

### Free Health Coaching

Get help to reach your wellness goals.

### LVHN.org, LVHN.org/hazleton Merging

Enhanced features will provide a better web experience.

### First AllSpire President Named

Paul J. Tirjan brings 20-plus years of leadership experience.

### Research Scholar Presentation July 29

Meet students who participated in LVHN projects.

### Get to Know the Code

Learn about the new ANA Code of Ethics.



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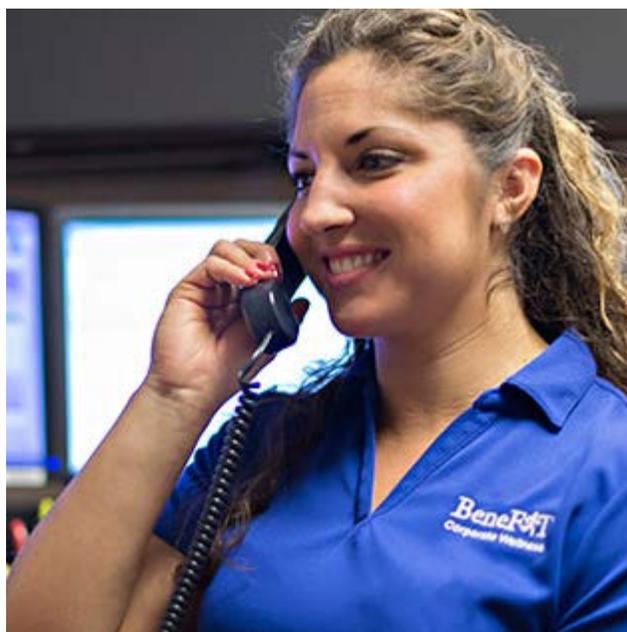
## Free Health Coaching Can Help You Reach Your Wellness Goals

by [Sheila Caballero](#) · July 20, 2016

Life is busy and often stressful.

That can make it difficult to make

your health a priority. That's why LVHN is offering free health coaching to all colleagues regardless of health plan coverage. (Dependents age 18 and older enrolled in Choice Plus also qualify.) The confidential service is designed to give you the support you need to reach your wellness goals.



Certified coaches are specially trained to help you:

- Develop a wellness vision and celebrate your successes
- Find better work/life balance
- Lose weight or improve healthy eating
- Reduce stress
- Increase physical activity for better health
- Take your fitness performance to the next level
- Stop smoking
- Manage chronic conditions like diabetes and heart disease
- And more

“Thousands of colleagues responded to our survey and said they want help achieving wellness goals,” says Carol Michaels, director, health promotion and wellness. “Health coaching is a proven way to support colleagues on their journey.”

One-on-one phone-based sessions can take 30 minutes or less for the initial call. Follow-up calls take as little as 15 minutes depending on your schedule. Watch the video below to learn more.

*Video will only play in Internet Explorer. Having trouble viewing the video? [Click here](#) for more information.*

Some people appreciate the encouragement and guidance a coach provides, while

others want specific strategies or to be held accountable.

“A health coach works for you,” Michaels says. “You set the goal and tell your coach what kind of support you need to be successful. It’s a benefit that can help in many aspects of your life.”

Ready to sign up? Simply click the MyPopulytics icon on the SSO toolbar and [log in](#). You can find detailed [login instructions](#) for all colleagues regardless of health plan coverage on the intranet. Have questions? Call 610-969-0487 for more information.

Tags: [Choice Plus](#) [choiceplus](#) [health and wellness](#) [health coaching](#) [wellness](#)

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NEWS , UNCATEGORIZED

## LVHN.org, LVHN.org/hazleton Being Merged Into One Website

July 31

by [Ted Williams](#) · July 22, 2016

In an effort to provide a richer, more

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robust web experience, the LVHN.org and LVHN.org/hazleton websites will be merged into one site as of Sunday, July 31. All features that appear in LVHN.org/hazleton have been enhanced and added to their appropriate areas within the structure of the common site. This includes the Find a Doctor database listing of our providers and services, by far the most popular feature on the site.



