

More Providers Offer Online Scheduling

Learn about this convenience for new patients.

SELECT Students' Match Day Results—Photos

See their faces as they learn where they'll further their career.

Physicians Remove 140-pound Tumor

Grandmother is half her size after life-saving surgery.

Share Your Snowstorm Stories and Photos

What happened to you or your team during the blizzard?

Scholarly Approach to Nursing Practice

Meet nursing colleagues pursuing advanced degrees.

Peripheral IVs in the Medical-Surgical Setting

See how we're changing practice based on evidence.

Professional Milestones

A list of presentations, publications and certifications.

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New Patients Can Now Schedule With Even More Providers on LVHN.org

BY [JENN FISHER](#) · MARCH 17, 2017

Find a Doctor

Find Another Doctor

Raji G. Mathew, MD

Family Medicine



Lehigh Valley
Physician Group

Accepting
New Patients

Schedule Now

MyLVHN

A secure way for you to
review your medical
record.

Overview

LVPG Family and Internal Medicine-Bethlehem Township

Formerly called Muhlenberg Primary Care

Address

2101 Emrick Blvd Suite 100
Bethlehem, Pennsylvania 18020-8040 [\(get directions\)](#)

Phone

610-868-4000

Fax

610-868-4133



[View Larger Map](#)

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Experi

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New patients who want to book an appointment online with a family medicine provider, internist or urogynecologist now have 20 more providers to choose from on LVHN.org.

The providers are participating in an online scheduling pilot on LVHN.org's Find a Doctor that launched in late January with more than 70 family medicine, internal medicine, urogynecology and gynecology physicians and advanced practice clinicians. New patients can schedule an appointment right from their laptop or mobile device at any time by visiting LVHN.org/find_a_doctor and can directly see all providers participating in online scheduling by visiting LVHN.org/schedulenow. This initiative is part of our One Call/One Click plan to provide convenient options for community members to access the care they need from LVHN. One Call refers to our new toll-free number, 888-402-LVHN, launched in the Lehigh Valley with plans to eventually serve our other geographic areas too. [Read more about our One Call/One Click initiatives](#) here.

How is the pilot faring so far? While we are not marketing online scheduling during the pilot, patients are finding the feature as they search for a provider in Find a Doctor, the most visited section on LVHN.org. As a result, 125 patients have scheduled an appointment through LVHN.org since January 30, and almost half of those appointments have been completed with only two cancellations. In April, we'll alert you when another group of LVPG providers joins the online scheduling pilot, which will boost our number of providers scheduling on LVHN.org to 100.

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Ranita Kuryan, MD, Enjoys Pediatric
Endocrinology Because Children 'Make Me
Smile' – VIDEO

SELECT Medical Students Learn Match Day Results in Downtown Allentown

BY [SHEILA CABALLERO](#) · MARCH 17, 2017



There are lots of firsts in a medical student's career: first cadaver lab, first white coat and first patient encounter. For the 2017 graduating class of SELECT medical school, a partnership between University of South Florida (USF) Health Morsani College of Medicine and LVHN, there were even more firsts – 27 to be exact. That's how many students are first in their family to go to medical school.

On March 17, those students and their families gathered in a ballroom at the Renaissance Hotel in downtown Allentown to experience yet another milestone – their first Match Day.

Match Day is an annual rite of passage for fourth-year students at medical schools across the country. It's the day when all their hard work, studying and exams pay off culminating in one last test – a test of nerves. It's the day they open sealed envelopes that reveal their “match” to a medical residency program.

“Match Day is one of the most significant events in a medical students' life,” says SELECT Assistant Dean of Student Affairs Michael La Rock, MD. “It's the culmination of many years of hard work and has an impact on a doctor's future career. Students who have family members in medicine have heard the folklore around it, but for first timers it's even more nerve-wracking.”

The 2017 graduating class of SELECT includes 50 students. More than three dozen attended Match Day festivities in Allentown, 11 of their classmates learned match results in Tampa, Fla. where SELECT students complete the first two years of classroom training before coming to LVHN for two years of clinical experiences.

The “Match” process at work

The matching process is a service of the National Resident Matching Program (NRMP). Fourth-year medical students from across the country apply and interview for residency programs independent of NRMP, then submit rank order lists (ROLs) of their residency preferences. Residency directors submit similar ROLs. Both lists are aggregated by NRMP, and the results are revealed to students on Match Day.

