helps teach children in our community about asthma at Camp Wheeze Away. A 25-year LVHN veteran and recipient of the Medical Staff Award for Excellence in the Delivery of Respiratory Care, Allman also is one of the volunteers on our Passion Team. Read the story to learn how he and nearly 60 other clinicians created a Safe Harbor Unit that helped LVH–Muhlenberg become a CDC-certified Ebola Treatment Center.

Donna Doe, RN, Rebecca LaPorte, RN and Cheryl Rowan, RN, all took a huge step to test their own knowledge this year. They got certified, and they encourage you to do the same in our story about certification.

Clinicians on the progressive coronary care unit (PCCU), supported by a Project LeaRN grant, traveled to the University of Pittsburgh Medical Center (UPMC) to experience a new care delivery model. Now they're testing it on PCCU, and they share their learnings in this Magnet Attractions.

So what have I learned after reading this issue? It has reminded me how inspiring all of you are, and how much your professional excellence truly helps people in our community. Thank you for sharing your passion with us.



Gaining the trust of children admitted to the hospital can be challeng-

ing. But gaining trust from children who need to talk about physical and mental abuse takes care to a new level. That's where Liz McDonald, BSN, RN, shows her true passion - advocating for her young patients.

"The fear in their voices...the fear of verbal and physical abuse back home, I know that I have to act," McDonald says. Her advocacy earned her the 2015 M.G. Asnani, MD, Award for Excellence in Pediatric Nursing at this year's Friends of Nursing gala.

A pediatric nurse for more than nine years, McDonald and her pediatrics unit colleagues are on the lookout for suspicious activity by either the patient towards a parent or caregiver, or vice versa. That can mean watching as a parent speaks for a child instead of letting the child answer for himself, or seeing other unusual family dynamics. "In instances where physical abuse is not obvious or if the injury doesn't fit the story, it is important to pay attention to a gut feeling

that something is wrong," she says.

If abuse is suspected, McDonald will seek a second opinion from another registered nurse or a physician. "If it is possible to speak with the child alone to ask a few questions, we do," she says. Otherwise, McDonald or her nurse colleagues consult with the LVHN abuse specialty team, headed by pediatrician Debra Esernio-Jenssen, MD.

McDonald also works with Children and Youth Services on cases of suspected abuse by completing screenings, filling out necessary forms, and most importantly, by preparing a child for questions she might be asked. That's when Mc-Donald's motherly instincts kick in. "I try to make them comfortable with me first by playing puzzles or coloring," she says. "Connecting with her before asking questions allows her to feel comfortable opening up."

McDonald uses her empathic skills to also relate to the child's family members. "While there may be people involved in a child's life who have the potential for being at fault, I try to put myself in the

STRUCTURAL EMPOWERMENT

SE9

Magnet[™] hospitals support nurses' participation in community health care outreach. Liz McDonald, BSN, RN, partners with LVHN colleagues and community resources to help pediatric abuse victims.

parents' or caregivers' shoes," she says. She also doesn't judge. "As a parent, I know things can happen in the blink of an eye. Just because we suspect abuse doesn't mean it actually happened, nor that a parent or caregiver is responsible."

Most children who come into Mc-Donald's care are not victims of abuse, but for those who are, she wants to make a difference. "No matter the circumstance, I strive to do the best for all my patients and their families," she says.



EXEMPLARY PROFESSIONAL PRACTICE

EP6

Nurses at Magnet™ hospitals incorporate regulatory and specialty standards into the development and implementation of the care delivery system. Throughout LVHN, nurses and other clinicians followed CDC guidelines to implement an Ebola Treatment Center.

When Michelle Martin, RN, walked into the first meeting of LVHN's newly created Passion Team last October, she looked at the faces of her fellow volunteers and felt a sense of pride.

"Everyone was there because it was the right thing to do," she says. "We all wanted to help in any way we could."

That energy inspired Martin and nearly 60 other clinicians to volunteer for the team, which gathered days after the first laboratory-confirmed case of Ebola was diagnosed in the United States. The case involving a man who had traveled to Dallas from Liberia sparked rampant media speculation about the potential spread of Ebola nationwide.

In response, LVHN leaders sent out an email asking for clinicians to volunteer for a team that would prepare our network to handle serious infectious diseases such as Ebola. "The turnout for that first meeting was amazing," says LVH-17th Street emergency department nurse Elisa Moyer, RN, another Passion Team member.