The decision to merge the two sites followed interviews with community members in the greater Hazleton and Mountain Top areas. They expressed a preference for a common site with information cataloguing all of LVHN's services and locations as opposed to having to awkwardly navigate between two sites for information. For example, if a Hazleton cardiac patient needed services only available from providers in Allentown, he or she may have found it necessary to toggle between the Find a Doctor features on two sites. As of July 31, that patient will be able to get all the information in one enhanced Find a Doctor feature on one website.

The site merger also is consistent with our merger goal of one mission, one brand and one consistent health care experience. We encourage you, your family and friends to check out the integrated website once it's live.

This seamless integration followed research into the web presentations of other health networks that have undergone hospital mergers and an evaluation of the best approaches into handling the incorporation. There are more enhancements planned, including a new facilities search and enhanced patient and visitor section. We look forward to your comments on the merged site.

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## NEWS

### AllSpire Health Partners Names First President

by [Admin](#) · July 22, 2016

**This Message is from Brian Nester, DO, MBA,  
FACOEP, President and CEO**

To keep you informed first about important announcements to our community, please see the below news release from AllSpire Health Partners (AHP) about the naming of the first president of AHP, which will be distributed to the news media this afternoon.

### **AllSpire Health Partners Names First President**

*Paul J. Tirjan brings more than 20 years of executive leadership experience to the regional partnership*

Allentown, Pa. (July 22, 2016) – AllSpire Health Partners (AHP) today announced that Paul J. Tirjan, a seasoned and accomplished health care executive and entrepreneur, has been named the first president of the interstate consortium of health systems in Pennsylvania and New Jersey.



*Paul J. Tirjan*

In his new role, Tirjan will provide strategic leadership, start-up expertise and operational project oversight for this partnership that comprises five leading systems in the Northeast.

“I am honored to be a part of realizing the vision of the founding members of AllSpire Health Partners, Tirjan says. “The opportunity to leverage the vast collective knowledge and extensive capabilities of these organizations to build a coherent innovation and efficiency collaboration machine is extraordinary and energizing.”

Tirjan has served as vice president of ambulatory care at Universal Health Services, Inc. (UHS), a Fortune 500 health services company located in King of Prussia, Pa., for the past three years. He will begin his new role at AllSpire on Aug. 8.

“This is another indication of the commitment AllSpire Health Partners members have to further developing and growing the alliance,” said Brian Nester, DO, MBA, FACOEP, chair, AHP’s executive committee and president and CEO of Lehigh Valley Health Network, one of five AHP members. “Paul’s history as a successful

health care entrepreneur fits well with AHP's mission to help its members develop new solutions for today's ever-changing health care environment. We are excited to have Paul build a team that is focused full-time on harnessing the strengths of our members."

In his position at UHS, Tirjan has been responsible for the overall ambulatory care strategy, development, growth and profitability for the hospital management company. UHS' ambulatory portfolio under Tirjan's direction included free-standing emergency departments, urgent care centers, ambulatory surgery centers, imaging centers, radiation oncology, rehabilitation, wound care, retail pharmacy, home health, telemedicine, and variety of data, technology, infrastructure and programs to support population health management.

During his career, Tirjan has served in a variety of executive management positions with a diversified range of companies pioneering "state-of-the-art" diagnostic cardiology and patient monitoring systems, and growing companies from small start-up operations to profitable publicly traded companies.

Immediately prior to UHS, Tirjan was chief executive officer at WirelessDx, where he launched a multinational diagnostic company from concept through acquisition. Previously, as vice president at CardioNet, he helped turn a \$7 million revenue diagnostic service company into a \$40 million revenue company ready for its IPO in just two years.

Earlier in his career he co-founded and led diversified healthcare provider Quaker Health Services as president for eight years and served as director of Venture Investments at San Francisco based life-science venture capital fund Burrill & Company.

Tirjan earned an MBA from the Wharton School of Business at the University of Pennsylvania and a BA from the University of Pennsylvania.

"Paul brings to AllSpire more than 20 years of entrepreneurial experience building healthcare, medical technology and life science companies," says Ed Dougherty, chair, AHP's development committee, and senior vice president and chief business development officer for LVHN. "He is a visionary, disciplined, strategic thinker and motivational team leader who will help AllSpire achieve its mission for the benefit of

the communities it serves.”

AllSpire Health Partners was created in 2013 to implement the “Triple Aim” which, as defined by the Institute for Healthcare Improvement, consists of improving the experience for the patient, improving the health of the population and creating more affordable health care. The combined intellectual assets of AllSpire Health Partners are expected to elevate quality, reduce care costs and facilitate the shift to a regional population health focus.

