2006

Discover the Forces Behind Our Care

Lehigh Valley Health Network

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Discover the forces behind our care...

Magnet Moments

2006
Discover the Forces Behind Our Care

We are a "magnet" for clinicians, because we support and reward outstanding practice. And we are a "magnet" for patients. They are our highest priority and the motivation and inspiration behind our successes.

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On the cover:
We are Magnet!—Members of the Professional Excellence Council and other colleagues served as Magnet Champions and now celebrate our redesignation as a Magnet hospital.

We are Magnet, Again!

Sept. 27 was a very special and memorable day at LVHHN. It’s the day we proudly cheered, “We are Magnet!” as we celebrated receiving Magnet designation, again! What an honor it is to be among less than 4 percent of hospitals in the country to hold this designation from the American Nurses Credentialing Center (ANCC)—the highest honor for nursing excellence. Our Magnet designation is a reflection of not just nursing, but the entire team of physicians, nurses, pharmacists, case managers, rehabilitation specialists, respiratory therapists and all involved directly and indirectly in the care of patients and families.

Magnet redesignation doesn’t just happen. We proved our care was even better than the last designation by submitting more than 5,000 pages of evidence and hosting a week-long site visit from four Magnet appraisers.

But, what does Magnet really mean? For our caregivers, it means working in an environment where they can flourish in their practice and profession. For our community, it means having a benchmark by which to measure the care it can expect to receive. The ultimate result: better care for patients.

Year after year we take our care to higher levels by asking, “How can we do things better?” We investigate the answer and incorporate new programs and initiatives. In 2006, our drive and dedication to improving patient care resulted in several other recognitions, including accreditation from the Joint Commission. The Joint Commission also re-certified LVH–Cedar Crest and certified LVH–Muhlenberg for the first time as a Primary Stroke Center, and U.S. News & World Report named us one of the nation’s best hospitals in eight specialties. It considered that we are a Magnet hospital when making that decision.

Keeping us centered is our foundation—the Forces of Magnetism, defined by the ANCC. Throughout this report, you’ll learn about our accomplishments over the past year, and how the forces are at the core of everything we do. You’ll also learn how our achievements meet the ANCC’s expectations. These expectations—outlined in this report—relate to each force and are demonstrated in our stories.

Thank you to every member of our clinical services team. We’ve had an amazing year, and we look forward to continuing our journey for excellence in 2007.

Terry A. Capuano, R.N., M.S.N., M.B.A., C.N.A., B.C.
Senior Vice President, Clinical Services
We are knowledgeable, strong risk-takers who follow a well-articulated, strategic and visionary philosophy in the day-to-day operations. We are leaders at all levels and strong advocates for our colleagues and patients.

"We the Nurses"

Nursing staff endorsed its own "Declaration of Professional Nursing Practice" in 2006. The document, which includes 29 vision statements regarding nurse-to-patient ratios, research, work environments and more, defines goals for nursing through 2015. The vision was the work of more than 150 nurses who used a process called Future Search to determine the future of nursing at LVHHN. If anyone disagreed with a statement in the vision, it was removed, resulting in a document that everyone agreed upon. During Nurses Week, caregivers like pediatric intensive care nurses Angela Shutter, R.N. (left), and Theresa Netzel, R.N., signed copies of the declaration. A declaration hangs on each unit, signed by colleagues on the unit. During 2007, action plans for new ideas in the vision will be developed.

"The mission, vision, values, philosophy and strategic plan of nursing services are congruent with those aspects of the organization."

*ANCC's expectations of a Magnet environment*
Practice and Pacing

In 2006, Molly Sebastian, R.N., completed the 26.2-mile Boston Marathon—her sixth marathon and one of the most prestigious. "It's all about practice and pacing," she says. "That's what life is about." And that's just how she approaches her new role as vice president of patient care services. Her practice: 33 years at LVHHN. She began her career as a staff nurse and eventually became an administrator. "I've walked in most of the nursing shoes here," she says. "I have an understanding and empathy for what caregivers do every day at all levels." Her pacing: "Transitioning is like a marathon, not a sprint," she says. "It's important to take your time, be persistent, learn, listen and work with patience." As vice president of patient care services, she plans to help her colleagues bring life to their vision for nursing through 2015. "Together, we will implement new programs and initiatives, enhancing our practices and culture," Sebastian says.

"Clinicians at all levels identify and advocate for resources."

A Message to Congress

Emergency departments across the country are the most overused and underfunded part of the health care system. In disaster situations, like Hurricane Katrina, capacity is often inadequate. Victims go untreated and lives are lost. In an effort to change that, (l to r) emergency department director at LVH-17th and Chew Keith Micucci, R.N. (former MedEvac flight nurse), administrative director of emergency medicine Christina Lewis, R.N., emergency physician David Burmeister, D.O., MedEvac patient care specialist Barry Mitchneck, R.N., and director of the emergency department at LVH-Cedar Crest Courtney Vose, R.N., joined more than 4,000 emergency medical professionals at a rally in Washington D.C. Afterward, colleagues met with Rep. Charlie Dent's (R-PA-15) senior legislative assistant Laura Stevens. They urged Rep. Dent to support House Resolution 3875, a bill that would improve access to emergency medical services through medical liability reform and additional Medicare payments.
Our structure is generally decentralized, and shared and productive decision-making prevails. We are dynamic and responsive to change. We have strong nursing representation in committee structure, and our chief nursing officer is a member of senior management.

Our PPM Results in Better Care

When we recognized medication errors often involved the blood-thinning drug Heparin, we used our Professional Practice Model (PPM) to change the Heparin protocol. Now, Jen Mesker, Pharm.D. (right), labels every Heparin IV bag. This label reminds caregivers like 4A patient care coordinator Carol Cyriax, R.N. (left), and John Lanzilotti, R.N. (center), to administer Heparin using a smart pump that is in dose mode. This setting ensures patients get a precise dosage. Through this protocol coupled with random checks by Quality Council colleagues, we’ve gained control over medication errors involving Heparin.

"Decentralized, shared decision-making processes prevail throughout the clinical operations of the organization."
Since 1985, we've been refining our shared decision-making Professional Practice Model (PPM) in an effort to ensure all nurses are involved in the decision-making process. Today, LVHN has one of the most respected models in the nation. It's been featured at the annual national Magnet conference and recognized by the Magnet appraisers. In the spring and fall of 2006, Kim Hitings, R.N., manager, Center for Professional Excellence, was invited to present with Tim Porter O'Grady, an international expert in governance leadership.
Our clinical leaders create an environment supporting participation. They encourage, value and incorporate feedback from staff at all levels. They are visible, accessible and committed to communicating effectively with staff.