Students submit their common residency applications in mid-September and then take a month or more to travel across the country for personal interviews. It's a time-consuming and expensive process for students who also juggle classes, complete clinical rotations and manage research projects throughout their fourth year of SELECT.

“Match Day is a rite of passage for students filled with high expectations and celebration,” La Rock says. “Where you're matched for residency is most likely the place you will practice medicine. All our students are well prepared for their residency programs. In past years, many have matched to top programs.”

This is the third graduating class of SELECT. Graduates matched with top institutions including LVHN, Massachusetts General Hospital, the University of Pennsylvania, Rush University Medical Center, Loyola Medicine, Georgetown University Medical Center, Dartmouth University Medical Center and others. .

“SELECT's curriculum focuses on values-based care, leadership, health care systems and emotional intelligence,” says Robert Barraco, MD, Chief Academic Officer and Associate Dean for Educational Affairs. “As an educator, it's a real joy to know you are impacting 50 professionals who will care for and heal tens of thousands of people in their careers. It's breathtaking when you think of the number of lives they will touch.”

Grandmother With 140-pound Tumor is Half Her Size After Life-Saving Surgery – VIDEO

BY [BRIAN DOWNS](#) · MARCH 13, 2017

When Mary Clancey first noticed she was “getting a little plump,” as she calls it, she thought it was perhaps from her time working the fudge counter at her local Boscov’s Department Store in Pottsville, Pa. She would soon realize the situation was far more serious, resulting in a miraculous five-hour operation to remove a 140-pound cancerous tumor from her abdomen.

Today, thanks to the quick actions and innovative thinking of LVHN doctors, Clancey is able to share her incredible story. “Things started getting harder to do – harder to walk, harder to stand – and then one day I



couldn't get out of bed," the 71-year-old grandmother says. "My son said, 'Let's call an ambulance and take you out of here.'"

A computed tomography (CT) scan revealed the astonishing diagnosis – a cyst in one of her ovaries had grown into a 140-pound, stage-one-cancer tumor, equal to almost half her weight. Clancey was 365 pounds in total at the time. She jokes that she felt that she was just becoming "one of those little, 'roly poly' ladies." But she was in for a huge surprise.

"The results of Mary's CT scan are permanently engrained in my mind," says surgeon Richard Boulay, MD, Chief of Gynecologic Oncology at LVHN, who performed Clancey's operation. "The mass was so big it didn't even fit in the picture of the scanner – I had never seen anything like it."

The surgery had to be carefully orchestrated by Boulay and his team to account for the sheer logistics of removing a mass that large from Clancey's body. He was assisted by Randolph Wojcik Jr., MD, Chief of Plastic Surgery, and plastic surgeon with LVPG Plastic Surgery. In five hours, Mary lost 180 pounds of tumor and tissue – literally half of her body weight.

After recovering under the close watch of LVHN's care team for 26 days following the procedure, Clancey is a more petite 147 pounds today. But her personality is still larger than life. "I was going to be a short, fat, round little old lady before, so you never know, I might just turn into a voluptuous babe now," she says.

For Boulay and the team at LVHN who witnessed Clancey's incredible story firsthand, the real reward is seeing her happy, healthy and on the road to a fulfilling retirement. "When someone like Mary grabs your hands a couple of days later and says, 'Thank you for giving me my life back,' it doesn't get any better than that," Boulay says.

The video below will only play in Google Chrome. If you are using Internet Explorer, click [here](#) to watch.



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Share Your Snowstorm Stories and Photos

BY [RICK MARTUSCELLI](#) · MARCH 16, 2017

Colleagues in our hospitals don't let snow, sleet and wind stop them from healing, comforting and caring for our community. During this week's winter storm, many colleagues stepped up to the plate to ensure we had enough colleagues on site to care for our patients. Some colleagues came in to work when they weren't scheduled, while other colleagues slept in the hospital to ensure we were adequately staffed. Their dedication ensured our patients received the care they deserve and prevented other colleagues from having to travel when road conditions were at their worst.