The volunteers came from varied clinical specialties, including medical-surgical, emergency department, critical care and intensive care nursing and disciplines. Team members represent a mix of genders and generations, from Martin, who graduated from nursing school in 2013, to respiratory therapist Bob Allman Jr., who has been at LVHN for 25 years and recalls a similar response to a public health threat.

"We treated the a patient with SARS (severe acute respiratory syndrome) at LVH-Muhlenberg in 2003 and responded in much the same way," says Allman, recipient of the 2015 Medical Staff Award for Excellence in the Delivery of Care at the recent Friends of Nursing celebration.

Getting prepared

To ensure we are prepared to handle Ebola or any similar disease, Passion Team members took part in three training sessions, two drills and a walkthrough observed by officials from the Centers for Disease Control and Prevention (CDC). The sessions and drills were conducted in multidisciplinary teams; for example, Martin, a neonatal intensive care unit nurse, worked on a team with an obstetrician and a midwife for training in the event an expectant mother with Ebola needs care. Supervisors from each volunteer's unit arranged schedules to make sure their colleagues could participate.

As part of the training, LVHN designated 2 South at LVH-Muhlenberg as the new Safe Harbor Unit, an isolation unit where a patient with Ebola would receive treatment. "We developed a process flow for our response - getting the patient into the Safe Harbor Unit and following a treatment protocol," Moyer says.

They also practiced proper donning and doffing of the personal protective equipment (PPE) that clinicians must wear when performing a patient assessment or evaluation on someone with suspected Ebola. The PPE includes shoe and leg covers, a

fluid-resistant gown, two pairs of gloves, a respirator, a hood and a face shield. In addition, clinicians providing care to a suspected Ebola patient must wear fluid-resistant coveralls, powdered air purifying respirators, head covers, double gloves and rubber boots. PPE can be used only once, and a clinician must be decontaminated prior to using it.

"We needed to be comfortable in the suits for four hours," Martin says. "The suits look a little intimidating at first, but the air filtration system in them made it pretty easy."

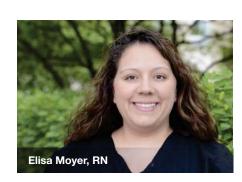
Achieving CDC designation

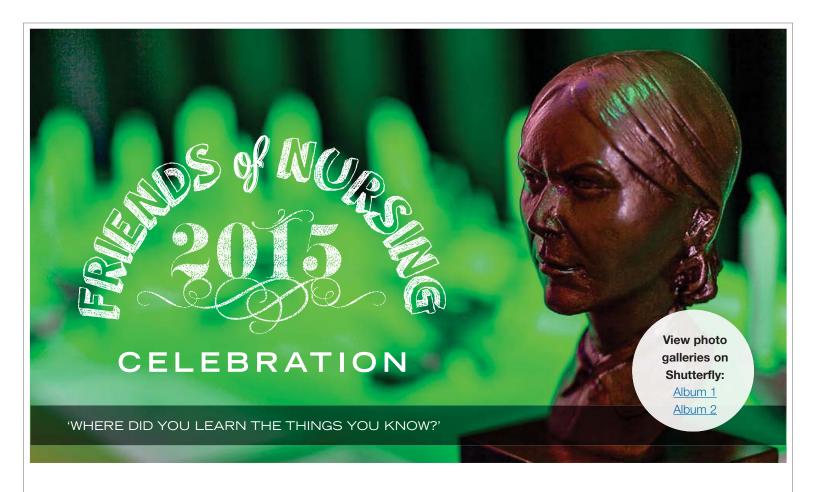
Thanks to the work of the Passion Team, the Safe Harbor Unit at LVH-Muhlenberg is now one of just four Ebola Treatment Centers in Pennsylvania designated by the CDC. And while the media attention surrounding Ebola has calmed in recent months, LVHN is prepared to react in the event the disease returns to our nation and our region.

"We're as ready as anybody," Martin says. "If a plane with an Ebola patient landed in the U.S., I'd want LVHN to be considered for treatment."









As more than 725 colleagues and community members filled Bethlehem's SteelStacks for the annual Friends of Nursing (FON) gala in May, a song lyric set the tone – "Where did you learn the things you know?" This lyric came up time and again – in answers from award recipients, in on-screen graphics between awards, and in a performance of the song by vocalist Alexandra Fontini and pianist Dan DeChellis.