**Hot Off the Presses**

Although the respiratory therapy department members are spread out on LVHHN's three campuses, colleagues feel connected to each other—thanks to the *Second Wind* newsletter. Distributed several times a year in print and on the intranet, *Second Wind* contains information and educational topics including quality assurance and performance improvement initiatives, introduces leading-edge technologies and promotes the role of respiratory therapists in patient care at LVHHN. Registered respiratory therapist Pamela Rock (at left), who also holds a bachelor's degree in English, edits the newsletter. "It gives our department a voice," she says about the publication which won a first-place award at the respiratory care professional society's FOCUS Conference last year. *Second Wind* is one of several newsletters published by departments like nursing informatics, behavioral health and home health.

"Processes foster horizontal and vertical communication among clinicians at all levels throughout the organization."
Round and Round We Go

Every day unit directors like Beth Kessler, R.N. (left), spend one hour rounding to patient rooms to see if patients' needs are being met and to talk about the care they are receiving. (Here she visits Mary Kern of Slatington, center.) Rounding not only improves patient satisfaction and outcomes, it also makes an impact on staff, like Lisa Bauer, R.N. (right). “They like when I’m visible on the unit,” Kessler says. She also rounds to her staff daily—from the nurses and technical partners to the housekeeping staff. “I ask how their day is and make sure they have everything they need to do their jobs,” she says. But the rounding doesn’t stop there: administrators also dedicate a minimum of two hours a week rounding on their assigned units.

“Nursing leaders are visible and accessible to direct care nurses.”

Planning for the Future

With the growth of rehabilitation services from three to six outpatient facilities in five years and more expansion expected, the need to develop leaders from within the department became apparent. That’s why administrator John Ward asked his colleagues Jennifer Roeder (left), women’s health program coordinator, and Kelly Shak, director of outpatient rehabilitation services, if they would participate in Venturer II, a two-year clinical services leadership program. They agreed. “The program helps them develop skills they can use in their current positions as well as prepares them for future opportunities,” Ward says. Colleagues in the program learn about mentoring, conflict resolution, how to provide positive criticism and communication.

“Mentoring and leadership development are available for all staff.”
Our models of care give us the responsibility and authority for the provision of direct patient care. We are accountable for our own practice and coordination of care, and provide for the continuity of care. We consider patients' unique needs and provide skilled clinicians and adequate resources to accomplish desired outcomes.

Working Together for Heart Patients

When colleagues from the open-heart unit and transitional open-heart units at LVH-Cedar Crest looked to decrease the length of stay for open-heart patients, they collaborated with their home care colleagues like Terese Payung, R.N. (right). "Knowing these patients are being discharged sooner, we developed a cardiac team to ensure continuity of care," says clinical home care director Vickie Cunningham, R.N. In addition to hiring four nurses for this special team, home care colleagues developed clinical practice guidelines to ensure every patient, including Minnie Fey of Vera Cruz, receives the same treatment. "The team uses evidence-based orders and practice standards along with telemedicine to better care for these patients," she says.

"The continuity of patient care is addressed in the professional model for care delivery."
Collaboratively Speaking

Collaborative rounding, in which patient care teams visit patients together and collaborate on their care, works wonders at LVH–Muhlenberg. Patient satisfaction scores are up and length of stay is down. Essential to rounding’s success is the case manager. “A case manager tracks a patient’s progress through admission, discharge and home care,” says case management director Maureen Sawyer, R.N. (left). “During rounding, the case manager helps give the patient’s complete story and communicates information that other team members may not know.” Sawyer and case management administrator Sue Lawrence, R.N. (right), presented their rounding process and the outcomes at this year’s 13th Annual National Institute for Case Management Conference in Hollywood, Calif., where they met actor Jason Alexander (center).

"The continuity of patient care is addressed in the professional model of care for delivery."
Quality is our organization's driving force. Our leaders provide an environment that positively influences patient outcomes, and our staff members believe they provide high-quality care to patients.

Putting the "Safe" in Medication Safety

National studies show medication errors harm or kill 1.5 million Americans each year. That's unacceptable, and it's why we've invested in people and systems that significantly reduce errors. Leroy Kromis, Pharm.D. (at left) is our medication safety officer, one of just four in Pennsylvania. He and his team evaluate new medications, teach caregivers about medication safety and ensure caregivers follow all regulations.

Kromis also helps implement patient safety technology. The latest: Pyxis automated cabinets, which dispense as-needed medications for pain. "They can be accessed only by a nurse's fingerprint (shown, left), and each order is tailored to each patient," Kromis says. Pyxis cabinets are already on 10 units and will expand in the future. Systems like Pyxis and computer-assisted physician order entry (CAPOE) have helped us reduce potential medication errors by 70 percent, improving our quality and protecting our patients.

"Research and evidence-based practice are integrated into clinical and operational processes."
Celebrating Partners in Research

Staff nurses are true bedside scientists. Their observations lead to questions on how to improve care, and they get the answers through evidence-based studies. They showcased their research efforts with physicians and colleagues from respiratory therapy, physical therapy and occupational therapy (totaling a record of 230 attendees) during this year's Research Day. Highlights included 12 oral presentations by staff, 17 poster presentations and three keynote speakers. Keynote speaker and research consultant Carol Picard, Ph.D., R.N. (seated, second from left), also president of Sigma Theta Tau International, presented on energizing clinical practice and collaboration. Thomas Hutchinson, M.D., chief of inpatient obstetrics, talked about nurses' important roles in crew resource management, a nationally unique model in which the entire delivery care team learns about every laboring mom's care each morning and is encouraged to effectively advocate if care can be improved. Some of the staff nurses in attendance were (seated, l-r), Doris Formica, R.N., Gloria Miller, R.N., and Tracey Silfies, R.N.; (standing, l-r) Kathleen Trexler, R.N., Melissa Monette, R.N., Jane Halpin, R.N., Melissa Nentwick, R.N., Ann Marie Matus, R.N., Amber Krause, R.N., Jamie Miller, R.N., Donna Polaha, R.N., Joan Williams, R.N., Susan Gross, R.N., and RoseMary Gilbert, R.N.