Is there a colleague on your team who deserve kudos



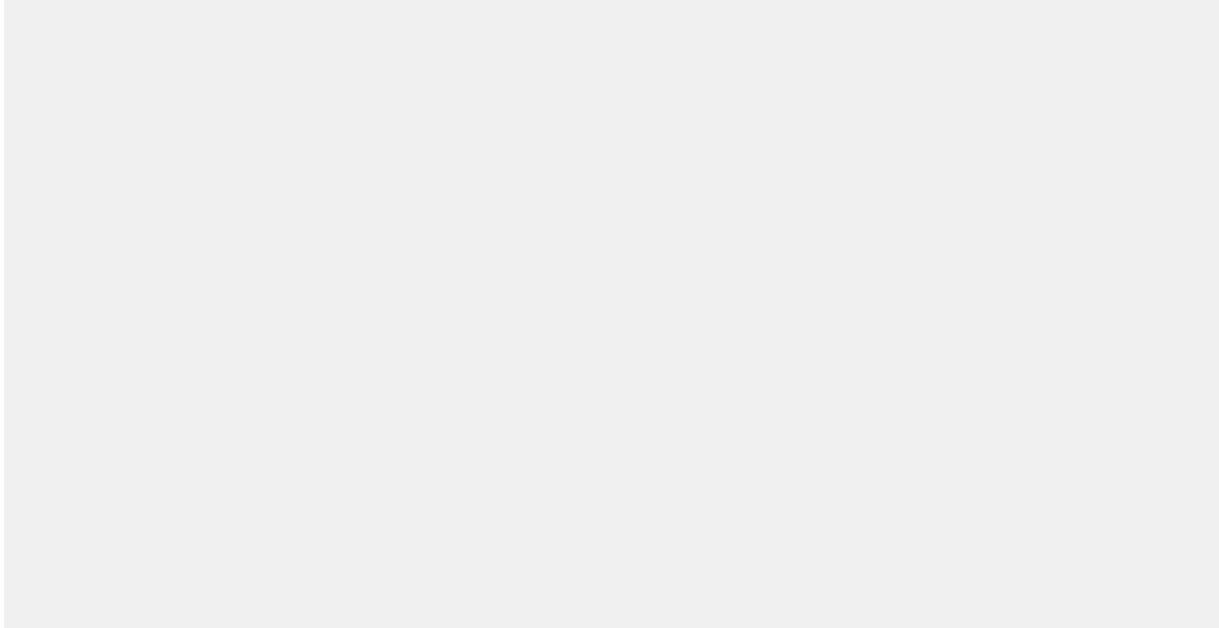
for going the extra mile? Or do you have a story or photo to share about something that happen during the storm? Maybe something memorable happened with a patient, or you took a photo of you and your colleagues as the blizzard churned outside.

Whatever it is, we want to know about it. So, [share your stories and photos](#) now on LVHN Daily.

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A Scholarly Approach to Nursing Practice

BY [SHEILA CABALLERO](#) · MARCH 15, 2017





Doctoral Candidates (l-r) Hope Johnson, Kim Korner and Alyssa Campbell

Hope Johnson thinks that earning her doctor of nursing practice (DNP) is like putting on a new set of glasses. “You see the world differently,” she says. She is among several colleagues, including Chief Nursing Officer Kim Jordan, who enrolled in DeSales University’s DNP program in June 2014.

Three colleagues share their thoughts on the program, which combines independent coursework, a scholarly project and residency weekends on the DeSales campus.

Hope Johnson, DNP, MSN, MBA, RN, CNOR, NEA-BC

Director, Perioperative Services, LVH–Cedar Crest

Inspiration: The dual-degree program let me pursue my interest in executive leadership and get my DNP and MBA at the same time. That sealed the deal for me.

Scholarly project: I looked at the “focused factory approach” to total knee replacement (TKR) surgery. It’s an idea from manufacturing, yet is applicable to health care. I looked at the cost of TKR at LVHN–Tilghman versus LVH–Cedar Crest. I reviewed quality and cost data on similar cases at both sites to see if a specialty hospital can control costs.

Findings: Quality was the same, but average cost was lower at LVHN–Tilghman. The data showed that

standardizing processes and eliminating unnecessary practice variations can save money and yield other benefits like greater physician satisfaction – since scheduled surgeries at LVHN–Tilghman don't get bumped for emergency trauma cases. Colleagues also gain competence through repetitive processes.

Aha moment: The day I pressed the button to reveal the results of my cost analysis was one of the most exciting of my career. It renewed my sense of why I became a nurse.

Final thoughts: Learning widens your panoramic view. When we ask questions and seek answers we eliminate tunnel vision and become well-rounded professionals. Earning a terminal degree (at the highest level of professional education) helps nurses get a seat at the table so we can influence practice.

Alyssa Campbell, DNP, MSN, MBA, RN, CMSRN

Education Consultant, Division of Education

Inspiration: I originally considered going to medical school. After getting my MSN/MBA, I decided to pursue the DNP program instead.