This year's FON celebration honored 34 individuals and seven care teams for their exceptional work with patients, innovative use of technologies, expertise in specialty areas and more. It also featured a book signing by Lehigh Valley Hospital–17th Street emergency department nurse Caitlin Alifirenka, RN, whose co-authored book "I Will Always Write Back: How One Letter Changed Two Lives" tells how a pen pal correspondence led to an inspiring lifelong friendship.

Below are some photos from the event. You also can see the list of recipients and read their stories, along with Caitlin Alifirenka's story, on the nursing section of LVHN Daily.

PHOTOS GALLERY FROM EVENT (SEE FOLLOWING PAGE)

- 1 Cardiac intensive care unit colleagues, left to right: Colleen Schneiderman, RN, Melissa Bubbenmoyer, RN, Hilary Smith, RN, Sarah Trinkle, RN, Valerie Price, RN, Mark Reifsnider (recipient, The Medical Staff Technical Partner Awards) Erica Simmons, RN, Amber Krause, RN, Lindsay Munas, RN and Carolyn Ordway, RN.
- 2 Caitlin Alifirenka, RN, signs a copy of her book, "I Will Always Write Back."
- 3 Liat Berkman, RN and Catherine Morrow, RN.
- 4 Amanda Campbell, RN, Emily Sorrentino, RN and Tammy Gallagher, RN.
- 5 Neuroscience intensive care unit colleagues. Front row: Michele Andrews, Maureen Smith, RN, Anne Berrios, RN, Kimberly Martin, RN, Jill Peoples, RN (recipient, Award for Excellence in Neuroscience Nursing) and Lindsay Hischak.

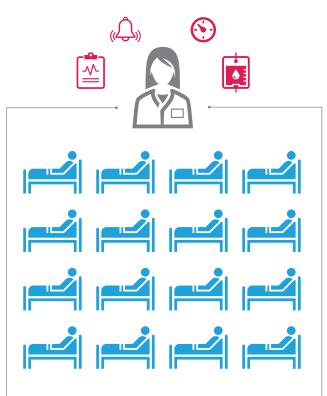
- Back Row: Patrick Keane, RN, Christina Merrell, RN and Michael Umstead, RN
- 6 Nikki Hartman, RN and Cindy Cappel, RN
- Vocalist Alexandra Fontini sings "Where Did You Learn the Things You Know?" while Dan DeChellis accompanies at the grand piano.
- Burn Recovery Center colleagues, recipients of the Fleming Award to Recognize New Knowledge, Innovations and Improvements.
- 9 LVH—Muhlenberg colleagues, left to right: Eva Fox, RN, Kevin Trinchere, RN, Lourdes C. Fernandez, RN, Paulette Helman, RN, Denise Davis-Maludy, RN, Lisa Cross, RN, Marion Daku, RN, Tracey Reilly, RN, Kristina Higgins, RN.
- 10 Andrew Kovach, CRNA, accepts the Fleming Nursing Caring Award.

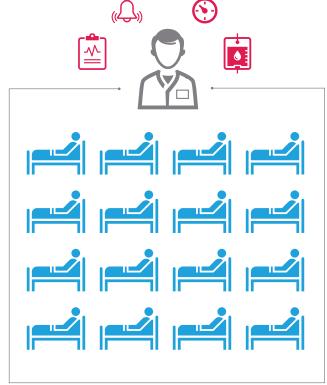
STRUCTURAL EMPOWERMENT

SE11

Magnet[™] hospitals recognize nurses for their contributions in addressing the organization's strategic priorities. Our Friends of Nursing celebration recognized 34 individuals and seven care teams for achieving excellence in care and professionalism.







Piloting New Roles for Technical **Partners**

PCCU CLINICIANS USE PROJECT LeaRN TO STIMULATE FRESH IDEAS

Grant-funded education

The UPMC visit was supported by Project LeaRN. Funded by the Anne and Carl Anderson Trust, Project LeaRN allows clinical services colleagues to travel for onsite educational experiences that stimulate new ideas for enhancing patient care.

It's difficult to get things done when you're being interrupted. Yet that's what our technical partners (TPs) are challenged with. While striving to accomplish their predictable work – such as taking vital signs and bathing patients - they're often interrupted with unpredictable yet important tasks - such as answering call bells or STAT requests.

To find a solution that benefits TPs and patients, colleagues from our progressive coronary care unit (PCCU) visited the University of Pittsburgh Medical Center (UPMC) to learn about a new care delivery model. "Its goal is to ensure the right patient gets the right care at the right time, every time," says PCCU patient care coordinator Jennifer McDonald, BSN, RN.