Communicating Quality

How do you make statistics and numbers interesting? That was the question put to the Patient Care Services Quality Council. They were challenged to find a way to talk numbers with bedside nurses, and get them involved and thinking about quality. The council's answer: the Nursing Quality News. The new newsletter publishes compelling case studies and tips quarterly, and addresses topics like patient falls, medication errors and pressure ulcers. Interested in reading the newsletter? Ask your department manager for a copy.
Winning the Race

He was ready to watch the Pennsylvania 500 at Pocono Raceway. Instead, 51-year-old Patrie Hettman of East Stroudsburg (seated in car) began experiencing "heartburn." At the infield hospital, emergency department colleagues determined he was having a heart attack. Cardiac Alert, our program to open blocked heart vessels within 90 minutes, was activated. A University MedEvac helicopter was nearby (as with all NASCAR Pocono races). During his flight to LVH-Cedar Crest, Hettman's heart stopped four times, but flight nurse Judy Gagnon, R.N. (third from right), shocked him back to life. At the hospital, cardiologist Bryan Kluck, D.O, repaired the blocked artery. Hettman woke up in his room and watched the end of the race on TV. "If it weren't for the professional competence of everyone involved, I probably wouldn't be here today," he says.

This life-saving program is one reason LVHHN received three (of a possible six) Hospital and Healthsystem Association of Pennsylvania (HAP) Achievement Awards. The Cardiac Alert program won both the Patient Care and Innovations awards while the Cardio Thoracic Length-of-Stay Improvement Team received the Operational Excellence award.
On the Home Track

Decreasing the length of stay for hospitalized total joint replacement (TJR) patients—that's the goal of Home Track. If a patient like Susan Yang of Allentown (right) doesn't need to be transferred to a rehabilitation facility following surgery, she's put on the Home Track. This means instead of receiving physical therapy once a day in the hospital, physical therapist Anthony Fragassi will see her twice a day. Since the goal was introduced in February, more than 90 percent of Home Track TJR patients were able to stand, walk 50 feet and climb stairs without assistance less than three days after surgery. The bottom line—Home Track is getting TJR patients home sooner.

"There is ongoing monitoring, evaluation and improvement of outcomes appropriate to the clinical setting."

Pediatric Ventilator Hours

By referencing set parameters within the Pediatric Ventilator Weaning protocol, respiratory therapists have the autonomy to make adjustments to a patient's ventilator without a physician's order. Since this protocol was introduced in July, pediatric patients are being weaned off ventilators more quickly.
Medication Errors

The ongoing implementation of medication bar coding and CAPOE (computer-assisted physician order entry) has resulted in a reduction in the number of medication errors network-wide. At LVH-Muhlenberg, in-room medication storage has contributed to a decreasing trend line.
Inpatient Fall Rates

Fall rates are decreasing at LVH-Muhlenberg with a slight rise in occurrences at LVH-Cedar Crest and LVH-17th and Chew. In an effort to improve, Fall Task Force members investigate all falls, identify trends and communicate appropriate action plans. Unit fall coordinators educate colleagues on ways to prevent falls. “Fall Precaution” magnets on patient doors identify patients at-risk for falls.

Inpatient Falls - July 05-September 06

LVH-Cedar Crest

LVH-Muhlenberg

Inpatient Falls Rate by Month
Teaching Congestive Heart Failure (CHF) Discharge Instructions

Before patients hospitalized for CHF are discharged, we're making significant improvements in teaching them how to manage their symptoms at home. These improvements are evident at all our hospital campuses.

% Compliance with Teaching CHF Discharge Instructions - July 05-August 06

- LVH—Cedar Crest

% Compliance with Teaching CHF Discharge Instructions - January-June 06

- LVH—Muhlenberg

Benchmark from Hospital Quality Alliance   % Compliance with Teaching
Overall Patient Satisfaction With Nursing

Our patients' satisfaction scores are on a slight upward trend at LVH-Muhlenberg while LVH-Cedar Crest and LVH-17th and Chew scores have leveled off. Still, all scores remain above the Press Ganey benchmark. Several new units entered the "90's Club" by achieving patient satisfaction scores above 90. When our patient satisfaction scores are compared with those of similarly sized hospitals nationwide, both LVH-Cedar Crest and LVH-Muhlenberg place as high as the 96th percentile.

Lehigh Valley Hospital and Health Network
Quality Improvement

Stroke Education

Compliance with offering stroke education has increased significantly network-wide. Since April, we've remained at or above the Joint Commission benchmark. LVH-Cedar Crest was recertified as a JCAHO Primary Stroke Center while LVH-Muhlenberg received its first stroke certification.
31th performance improvement initiatives are belief that all quality indicators are interrelated. When patients experience less pain, they notice is in bathing, walking and shortness of breath, and return hospitalizations. This philosophy has satisfaction scores that have been consistently the national average for two years.

Lehigh Valley Home Care
Percentage of Patients Achieving Outcomes
June 05 - May 06

- Readmission to Hospital
- Use of Urgent, Unplanned Medical Care
- Remain in Residence Post-Discharge
- Improvement in Ambulation
- Improvement in Transferring
- Improvement in Pain Interfering With Activity
- Improvement in Bladder Control
- Improvement in Bathing
- Improvement in Management of Oral Medications
- Improvement in Breathing

National Reference
State Reference
LVHC
A Show of Support

One of the most valuable resources is our exceptional support staff. Our technical and support partners, physical therapy assistants, pharmacy technicians and our entire support team help make Magnet patient care happen. To give them the recognition they deserve, LVH-17th and Chew's transitional skilled unit created the Truly Shining Unit Awards. Colleagues voted and the recipients received collectable pins (shown below) at an awards ceremony. Technical partner Melissa Braswell (right) received the Neatness and Going Above and Beyond Awards. Her technical partner colleague Wanda Maldonado was the recipient of the Turbo Transporter and Perfectly Pleasant Awards. "Receiving these awards makes me feel even more proud to work here," Maldonado says.

Keeping an Eye on Patients

Telemedicine helps home care nurses keep an eye on their patients when they can't be there. Patients record their weight, blood pressure, heart rate and pulse oximetry on a small machine. The results are sent to an office nurse who evaluates them and alerts the home care nurse to trends or changes. It helps Julian Eichert, R.N. (right), keep an eye on Carl Epting of Topton, who has Hodgkins lymphoma, between his twice-a-week visits. "If there's a change in his vital signs, there's no delay in his care," Eichert says. This technology was highlighted in our Magnet redesignation evidence. It was the first time Lehigh Valley Home Care services was included in the application. One Magnet appraiser who visited our home care nurses shared a personal story about a loved one who received hospice care and expressed how comforted she would have been if this technology were available to her family.
When Jared came to the AIDS Activities Office (AAO), he had poorly controlled HIV and bipolar disorder, and was too sick to remember to take medications. So AAO care-giving Allen Smith, R.N. (center), pooled their resources, educated Jared with mental health services and met with his mother to understand the disease and treatments. They arranged transportations through a local agency. That was more than a since then, Jared has not missed an appointment and takes his daily. “We have a community full of resources, but I realized one who cares for HIV/AIDS patients knows about them,” says O quality improvement coordinator. So, he helped organize over meetings with members of local HIV/AIDS organizations, Lisa Lobach of AIDS Outreach (left) and Dave Moyer of AIDS Continuously Together (right). Twice a year, they meet experiences, ideas and frustrations. They’re also creating a local of HIV/AIDS resources to better care for patients like Jared. 