Scholarly project: I have a passion for career development. My project underscores that nursing requires more than education and training. You also need personal attributes and characteristics to be successful. I created a survey that asked practicing nurses in various roles what strengths, weaknesses and personal characteristics impact success.

Findings: Questions were open-ended and results directly correlated to the respondent's individual role. Personal traits like empathy, altruism and assertiveness were common for all roles. Yet others required strengths such as coaching and mentoring others, leadership, business acumen, budgeting, and strategic planning. Some barriers to success were fear of change, inability to multitask, disorganization, authoritarian style, ineffective communication and poor time management. This insight can help hiring managers, career counselors and nurse applicants.

Aha moment: Research impacts care at the bedside. Getting my DNP helped familiarize me with industry standards, expectations and changes in law that can be difficult to stay abreast of when you are a practicing nurse.

Final thoughts: Nurses at all levels have value and make contributions that positively impact patient outcomes. In my new role, I'm working on connecting all the disciplines through teamwork and collaboration.

Kimberly Korner, DNP, MBA, BSN, RN, NE-BC

Inspiration: I wanted to prove to myself and my kids that you can go back to school later in life and be successful. I also knew I'd have peer support from other colleagues pursuing the DNP at the same time.

Scholarly project: I've been a nurse for 21 years and have seen documentation evolve from paper to electronic. Yet the volume kept increasing. It's a source of tremendous pressure for nurses because it pulls them away from the bedside. My project looked at nurse attitudes about documentation pre- and post-Epic on five units across LVH–Muhlenberg and LVH–Cedar Crest.

Findings: Prior to Epic, documentation was siloed and redundant, with no visibility into charting outside your unit. In addition, 50 percent of nurses worked overtime to complete documentation. After Epic, less time is spent on documentation and more time on direct patient care. That tells us the implementation was clinically meaningful.

Aha moment: We ask colleagues to advance their knowledge through BSN and MSN programs. Now we're taking our own advice and going for the next level. When you lead by example others will reflect that.

Final thoughts: Terminal degrees give us credibility to sit at the table and make informed clinical decisions. It's all about improving patient care. Advanced degrees represent the level of commitment nurses have to patients and the profession.

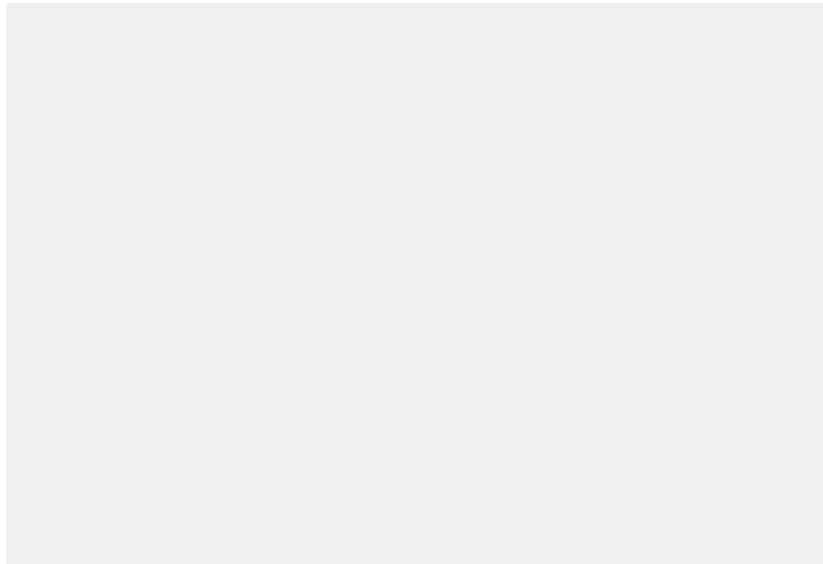
To Keep or Not to Keep...? A Look at Peripheral IVs in the Medical-Surgical Setting

BY [ADMIN](#) · MARCH 14, 2017

Author: Jaime McCabe, BSN, RN

Spotlight on Evidence showcases evidence-based practice (EBP) projects pursued by LVHN nurses at our Magnet® hospital locations. The project detailed below reviews the use of peripheral intravenous lines in the medical-surgical setting when they are no longer necessary.

Background:



- Peripheral intravenous (IV) placement is the most common invasive procedure in healthcare.
- Frequently, peripheral IVs are maintained even when there is not a clinical indication.
- Per current policy, the criteria to discontinue a peripheral IV is “when therapeutic or diagnostic indications no longer exist or when it is not essential.”