Health systems participating in AllSpire include:

- Atlantic Health System (Morristown, N.J.)
- Hackensack Meridian Health (Hackensack and Neptune, N.J.)
- Lehigh Valley Health Network (Allentown, Pa.)
- Reading Health System (Reading, Pa.)
- WellSpan Health (York, Pa.)

For updates on AllSpire Health Partners, please visit

[www.AllSpireHealthPartners.org](http://www.AllSpireHealthPartners.org).

Tags: [AllSpire](#) [AllSpire Health Partners](#) [AllSpire News Update](#)

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## STORIES ABOUT COLLEAGUES

### Research Scholar Poster Presentation Set for July 29

by [Ted Williams](#) · July 21, 2016

Want to get an appreciation of some of the initiatives happening at LVHN

through the eyes of a group of bright, motivated college students who spent time working on them this summer? Stop by the annual Research Scholar Poster Presentation on Friday, July 29, from noon to 2 p.m. in LVH–Cedar Crest ECC rooms 6, 7 and 8.



Each year, LVHN provides opportunities for a number of undergraduate students to assist on research and quality improvement projects for several departments throughout the health network. This year, 57 students representing 28 colleges and universities worked with 48 mentors in this unique educational experience. Their posters reflect that experience.

The students will be available to speak about their posters and their LVHN experience. A light lunch will be provided. For more information about the event, please contact [Diane.Leuthardt@lvhn.org](mailto:Diane.Leuthardt@lvhn.org) (610-402-2566), or [Kerri.Green@lvhn.org](mailto:Kerri.Green@lvhn.org) (610-402-2593).

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NURSING

## Get to Know the Code

by [Marielle Messing](#) · July 22, 2016

*New Nurse Ethics Outlines Professionalism in Nursing*

Cindy Umbrell, MSN, RN, CNS,

CCRN is leading the network's education initiatives for the new [American Nurses Association \(ANA\) Code of Ethics](#). She has presented at national conferences to educate nurses about the need to adhere to the code and shares case scenarios that illustrate the ideals and commitments of the professional nurse.



*Cindy Umbrell, MSN, RN, CNS, CCRN*

“The new code clarifies the values, virtues and obligations nurses are required to use to guide their ethical analysis and decision making,” says Umbrell. “The code is non-negotiable. As professional nurses we are obligated to hold ourselves accountable for putting the code into practice.”

The new format includes nine ethical provisions with interpretive statements that are more detailed, easier to follow and help clarify the ANA's intent.

Following is a brief look at the updated code along with case questions for the first six Provisions to test your knowledge:

## Case Scenarios for 2015 ANA Code of Ethics

The new Code of Ethics is clustered into three groups of provisions. Test your ethics knowledge by answering each of the case scenario questions below.

### Provision 1

The nurse practices with compassion and respect for the inherent dignity, worth and unique attributes of every person.

**Case scenario:** An adult patient with extensive end-stage comorbidities suffers from repeated bouts of sepsis. The family continues to demand all treatment. The patient is deemed incompetent. He yells “Stop, please stop!”

Are the providers obligated to continue full treatment?

**Answer:** No. Providers are not obligated to provide therapy that has no benefit to a patient.

## Provision 2

The nurse's primary commitment is to the patient, whether an individual, family, group, community or population.

**Case scenario 1:** A 48-year-old female with a self-inflicted gun-shot wound (GSW) to the head is initially diagnosed with a 3T with significant cerebral edema. After the patient started to respond, a craniectomy was performed. As a result of her injury she has hemiparesis of the left side. The patient also has a history of fibromyalgia and incapacitating depression rendering her a recluse. The woman kept a life journal with her dark innermost thoughts, yet didn't have a living will. After the patient decompensates and codes, the family begs the team to stop treatment.

**Question:** Is the health care team legally obligated to provide full treatment to this patient?

**Answer:** Yes. Legally we are obligated to provide full treatment to this patient. Because this was a suicide attempt, we should err on the side of life. The patient does not have an end-stage medical condition, and she is not in a persistent vegetative state.