When asked to mentor Lewistown Hospital (a small community hospital near State College) as part of a Health Resources and Services Administration (HRSA) grant, LVHHN colleagues didn’t hesitate. The grant paired six Magnet hospitals with six community hospitals in Pennsylvania to share best practices and ways to improve nurse retention. Staff nurse Mary Jo Moerkirk, R.N., and Tami Meltzsch, R.N., director of IT at LVH-Muhlenberg, shared our shared governance model with the participating hospitals during a meeting at Penn State University. LVHHN colleagues then welcomed staff from Lewistown Hospital to LVH–Cedar Crest. Here, Lewistown nurses talk with our emergency department nurses about our shared governance model. (L to R) Marilyn Rohrbach, R.N., Tracy Ewing, R.N. (Lewistown), Lillian Higgins, R.N., Laurie Yoder, R.N. (Lewistown), Karen Zurn, R.N., and Glenda Hartzler, R.N. (Lewistown).
We assess and provide actions appropriate for care based on competence, professional expertise and knowledge. We are permitted and expected to practice autonomously, consistent with professional standards. We exercise independent judgment within the context of interdisciplinary and multidisciplinary approaches to care.

Investigating Patient Safety

If a patient issue arises, staff investigators and the Peer Review Committee work openly, honestly and collaboratively to assess the care and what can be done to improve it. In the past, unit directors assessed such events alone. Now, staff members are involved and help determine what, if anything, can be implemented to prevent potential harm to patients. Staff investigators like Roslyn Harris, R.N. (left), and Maggie Gergar, R.N., work autonomously to ask questions, following a template to be consistent with each case. The findings are then presented to committee members, who examine contributing factors to the problem and help unit leaders and staff create an action plan to prevent a similar event from occurring again.

“\textit{The peer review process is used for professional growth at all levels of the organization.}”

Healing Wounds Faster

Twenty years ago, regardless of the type of wound patients had, they were referred to physical therapists for treatment with hydrotherapy. “Everyone went in the whirlpool,” rehabilitation clinical specialist Michael Zerbe (right) says. Since then, the subspecialty of physical therapy-based wound care has grown and treatments have become more specialized and varied. For example, to help heal diabetic foot ulcers, Zerbe (who is a certified wound specialist) and physical therapy assistant Ann Marie Kurtz (center) use electrical stimulation to increase blood flow to the area, which facilitates healing and fights infection. Here, it helps patient Bernadine Weaver of Emmaus (below). Zerbe is also part of a multidisciplinary team developing a network-wide wound program at LVHHN. “We’re bringing everyone involved in wound care for both inpatients and outpatients together to ensure continuity of care,” he says. “The goal is to provide the best outcomes for our patients.”

“\textit{Issues are identified and addressed by direct care clinicians to positively effect patient outcomes.}”
Every day LVHHN caregivers assess each patient's risk for developing pressure ulcers using the Braden Scale, a tool used by hospitals nationwide. Based on the patient's “score,” colleagues implement our standards of care to prevent the skin from breaking down. For example, if a patient will have a 12-hour-long surgery, nurses cushion the patient where needed to help prevent damage to the skin.

Enterostomal colleagues (l to r) Nancy Ketner, R.N., Susan Landis, R.N., Margaret Gergar, R.N., Deborah Williams, R.N., RoseMarie Winters, R.N., Carol Balcavage, R.N., Jacaline Wolf, R.N., and administrator Nancy Davies-Hathen, R.N., listened intently when the scale's creator Barbara Braden, Ph.D. (center), spoke here. The educational forum was co-sponsored by the Tri-State Chapter of the Society for Vascular Nursing and Huntleigh Healthcare. Colleagues were overheard at the event saying, “It's phenomenal that Dr. Braden came to LVHHN,” and “It's great to hear from the inventor's lips why this tool is state-of-the-art care for our patients.”
Our professional nurses are involved in educational activities within the organization and community. We welcome and support students from a variety of academic programs, and develop and mentor staff preceptors. Staff in all positions serves as faculty and preceptors for students from a variety of academic programs. Our patient education program meets the diverse needs of patients in all care settings.

**Mentoring New Nurses**

Vanessa Pasch, R.N. (left), graduated with honors from Cedar Crest College and received two leadership awards from faculty and nursing alumni. “But what I learned from my preceptor, Joanie Hottle, R.N., was more than I could learn in any nursing textbook,” Pasch says. “She taught me the culture of nursing.” As Pasch’s preceptor, Hottle welcomed Pasch and introduced her to the team at the LVH-Muhlenberg Regional Heart Center. As her mentor, she gave her guidance and allowed her to be an independent thinker. Preceptors are just one resource for nurses when they join LVHHN or a new unit. (Last fiscal year, 451 nurses joined our team.) Other mentors are patient care specialists, who provide education and guidance on units; central nurse educators, who coordinate orientation and education for nurses throughout the network, and clinical nurse resource nurses, who provide education and guidance on units during night shifts. Nurses also can enroll in paid internships to gain in-depth experience within a selected specialty care area. Last year, nurses completed internships in the following areas:

- **Critical Care:** 197 nurses
- **Women and Children:** 23 nurses
- **Home Care:** 3 nurses
- **Medical-Surgical:** 196 nurses
- **Operating Room:** 19 nurses

*"The transition of new graduate nurses is facilitated."*
Health Care Opportunities 101

Meet Davina Eck of Allentown. She’s a junior at Communities in School (a program for students at risk for dropping out of high school), who participated in our Health Care Career Exploration program. Eck goes to school during the morning and spends her afternoons assisting the clinical staff on 7A. “I give patients water (like Michael Fabik of Whitehall, right), refill charts with paper and write get-well cards,” she says. Eck also watches nurses such as Karen Palladino, R.N. (left, below), use bar coding to ensure patients like Ray Peters of New Tripoli (right, below) are getting the right medications in the right dosage at the right time of day. Because of her real-life exposure to the clinical services setting, Eck wants to become a nurse and help make patients better. This program is just one of many ways LVHHN partners with area colleges and universities, learning institutes and high schools to introduce students to the health care field.