Jamie McCabe

Project Purpose (PICO Question):

For patients admitted to medical-surgical units with peripherally inserted IV catheters, can the use of RN education, algorithm, and discussion during safety huddle reduce the prevalence of non-clinically indicated peripheral IV catheters?

Evidence Highlights:

- Replacing and maintaining non-clinically indicated IVs increases costs, wastes time and causes patient discomfort.
- As peripheral IV dwell times increase, the risk of complications like phlebitis, infection and thrombus also increase.
- Fewer unnecessary IVs = decreased IV attempts, decreased complications and decreased costs.

Implementation:

- There is an opportunity to improve collaboration between the RN and provider to address peripheral IV site maintenance.
- RNs were educated on the risks associated with indwelling peripheral IVs.
- An IV algorithm was created to engage the medical team in the discussion of peripheral IV access during safety huddle and collaborative rounds.

Results:

Through use of the IV algorithm, RN education and daily discussion during safety huddle, 7ANS staff were able to decrease the prevalence of non-clinically indicated IVs in patients.

Pre-Intervention: 24 percent of IVs were not clinically indicated according to our algorithm.

Post-Intervention: 6 percent of IVs were not clinically indicated according to our algorithm.

Outcomes:

Outcomes include decreased complications related to IV use, decreased costs and increased patient satisfaction. After only an eight day trial period of algorithm use and safety huddle discussions, the number of non-clinically indicated IVs decreased and a potential cost savings was estimated. Additionally, patients were appreciative for fewer IV attempts and decreased complications.

Actions:

- Ongoing revisions to the IV algorithm based on RN feedback.
- Ongoing education to address RN concerns will be continued.

Professional Milestones

BY JENN FISHER · MARCH 13, 2017

Professional Excellence

Publications

“Using Extracorporeal Membrane Oxygenation (ECMO) to Prevent Lung Injury in the Mechanically Ventilated Patients with Acute Respiratory Distress Syndrome (ARDS): Is there a Best Strategy?” **Respiratory Therapy**, Vol. 11 No. 4, Fall 2016

*Kenneth Miller MEd, MSRT, RRT-ACCS, NPS, AE-C,
FAARC*



Oral Presentation

“Aspiring and Inquiring Minds Want to Know: How to Incorporate Lean Methodologies into Orientation Programs to Meet Organizational and Learner Needs,” at the Association for Nursing Professional Development Annual Convention in Pittsburgh, in July 2016.

Jill Hinnershitz, MSN, RN-BC

Tiffany Epting, MSN, RN-BC

“Return on Investment: Making Your NRP Results Visible Year After Year,” at the Association for Nursing Professional Development Annual Convention in Pittsburgh, in July 2016.

Cynthia A. Cappel DNP, RN-BC, NE-BC

“Ventilator Dyspnea; Optimizing Patient Interfacing During Mechanical Ventilation,” at Clinical Updates in Respiratory Care, ATT Lecture Series in Bethlehem, Pa., in September 2016

Kenneth Miller, MEd, MSRT, RRT-ACCS, NPS-AE-C, FAARC

“Cystic Fibrosis Late Onset: A Case Study of Success,” at Clinical Updates in Respiratory Care, ATT Lecture Series in Bethlehem, Pa., in September 2016

Kenneth Miller, MEd, MSRT, RRT-NPS, ACCS, AE-C, FAARC

“Ventilator Dyspnea; Optimizing Patient Interfacing During Mechanical Ventilation,” at the Delaware Society of Respiratory Care: Fall Conference in Dover, Del., in September 2016

Kenneth Miller, MEd, MSRT, RRT-NPS, ACCS, AE-C, FAARC

“Inpatient Strategies to Drive Hospital Systems Towards the Triple Aim Goals in Diabetes Care,” at the American Association of Diabetes Educators (AADE) national meeting in San Diego, in August 2016.

Joyce Najarian, MSN, RN, CDE

“What Will Medical-Surgical Nursing in Your Organization Look Like in 2020? A Game Plan to Assure It Successfully Transitions and Flourishes!” at the Academy of Medical Surgical Nurses Annual Convention in Washington, D.C., in September 2016.