**Question:** Are we obligated to provide full treatment to this patient from an ethical standpoint?

**Answer:** Maybe/No. The patient used a journal to document her darkest thoughts and a life filled with misery. Her family was adamant that she would not want to live if she wasn't fully functional. Is it possible for an individual to be diagnosed with an end-stage psychiatric condition?

**Case scenario 2:** The patient is 48-years-old and has been a paraplegic ever since he was in a motor vehicle accident 12 years ago. The patient has sepsis and was found to have extensive stage 4 pressure ulcers with tracking into his buttocks. He

has had three episodes of sepsis during this hospitalization requiring vasopressors and continuous renal replacement therapy (CRRT). The nursing team is in distress because the patient is suffering and has little if no hope for a recovery. The family is demanding full treatment. The nursing team believes they are unwilling or unable to grasp the reality of the situation.

**Question:** The family is demanding all treatment be provided. The patient does not have an advance directive stating his wishes. Are the nurses' hands tied in this situation?

**Answer:** No. The nurses should collaborate with the providers, encourage consistency between providers and request a family meeting with all parties present.

## Provision 3

The nurse promotes, advocates for and protects the rights, health and safety of the patient.

Question: Your colleague does not appear to be himself lately. He leaves the unit frequently. Today you notice his pupils are very constricted.

**What is your responsibility?**

1. Continue to watch your colleague?
2. Take your colleague aside and talk with him?
3. Promptly discuss your observations with your manager?

**Answer:** A nurse's professional responsibility includes promoting a culture of safety, protecting patient health and safety by acting on questionable practices, and protecting patients from impaired practitioners. As a professional nurse, it is your responsibility to promptly discuss your observations with your manager.

## Provision 4

The nurse has the authority, accountability and responsibility for nursing practice; to make decisions; and to take action consistent with the obligation to promote health and to provide optimal care.

**Question:** The patient is a 35-year-old woman with progressive ALS. She is married with an 18-year-old daughter. She is ventilator dependent and can only communicate with her eyes. She has recently been diagnosed with metastatic bone cancer and is in pain. She has all nursing care.

The patient's husband is her surrogate, however, her father directs all treatment decisions. The patient's father forbids the nursing staff to give his daughter pain medication because it causes her to fall asleep during his visits.

**Question 1:** Can the husband defer health care decisions to his father-in-law?

**Answer:** Maybe/Yes. The husband may defer health care decisions to his father-in-law if the patient's 18-year-old daughter declines decision making responsibility. The patient's father is the next in line according to surrogate hierarchy defined by the state.

**Question 2:** Can the patient's father restrict/forbid any treatment including pain medication?

**Answer:** No. Medical standards of care are not within a surrogate's decision making authority. The father may not restrict or forbid any treatment.

## Provision 5

The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence and continue personal and professional growth.

**Question:** A 78-year-old male from a patriarchal family is readmitted with yet another episode of heart failure as well as advancing Alzheimer's disease. The patient's wife is competent and present, yet her son, the eldest male in the family, is the spokesperson for his father. The son is very demanding and disrespectful to members of the health care team. His blatant disregard for the staff's expertise and disrespectful behavior may be negatively affecting his father's care. Professional composure is increasingly difficult due to the ongoing moral distress caused by the son's behavior/treatment of staff.

**Question 1:** Should colleagues report the behavior of the son and the resulting moral distress it's causing within their unit?

**Answer:** Yes. Colleagues need to report the ill treatment to their manager, the hospital's employee or crisis assistance program, risk management, and ethics to help them navigate the situation.

The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence and continue personal and professional growth.

## Provision 6

The nurse, through individual and collective effort, establishes, maintains and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

**Question:** A novice nurse was recently hired and is struggling on the unit. One particular night she needs help to problem solve but has been so intimidated by the resource nurse assigned to her she doesn't ask for help. When her patient starts to have respiratory difficulties, she asks another nurse for assistance (the second nurse is just as inexperienced). When the resource nurse learns of the situation she becomes irate, berating the novice nurse for not coming to her for help. Is the resource nurse displaying "bullying" behavior?

**Answer:** The resource nurse is displaying lateral violence or bullying, which is both unprofessional and detrimental to the health of the unit.

## Provisions 7, 8 and 9

The final three provisions address aspects of duty beyond individual patient encounters. [Read more on the American Nurses Association website.](#)

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