“There are innovative, creative academic practicum experiences in place.”
A Chorus Line of Caregivers

It takes big dreams and big talent to make it on Broadway. And that's just what it takes to be a caregiver at LVHHN. Our dreams encourage us to ask, "How can we provide better care?" Our talents help us achieve those dreams and live them, too. Our 2006 Friends of Nursing Award recipients do this every day. They shine on our stage as members of "A Chorus Line of Caregivers," 2006's theme for the Friends of Nursing celebration. They, along with all nurses, were recognized during the annual gala held during Nurses Week at the Holiday Inn, Fogelsville.

Meet our 2006 Friends of Nursing recipients ...

"The contribution of clinicians is recognized and made visible."
1. Jody Allen, L.P.N.
Emergency Department LVH-Muhlenberg
The Helen Potts Licensed Practical Nurse Award

2. Maria Bauer
Emergency Department
LVH-17th and Chew
The LVHHN Medical Staff Administrative
Partner Award

3. Kay Billeimer
Intensive Care Unit
LVH-Cedar Crest
The LVHHN Medical Staff
Technical Partner Award

4. Joanne Bodder, R.N.
Transitional Trauma Unit
LVH-Cedar Crest
The LVHHN Medical Staff
Nursing Practice Award

5. Joanne Boyle, R.N.
Transitional Skilled Unit
LVH-17th and Chew
Ardie Gaumer Award for Excellence in the Care of Geriatric Patients

6. Nancy Buckner, R.N.
Open Heart Unit
LVH-Cedar Crest
Mr. and Mrs. Abram Samuels Cardiopulmonary Nursing Award

7. Laurie Cartwright, R.N.
Emergency Department
LVH-Cedar Crest
Trianna Nursing Award

8. Sandra Chosser
Open Heart Unit
LVH-Cedar Crest
The LVHHN Medical Staff
Technical Partner Award

9. Jean D’Avossa, R.N.
AIDS Activities Office
Centro de Salud LatinoAmericano
Terry A. Caputo, R.N., Clinical Leadership Award

10. Susan Dreher, R.N.
Pediatric Specialty Care
LVH-Muhlenberg
M.G. Asnani, M.D., Award for Excellence in Pediatric Nursing

11. Julia Gogle, R.N.
Labor and Delivery
The Fleming Award to Recognize the Search for Best Practice

12. Wendy Heil, R.N.
Operating Room
LVH-Cedar Crest
Joseph J. Prusok, M.D., Award for Excellence in Perioperative Nursing

13. Robin Koch, R.N.
Center for Healthy Aging
The Fleming Nursing Caring Award

14. Beth Kushner-Giovenco, R.N.
Center for Mother and Baby Care
Josephine Kitz, R.N., Nursing Award for Excellence in Patient/Family Teaching

15. Matt McCambridge, M.D.
Pulmonary Associates
LVH-Cedar Crest
The LVHHN Medical Staff Support Partner Award

16. Wanda Perich, R.N.
Medical-Surgical Intensive Care Unit
LVH-Cedar Crest
Pediatric Care Award of Excellence

17. Elizabeth Ann Pfister
Student, DeSales University
John M. Eisenberg, M.D., Friends of Nursing Award for Excellence as a Student Nurse

18. Denise Pisciotta, R.N.
6B Medical-Surgical Unit
LVH-Cedar Crest
Dr. and Mrs. Donald H. Gayler Medical-Surgical Nursing Award

19. Judy Post, R.N.
Emergency Department
LVH-17th and Chew
The George E. Mierkirk, M.D., Emergency Nursing Award

20. April Rose, S.I.P.
Speech Therapy
LVH-Muhlenberg
The Bill Mason Family Award for Excellence in the Delivery of Rehabilitation Services

21. Jean Schultes, R.N.
Case Management
LVH-Cedar Crest
The Gelfrege E. Moerkirk, M.D. Emergency Nursing Award

22. Anne Snyder, R.R.T.
Respiratory Care
LVH-Cedar Crest
The Rose Trexler Award for Excellence as a Preceptor

23. Margaret Solt
Float Pool
LVH-Cedar Crest
The LVHHN Senior Management Council Patient Satisfaction Award

24. Sherry Walker, R.N.
6B Medical-Surgical Unit
LVH-Cedar Crest
The Rose Trexler Award for Excellence as a Nurse

25. Denise Wermann, R.N.
Operating Room
LVH-Cedar Crest
The LVHHN Board of Trustees Award to Recognize a Department That Exhibits Caring Behavior

26. Toni Valenti, R.N.
LVH-Cedar Crest
The John A. DeCarlo Award to Recognize a Department That Demonstrates a Commitment to Professional Excellence

27. Matt McCambridge, M.D.
Pulmonary Associates
LVH-Cedar Crest
The LVHHN Senior Management Council Patient Satisfaction Award

28. University MedEvac
The John A. DeCarlo Award to Recognize a Department That Demonstrates a Commitment to Professional Excellence
Our Role Models

Courtney Vose, R.N. (top left), Nightingale Awards of Pennsylvania Nursing Administration Award Recipient
As director of the LVH-Cedar Crest emergency department, Vose facilitated staff-driven action plans that resulted in patient satisfaction scores improving from the 15th percentile to the 99th percentile.

Karen Groller, R.N. (top right), Nightingale Awards of Pennsylvania Nursing Education Award Finalist
This express admissions unit and 4C patient care specialist inspired her colleagues by taking the medical-surgical nursing certification exam with them. In her debut presentation at a national conference, she was named the best overall presenter.

Nancy Davies-Hathen, R.N. (bottom left), Pennsylvania State Nurses Association Administrative-Management Award Recipient
Davis-Hathen is a patient care services administrator and part of the leadership team for the Regional Heart Center, which received three Hospital and Healthsystem Association of Pennsylvania Awards and recognition from U.S News & World Report for being among the nation’s best hospitals for heart care and surgery.

Janice Wilson, R.N. (bottom right), Nursing Spectrum Excellence in Management Award Finalist
As manager of nursing informatics, Wilson played an integral role in the implementation of CAPOE (computer-assisted physician order entry), electronic documentation, medication bar coding and the critical care software MetaVision.
We Want You!