The challenge and solution

For TPs to do predictable tasks well, work must be done consistently. For example, regularly repositioning patients prevents pressure ulcers. To do unpredictable tasks well, work must be done immediately. For example, patients expect and deserve to have call bells answered quickly. Responding to unpredictable tasks quickly, however, hinders TPs' ability to perform predictable tasks reliably.

The new model assigns work based on the predictability of tasks, instead of by assigning TPs to perform all tasks for a set number of patients. It's being piloted on PCCU. Joining McDonald on the pilot committee are PCCU director Kathleen Kratz, RN, Kimberly Harris, RN, Carissa Saliby, RN, Lorraine Stidham, RN, and technical partners Heather Kovacs, Clarissa Rosario and Tara Wagner.

Two new roles

PCCU is a 32-bed unit staffed by four TPs per shift, as well as registered nurses and other team members. At the beginning of a shift, TPs pair up in two teams of two. Each team is responsible for 16 patients. Teammates then decide who will perform each of these two new roles:

▶ The reliable rounder performs all predictable work, allowing tasks (feeding, repositioning, rounding, bathing, ambulating, vital signs, providing water, intake and output, a.m. care, blood sugars) to be done at the appropriate frequency for patients.

The variable rounder performs unpredictable work, allowing time-sensitive tasks (call bells, admissions, transfers, discharges, blood draws, nurse requests, assistance with reliable-rounder tasks) to be done quickly and minimizing inter-

Education and input

ruption to the reliable rounder.

Prior to implementation, the entire staff learned new processes during education sessions. "Colleagues were encouraged to share ideas to ensure the model meets our department's specific needs," McDonald says. To make things fun, a Jeopardy-like game was used to help colleagues learn the tasks for which reliable and variable rounders are responsible. A survey completed by the staff before implementation will be administered again three and six months after implementation to determine if colleagues feel the new model is effective. McDonald also will track patient satisfaction and safety metrics to determine its effectiveness.

Positive results

TP Dean Romanchuk wasn't convinced the new model would work, but has seen benefits. "In the previous care model, often patient baths were not completed until 4 p.m.," he says. "In the new model, our patients are bathed by noon."

"The unit also is quieter," says patient care specialist Lori Tyson, BSN, RN.
"When patients ring a call bell, they're getting help quickly because the variable rounder is ready to respond."

Opportunities for improvement

While the new model has its benefits, it also has its challenges. TPs say it's more difficult to make personal connections with patients because they're caring for 16 patients instead of eight. Greater challenges arise when there are less than four TPs working. Although responsibilities are defined for these instances, TPs can fall behind schedule because they're addressing variable-rounder tasks for the entire unit.

EP8EO

Clinicians at Magnet[™] hospitals use internal and external experts to improve the clinical practice setting. Technical partners and nurses on PCCU learned a new care delivery model from experts at another hospital and are working to implement it at LVHN.

Next steps

"We must find a better way to function when the department does not have four TPs," Romanchuk says. That's exactly what's happening. Colleagues are offering ideas to give TPs the time they need to deliver reliable care, always.

"We'll continue to tweak it until we get it right," McDonald says. "We're not going back to the old way of doing things."



Want to Get Certified? Now's the Time

NEW PROGRAMS OFFER FINANCIAL, PREP SUPPORT



Over the past two years, the number of certified nurses throughout LVHN has increased by 19.1 percent. If you've been putting off certification, there's no better time to get certified than now. That's because LVHN offers several programs to cover the costs of many certification exams and to help you prepare.

New this year, LVHN has partnered with the American Nurses Credentialing Center (ANCC) to participate in its Success PaysTM program. In this program, LVHN provides the nurse with a code to use in place of traditional payment methods to apply for one of 25 plus ANCC nursing certifications (including behavioral health, pediatrics and nurse executive). After the nurse takes the exam, LVHN directly pays the exam costs to ANCC.

Another new partnership is with the American Association of Critical Care Nurses (AACN). LVHN purchased vouchers for nurses to use as payment for the critical care and progressive care nurse certification examinations.