Mary Jean Potylycki, MSN, RN, CMSRN

Catherine Morrow, BSN, RN

Poster Presentations

“The Utilization of High Frequency Percussive Ventilation to Reduce Extracorporeal Oxygenation Membrane Support,” at the American Association for Respiratory Care (AARC) 61st International Congress of Respiratory Care in San Antonio, in October 2016.

Kenneth Miller, MEd, MSRT, RRT-NPS, ACCS, AE-C, FAARC

Lisa Lindauer, MD

James Wu, MD

David Marth, RRT

“Implementing a Physical Therapy Driven Early Mobility Protocol Significantly Decreased Hospital Loss of Patients on Mechanical Ventilation,” at the American Association for Respiratory Care (AARC) 61st International Congress of Respiratory Care in San Antonio, in October 2016.

Kenneth Miller, MEd, MSRT, RRT-NPS, ACCS, AE-C, FAARC

Michael Pechulis, DPT

Rita Pechulis, MD

Anne Rabert, DHA, RN, CCRN, NE-BC

“Glycogenic Hepatopathy in Pediatric Type 1 Diabetes: What it is and How the Diabetes Educator can Help,” at the American Association of Diabetes Educators (AADE) national meeting in San Diego, in August 2016.

Kim Deluca, MSN, RN, CDE

“Project LeaRN: Clinical Nurses Engaging in Scholarly Visits to Transform Practice in Their Own Setting,” at the Academy of Medical-Surgical Nurses (AMSN) Annual Convention in Washington, D.C., in September 2016.

Angela Agee, BSN, RN CMSRN

Laura Fox, RN

“Improving Burn Nurse Skills and Knowledge with Burn Specific Competencies,” at the American Burn Association Northeast Region Meeting in Washington, DC, in November 2016.

Julie R Ashenfalder, BSN, RN

Reena Mishory, BSN, RN

Kathryn Wreath, BSN, RN

“Quest for Quality: Reducing CLABSIs through a PICC Team Initiative,” at the Association for Vascular Access (AVA) Annual Meeting in Lake Buena Vista, Fla., in September 2016

Vera Deacon, RN, VA-BC

Judylee Negrete, RN, VA-BC

“Empowering Night Shift Nurses to Transform Care at Night,” at the 2016 ANCC National Magnet Conference®, in Orlando, Fla., in October 2016.

Stephanie Remy, BSN, RN

Kimberly Weiss, BSN, RN

“Modified Early Warning Score Value in the Intensive Care Unit,” at the 2016 ANCC National Magnet Conference®, in Orlando, Fla., in October 2016.

Anne Rabert, DHA, MHSA, RN, CCRN, NE-BC

“Transforming Care through Video Monitoring to Decrease Patient Falls,” at the 2016 ANCC National Magnet Conference®, in Orlando, Fla., in October 2016.

Jacqueline Fenicle, MSN, RN, NEA-BC

Michele Adzema, RN

“An Adult Sepsis Identification and Resuscitation Pathway: Innovative Tactics Beyond the Traditional Bundle,” at the Trends in Critical Care Nursing (SePA AACN) conference in King of Prussia, Pa., in September 2016.

Lindsay J. Houck, MSN, RN, NEA-BC, CEN, CPEN, PHRN

Reza Armaghan, BSN, RN, CEN, PHRN

Heidi M. Fillman, RN, CEN

Specialty Certifications (through 10/11/2016)

Lindsay Garde, RN, CMSRN

Victoria Cognat, RN, CPN

Lynn Martisofski, RN, RN-BC

Jessica Kielbasa, RN, IBCLC

Adebola Onanuga, RN, CMSRN

Ashley Kunkel, RN, CMSRN

Alyssa Soltis, RN, CMSRN

Elizabeth Wetherhold, RN, CMSRN

Lauren Jurbala, RN, CCRN

Yori Cozen, RN, CCRN

Kara Perini, RN, CCRN

Chessie Mathews, RN, CMSRN

Erika Sandt, RN, CNOR

Alexsis Clauss, RN, CMSRN

Jillian Laudenslager, RN, CNOR

Margaret Macmahon, RN, CSSM

Roxan Raczek, CST

Stacy Christman, RN, CNOR

Sharon Mouchref, RN, VA-BC

Amelia Bard, RN, CEN

Ann Polizzi, RN, CEN

Daniel Domin, RN, CEN

Jacqueline Nelson, RN, CEN

Geralyn Ford, RN, RN-BC

Sylvia Lee, RN, CMSRN

Yvette Dixon-Lewis, RN, CMSRN

Kelly Driscoll, RN, CMSRN