Nurses and human resources staff wanted to know how they could keep nurses older than 52 (of AARP age) at the bedside. So they conducted a study to determine what attracts them to and discourages them from remaining in direct care. "We wanted to better understand their needs and help them work until they retire," says Marilyn Guidi, R.N. (center), director of staffing for clinical services, pictured with fellow researchers Nereida Villanueva (right), career consultant, and Linda Applegate (left), human resources consultant. Based on its study, the team's recommendations include: offering nurses options for varying lengths of shifts and creating a savings account to pay for health coverage in retirement. These are being reviewed by the network's recruitment and retention committee. Meanwhile, our scholarships attract the next generation of nurses. In the past year, 254 nurses graduated from LVHN's scholarship programs—40 more than in 2005. Nurses like Megan Fairchild, R.N. (right, below), use scholarships to help pay for nursing school, and then commit to working here for a year after graduation. Now, using tuition reimbursement, Fairchild is studying to become a pediatric nurse practitioner. "There's so much opportunity here for me," says Fairchild, who follows in the footsteps of her mother, Ellen Fairchild, C.R.N.P., and works with her at the pediatric clinic.

"Direct care nurses participate in recruitment and retention activities."
Building the Perfect Hospital

Nurses spend the majority of their shift in patient rooms. That's why we ask for their expert opinions during construction projects. We encourage nurses like 7B's Kristina Moyer, R.N. (left), to tour mock rooms and make design recommendations before the real rooms are built. Mock rooms also provide a place for nurses to learn about new equipment. Moyer's colleague, Gloria Miller, R.N., is excited to know ceiling lifts are being installed in all new Kasych Family Pavilion rooms at LVH–Cedar Crest. Lifts are just one accomplishment of the Safe Patient Movement Task Force, also studying the benefits of motorized wheelchairs and stretchers with built-in scales. “We want to make patients more comfortable while decreasing the risk for injury to nurses,” says task force leader Bonnie Kosman, R.N. “With less physical demands, nurses can enjoy longer careers and use their experience to better care for patients.”

“Direct care nurses’ feedback is used to improve patient care, nursing practice and/or the work environment.”

When It Matters Most

Damaris Vanderhall of Easton (center) was pursuing a master’s degree in social work and working part-time as a drug and alcohol counselor when she learned she was pregnant with her second child. With no insurance, she wondered how she would get care for herself and her baby. That’s when a friend directed her to the Center for Women’s Medicine at LVH–17th and Chew. Through outreach workers Stephanie Jay (left) and Damarie Lugo (right), Vanderhall got the care she needed, including help to manage gestational diabetes. “They kept a close eye on me and my baby (Tristen),” Vanderhall says. She is among a growing number of people with state medical assistance who seek care at our residency practices. Since 2002, the number of patients with medical assistance has grown almost 70 percent. It’s the result of LVHN’s commitment to provide people access to quality health care for all patients in our community regardless of their economic circumstances.
Residency Practices Outpatient Visits

LVH-17th and Chew

<table>
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<th>Year</th>
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<tr>
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<td>90,649</td>
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</table>

"Care is delivered in a manner that is sensitive to diversity."

Lehigh Valley Hospital and Health Network
Helping the Latino Community

When Flor Diaz's husband, Carlos, of Allentown (center), developed liver failure, Flor became his caregiver. It was natural for her; she also cared for her ill mother and stepfather. This time Flor had help from a Lehigh Valley Hospice nurse who visited Carlos every day to check his vital signs and control his pain. But few Latinos are aware of the benefits of hospice and home care, says hospice social worker Beatrice Rodriguez (right). So, during the past year, she and hospice nursing supervisor Carmen Ozoa, R.N. (left), have been educating the Lehigh Valley's growing Latino population about the services. It hasn't been easy. “Traditionally, Latinos care for their ill loved ones at home,” Ozoa says. “They do everything possible to keep their loved ones alive. Death is hard to accept.” Through a formal program, they hope to recruit more bilingual and bicultural caregivers, educate staff about Latino culture and refer patients to Latino community resources. They are seeking funding so they can help more Latinos like the Diaz family. Although Carlos recently passed away, Rodriguez says, “Hospice helped Carlos live without pain and spared Flor from seeing him suffer.”

“The organization encourages clinician involvement in the community.”
Support for Our Troops

Inspired by Marine Lance Cpl. Brent Mengel, the son of Joanne Weidner, R.N. (right), mother-baby unit colleagues including (l-r) Sandy Berk, R.N., Mary Frost, R.N., and technical partner Terry Wieder decided to do something special for our troops in the Middle East. They collected foot care and personal hygiene products, reading material and plenty of snacks to send to Mengel’s battalion in Iraq. “We also wrote notes of encouragement to brighten their day,” Berk says. Nine other patient care units conducted similar campaigns. To date, LVHHN has sent nearly 30 care packages to our military personnel overseas. This is just one community service project supported by our Professional Excellence Council (PEC). Now with a representative from every department within clinical services, PEC provides health care services at local schools and churches, and collects food and clothing for our community’s less fortunate. Through the Take N.O.T.E.S. program, PEC introduces high school students to careers in nursing and holds fund-raisers for nursing scholarships.

Brightening Smiles

Terry Palkow was unhappy when she first came to the Dental Clinic at LVH-17th and Chew. A recipient of two kidney transplants, Palkow’s teeth were discolored, a side effect of medication that helped her new kidneys thrive. So, staff obtained permission to give free care to the 18-year-old. Almost every week for two months, staff cared for her, placing porcelain veneers atop her front teeth to make them white and straight. But they didn’t stop there. “We fell in love with her and wanted to show we cared,” says clinic supervisor Pat Atno. So they gave Palkow a total makeover. With funds donated by staff and hospital volunteers, Atno took her shopping and to a spa. Now Palkows feels confident. The Dental Clinic’s compassion and passion for people in need is why they received the 2006 Friends of Nursing Award to Recognize a Department That Exhibits Caring Behaviors. Clinic staff hosts Give Kids a Smile Day, offering free dental care to children in the Allentown School District, a monthly Special Needs Day and a Saturday morning Cleft Palate Clinic, the only service of its kind on the region. The dental clinic team: (front row, l to r) Janet Keglovitz, Pat Atno, Leslie Shambo, Jill Stephens; (back row, l to r) Natalie Balliet, Sallie Zahour, Toni Seyler, Jamie Gabrylvk, Donna DeMott and Tracy Yang.
There is interdisciplinary involvement in addressing patient-centered clinical outcomes.