These are in addition to FailSafe, a program LVHN offers with the

(AMSN) that allows LVHN nurses to take AMSN's certification exam twice without paying any fee. LVHN pays that fee each time a nurse passes the AMSN exam. To help nurses prepare for certifica-

Academy of Medical-Surgical Nursing

tion exams, LVHN offers free live prep courses and online self-study courses. "These courses provide clinical information and test-taking tips," says Pattie Hoak, MSN, RN, NEA-BC, with the Center for Professional Excellence. "Statistically, nurses who test within a month of completing the prep course have very high pass rates."

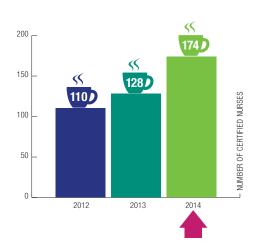
And once you achieve certification, LVHN celebrates it. Each March, the Professional Excellence Council hosts celebratory teas, where attendees get recognized by senior management and receive a "thank you" gift (this year's was an LVHN T-shirt). All nurses who get certified also receive a bonus.

So, are you ready to get certified? Draw inspiration from these nurses who achieved certification:

Patient Care, Periop, Oncology and Home Health Services PROFESSIONAL NURSING CERTIFICATION, 2012-2014



Medical-Surgical PROFESSIONAL NURSING CERTIFICATION, 2012-2014



Donna Doe, RN

Certified Medical-Surgical Registered Nurse (CMSRN), Transitional skilled unit, LVH-17th Street

MY EXPERIENCE:

I work in shortterm rehab admissions, screening patients and reading charts. I've worked in different med-surg settings for



12 years.

TO PREP OR NOT TO PREP: I didn't take the prep course offered on-site, but I did review a medical-surgical certification review course book purchased by our unit to help me prepare. My work experience helped me pass on the first try.

TEST-TAKING STRATEGY: I took my time (about three hours) and tried to answer questions in my head before looking at the answer key. I narrowed my choices down to two, then I refined my thinking. **ADVICE TO PEERS:** Everyone has anxiety when they take the NCLEX boards. This time it should be easier because you've been building on your knowledge since then.

FINAL THOUGHTS: I feel a lot of pride because of my accomplishment. It makes me think about what to do next. Now I want to continue learning and furthering my education.

Oncology PROFESSIONAL NURSING CERTIFICATION, 2012-2014



Rebecca LaPorte, RN

Wound Care Certified (WCC) Wound care team,

home care skilled nursing

MY EXPERIENCE: I graduated with my nursing degree in 2012.

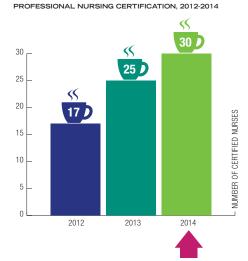
TO PREP OR NOT TO PREP: I benefitted from knowledge I learned from the Wound Care Education Institute review course, even if it just reinforced what I knew. Review courses are held in many different locations. Mine was four days long in a hotel near LaGuardia Airport. I took the exam immediately after the course.

TEST-TAKING STRATEGY: I worked through the questions in my head before looking at the answer key.

ADVICE TO PEERS: Trust in your knowledge, don't panic and prepare. I was nervous too. The test lasted two hours and it wasn't easy, but the course and my clinical experience prepared me for it.

FINAL THOUGHTS: I was reimbursed for taking the exam (as per LVHN's certification policy). I have more in-depth knowledge around the cellular structures of wound healing now from the prep. Peers seek me out for information and advice. The knowledge and self-confidence from certification helps me communicate better with doctors so I can get the right orders for my patients.

Home Health



SE3EO

Magnet™ hospitals support nurses' continuous professional development. By providing financial and test prep support, we continue to increase the total number of nurses achieving specialized certification.

Cheryl Rowan, RN

Certified Medical-Surgical Registered Nurse (CMSRN), 4K

MY EXPERIENCE: I've been a med-surg nurse for 27 years. I work with vascular, colon rectal, plastic surgery and telemetry patients.

TO PREP OR NOT TO PREP?:

I reviewed the MED-Ed online medical-surgical self-study course available through LVHN. It included a learning packet and video that I reviewed

at my own pace. I also attended a two-day live review course led by an AMSN-certified reviewer and hosted by

TEST-TAKING STRATEGY: I did the practice questions at the end of each review section. The instructor said, "Watch how the questions are worded; that will provide a clue to the answer."

ADVICE TO PEERS: I was afraid to take the test. But once I started, I began to relax. The test included realistic questions on administering medications and in what dosages.