Teamwork and a Toy Truck

Burn injuries covered 80 percent of Logan’s body. The 5-year-old was reluctant to stand and refused to use his hands, saying it hurt too much. Like they do for all burn patients, occupational therapist Ryan Vetter (left) and Regional Burn Center nurse Colleen Kuebler, R.N., met daily with the other members of Logan’s caregiving team to discuss his condition. Collaboration allowed Vetter to see things from other caregivers’ perspectives and led to his discovery of a way to provide therapy while simultaneously easing Logan’s pain. He bought Logan a remote control truck. “With no complaints, he immediately stood up and used his hands to steer it around the room,” Vetter says. “I’m proud to be part of a hospital where colleagues understand the importance of teamwork and respect my knowledge as an occupational therapist.”
Better Communication

When the Joint Commission collected data from hospitals across the country on negative patient outcomes, it found the main contributing factor was a breakdown of communication between departments during a patient hand-off. As a result, caregivers missed key information and steps important to care. So, the Joint Commission defined a new communication goal for hospitals during patient hand-offs. In response, we created a quality improvement team to help standardize the communication process. Together, the team and the Division of Education created an interactive CD-ROM that teaches our caregivers the important questions to ask and information to collect during a patient hand-off. It also emphasizes a recommended standard of communication: Situation, Background, Assessment, Recommendation (SBAR), which prompts caregivers to collect relevant data about a patient. Here, Megan Snyder, R.N. (left), and Rachel Dries, R.N., go through the steps as they discuss their patient.

A Quick and Safe Discharge

Automated Discharge Instructions (ADI) is speeding up the patient discharge process. Throughout a patient’s stay, staff members only have to enter patient information into this Web-based program one time—rather than into several programs. It’s then transferred to other documents, including the patient’s discharge form. Patients’ prescriptions also are automatically printed; physicians no longer have to write separate orders. In addition to eliminating double documentation, the ADI also reduces possible medication errors and allows physicians to discharge patients from any online computer. At discharge, a legible document, containing a medication schedule and other instructions, is printed in patient-friendly language and reviewed with the patient. In 2006, the behavioral health staff achieved the highest compliance of ADI use compared to other units.
Thankful for the Support

Staff nurse Cindy Ventre, R.N. (at left), knows the importance of getting her bachelor’s in nursing. So a year ago, she started pursuing her degree. She’s enrolled in Temple University's R.N.-B.S.N. completion program and goes to class Thursday evenings at Northampton Community College. “I’m grateful for our tuition reimbursement policy. It makes going back to school more affordable,” she says. Ventre is particularly excited about the tuition reimbursement increase that goes into effect January 2007.

“Adequate resources are allocated for professional development.”

'A Call to Caring'

More than 300 LVHHN nurses reignited their passion for caring when they attended this year’s medallion lecture in celebration of Nurses Week. In a presentation entitled, “Privileged Interruption: A Call to Caring,” Jeffrey Doucette, R.N., associate operating officer for emergency services at Duke University Medical Center in Durham, N.C., spoke about strategies for maintaining a passion for nursing and tips for achieving a work-life balance. Attendees remarked that Doucette's presentation “reinforced why we do what we do as nurses.”

“A continuous learning environment is evidenced.”
Clinical Services Presentations at Regional and National Meetings and Conferences for Fiscal Year 2006

We conduct leading-edge research, and present what we've learned at regional, national and international conferences. Here's a look at what our best and brightest clinicians have accomplished during the past year.

Poster Presentations


Davis, Barbara; Buckenmyer, Charlotte; Sierzega, Gina and Evans, Elizabeth. Establishing the Need for Implementing a Pediatric Sexual Assault Response Team Program. Emergency Nurses Association Annual Meeting, Nashville, Tenn., September 2005.

Dieter, Marie and Core Trauma Nurse Team. Documentation—If It Isn't Written Down, It Isn't Done! Society of Trauma Nurses, 9th Annual Conference, Las Vegas, Nev., September 2005.


A Strong Showing

When our respiratory therapists walked into the 51st International Congress of Respiratory Care in San Antonio, Texas, they demonstrated to a national audience what sets LVHHN apart—our commitment to research and professional development. Colleagues conducted five presentations at this annual meeting for the American Association for Respiratory Care to help broaden the scope of knowledge of respiratory therapists across the country. One of the presentations was delivered by respiratory therapy's educational coordinator Kenneth Miller (at left) on “The Utilization of High Frequency Percussive Ventilation (shown here) as a Rescue Therapy in Toxic Shock Syndrome.”


Hartman, Vicki; Davis, Barbara; Haines, Diana; Buckenmyer, Charlotte; Matula, Patricia and Sierzega, Gina. Implementing Evidence-Based Practice in the Emergency Department: A Place to Start. Emergency Nurses Association Annual Meeting, Nashville, Tenn., September 2005.


Lichtstein, Robert; Brown, Andrew and Miller, Kenneth. The Utilization Of Noninvasive Cardiac Output Monitoring (NICO) in Conjunction With Mechanical Ventilation and Inhaled Nitric Oxide (INO) for the Treatment of Eisenmenger Syndrome With Respiratory Failure. The 51st International Congress of Respiratory Care, San Antonio, Texas, December 2005.

Miller, Kenneth; Mann, Larry; Cormnan, Linda and Smith, Raymond. A Retrospective Review of High-Frequency Percussive Ventilation Utilized on Four Hundred Patients During a Four-Year Time Period. The 51st International Congress of Respiratory Care, San Antonio, Texas, December 2005.


Modak, Devyani; Garcia, Alison; Boucher, Jenny; Dickey, Lorraine and Morabito, Christopher. Early Initiation of Stock TPN in Extremely Low Birth Weight Preterm Infants Is Associated With a Decrease in Days to Return to Birth Weight and a Decrease Length of Stay in the NICU. Lehigh Valley Hospital and Health Network Research Day, Allentown, PA., October 2005.


Peter, Debra. Fall Coordinators: A New Face for Fall Prevention. Academy of Medical Surgical Nurses Annual Convention, Las Vegas, Nev., October 2005.


Schultz, Judy and Seislove, Betsy. Peer Review Process Assures Accurate and Consistent Trauma Registry Data; and Networked Trauma Registry Continues to Improve Data Accuracy and Enhance Patient Care. Society of Trauma Nurses, 9th Annual Conference, Las Vegas, Nev., March 2006.

Shigo, Jody; Bodder, Joanne, and Fruchtl, Eileen. Trauma Charge Role: Optimizing Patient Care and Professional Development. Society of Trauma Nurses, 9th Annual Conference, Las Vegas, Nev., March 2006.