FINAL THOUGHTS: My exam was part of FailSafe, so I didn't have to spend any money out of pocket. It helped that I knew I could take it again with no charge if I didn't pass the first time. Our unit doubled the number of certifications last year. We're leading by example, and now more nurses want to get certified.

> Certification opporutunities continued to next page

Certification Preparation Opportunities

UPCOMING LIVE REVIEW COURSES

CCRN and **PCCN** colleagues: **Two-Day SePA Chapter of AACN Certification Review Course***

Nov 4-5: 7:30 a.m.-4:30 p.m. Day 1: LVHN-Mack Boulevard auditorium

Day 2: LVH-Cedar Crest auditorium

*Eligible nurses can take the exam free of charge when you obtain a voucher from the Center for Professional Excellence.

Emergency nursing colleagues: Certified Emergency Nurse (CEN) Review Courses:

Sept. 10 or Sept. 14: 8 a.m.-5 p.m. Location TBD

Contact:

Erik_A.Resch@lvhn.org

Talk to your director for more information and to confirm your eligibility.

ONLINE SELF-LEARNING OPPORTUNITIES

Med-Surg, CCRN and PCCN colleagues: e-Learning Self-**Study Courses**

Oct 1, 2015 through Sept 30, 2016 These online self-learning programs will be available through MED-ED.

OTHER PREPARATION **OPPORTUNITIES**

Behavioral health colleagues: **Unit-based study group**

Contact: Kathryn_P. Mercadante@lvhn.org

PROFESSIONAL **MILESTONES**

PUBLICATIONS

"Observation Status: Getting It Right the First Time," Pennsylvania Nurse, Volume 69, Issue 4, Winter 2014, pp. 20-27. Carol Teets, MSN, RN, CEN, NE-BC

Lynne Roth, MSN, RN, PCCN Cindi Boderman, BA, BSN, RN Elizabeth Hoch, BSN, RN, PCCN

POSTER PRESENTATIONS

"Combating Compassion Fatigue By Creating Moments That Matter," at the Oncology Nursing Society Annual Congress in Orlando, Fla., April 2015.

Nicole Reimer, MSN, RN, OCN

"Exceeding Survival Rates for ECMO: Making It Happen," at the American Association of Critical Care Nurses (AACN) National Teaching Institute Conference in San Diego, May 2015. Martina Oswald Remaly, MSN, RN, CCRN. CSC Lisa A. Forstburg, RN

"Project HUSH - Helping Understand Sleep Heals," at the American Association of Critical Care Nurses (AACN) National Teaching Institute Conference in San Diego, May 2015. Marion Daku, BSN, RN

"Creating a Culture of Sensitivity: Innovative Patient Care," at the Philadelphia Area Magnet Hospitals Consortium Magnet Champions Conference, in Wynnewood, Pa., June 2015.

Pattie Christenson, RN

ORAL PRESENTATIONS

"A Successful Remodel Results in an Empty Emergency Department Waiting Room: Rapid Assessment Unit (RAU)," at the Pennsylvania **Emergency Nurses Association** Horizons 2015 conference in Wilkes-Barre, Pa., June 2015. Jennifer Brown, RN Melissa Teitsworth, BSN, RN

"An Engaged Nurse Residency Program Creates Leaders at the Bedside," at the Philadelphia Area Magnet Hospitals Consortium Magnet Champions Conference in Wynnewood, Pa., June 2015.

Arielle Cratsenberg, BSN, RN Pam Fisher, BSN, RN

"World Class Nursing on the Night Shift. Innovative Patient Care Outcomes," at the Philadelphia Area Magnet Hospitals Consortium Magnet Champions Conference in Wynnewood, Pa., June 2015. Krysten McGovern, BSN, RN, CMSRN Kimberly Weiss, BSN, RN

Specialty Certifications

Kristina G. Boccuti, RN, CNOR Kelly M. Fitzpatrick, RN, CMSRN Mary B. Grablick, RN, CPAN Emily A. Guth, RN, CMSRN Sterling M. Haldeman, RN, CNOR Patricia L. Hoak, RN, NEA-BC Linda M. Loeffler, RN, CCRN Catherine A. LoRe, RN, CPEN

Rochele L. Polusky, RN, CMSRN Jennifer L Pool, RN, CMSRN Tammy L. Sandt, RN, CMSRN Jennifer M. Senske, RN, CPN Jennifer D. Silva. RN. CENP Diane E. Steltz, RN, CAPA Caitlyn S. Wiest, RN, CMSRN

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