Stupak, Deborah and Cedeno, Lisa. Critical Care Nurse/Teacher/Mentor—Staff Driven Unit-Based Education. National Teaching Institute and Critical Care Exposition, Anaheim, Calif., May 2006.

Oral Presentations


'Service Stars' Go Above and Beyond

Each month, colleagues and patients nominate employees who go above and beyond to deliver the best patient care and service for Service Star of the Month recognition. From burn care nurses who make dressing changes a little brighter for children to an emergency room nurse who comes upon an accident scene and stabilizes a child until the ambulance arrives, our clinicians truly are stars. Here are clinical service care teams who received Services Stars in the past year:

Christine Crane, home health aide
Kathy Felix, case manager
4T colleagues, LVH-Muhlenberg
Linda McCarthy, administrative partner
Julie Gufrovich Grimmer, R.N.
Diane Milkovits, case manager
Colleen Kuebler, R.N.
Susan Newhard, R.N.

Pat Pavelco, R.N.
Doris Puyarena, technical partner
Regional Heart Center—Medical at LVH-Muhlenberg colleagues
Maria Sanchez, technical partner
Amy Thomas, R.N.
Katherine Weider, chaplain
Willie Williams, respiratory therapist

Service Star of the Year

Julie Gufrovich Grimmer, R.N.
"I saw a young boy get struck by an SUV while crossing the street. When I reached him, he wasn’t breathing and had no pulse. I started CPR. By the time the ambulance arrived, he was breathing on his own. It was so sad. His injuries were too extensive, and he passed away. But at least his loved ones had a chance to hold his hand and say goodbye at the hospital."
Providing Yet Another Level of Care

When Medicare changed the rules in July 2004 about which patients could be admitted to acute rehabilitation facilities, case managers began transitioning patients who needed postoperative hip and knee replacement therapy to our transitional skilled unit (TSU). Although TSU experienced a patient increase of 236 percent, the functional outcomes were maintained at the same nationally comparable levels as before the increase.

Physical therapist Giselle Monosa-Hefele (at right) shared TSU’s success at the American Physical Therapy Association’s annual conference in San Diego, Calif. “Even with the increase in referrals, we delivered the same high level of care as before,” Monosa-Hefele says. “Our patients’ outcomes are just as good as those from acute rehab settings and at a significant cost-savings.”


Matula, Pat. Charting the Course for Evidence-Based Practice: One Institution’s Story. Academy of Medical Surgical Nurses Annual Convention, Las Vegas, Nev., October 2005.


What a First Impression!

Deborah Stupak, R.N. (at right), Lisa Cedeno, R.N., and Lynne Harris, R.N., walked through the conference door filled with anticipation and excitement. The trio was selected to present their poster, “Critical Care Nurse/Teacher/Mentor: Staff-Driven Unit-Based Education,” to colleagues from across the country at the American Association of Critical Care Nurses’ National Teaching Institute’s Critical Care Exposition (one of the most prestigious conferences in the country). It described their unit’s model for staff-driven education through an interactive teaching and learning packet. It enhanced teaching, mentoring, leadership and collaboration on the unit, and improved the orientation process for new nurses. The model also helps open-heart surgery patients go home sooner (most in just three days), and helps account for some of the lowest cardiac surgery infection rates in the country.
Our caregivers are not only members of local, regional and national professional organizations, but they’re also presidents, vice presidents, chairs, secretaries, directors, treasurers and directors of them. We’re at the forefront of sharing our knowledge and expertise with clinicians across the country, advancing ourselves and helping others develop professionally. Here are our leaders on national committees and boards:

**Patient Care Services**

**Orthopedic Nursing**
Barbara Larsen, R.N.
Staff Nurse, 5C Orthopedics
President, NAON Orthopedics
“Orthopedic Nursing Certification” Liaison, a volunteer position to promote orthopedic certification 2001 to present

**Behavioral Health**
Carol Sorrentino
Patient Care Specialist
Adult Behavioral Health
American Psychiatric Nurses Association, Local Chapter, Program Coordinator

**Emergency Nursing**
Keith Micucci, R.N.
Director, LVH—17th and Chew, Emergency Department
President Elect, Greater Lehigh Valley Chapter, Emergency Nurses Association

**Trauma Nursing**
Betsy Seislove, R.N.
Manager, Trauma Development
Chairperson, Neuro/Trauma Significant Issue Group, Society of Trauma Nurses
Member, Society of Trauma Nurses conference planning committee for the EAST conference of 2006
Member, Society of Trauma Nurses performance improvement committee for the Advanced Trauma Course for Nurses
Member, Executive Committee of the Hospital Association of Pennsylvania’s Division of Trauma
Co-Chair, Pennsylvania Trauma Nurse Advisory Council
Member of the Local Team DUI Task Force

**Neuroscience Nursing**
Erin Conahan, R.N.
Staff Nurse, Neurosurgical Intensive Care Unit
President, Eastern Pennsylvania Chapter, American Association of Neuroscience Nurses (AANN)

Karen Brown, R.N.
Patient Care Coordinator, Neuroscience Unit
President-Elect, Eastern Pennsylvania Chapter, AANN

Holly Tavianini, R.N., Director, Neuroscience Unit
Secretary, Eastern Pennsylvania Chapter, AANN

**Oncology Nursing**
Brandi Swisher, R.N.
Staff Nurse 7C
Co-Director at Large, Greater Lehigh Valley Oncology Nursing Society

Deidre Kutzler, R.N.
Staff Nurse 7C
Co-Director at Large, Greater Lehigh Valley Oncology Nursing Society

**Vascular Nursing**
Karen Marzen Groller, R.N.
Patient Care Specialist, Cardiovascular and Express Admission Units
Chair, Society for Vascular Nursing (SVN) Chapter Committee
Member, SVN Tri-State Chapter Planning Committee
Vice President, Board Member, and Planning Committee Chair, Sigma Theta Tau International (STTI), Theta Rho Chapter

Jennifer Gazdick, R.N., Staff Nurse, Neurosurgical Intensive Care Unit
Chair, Contact Hours, Eastern Pennsylvania Chapter, AANN
**Professional Development—Professional Organization Memberships**

**Vascular Nursing (continued)**
Patricia Matula, R.N.
Evidence-Based Practice Specialist
Board member, Society for Vascular Nurses (SVN)
Board Liaison, SVN Certification Task Force

Kimberly Bartman, R.N.
Staff Nurse, 4C Medical/Surgical Unit
President, SVN Tri-State Chapter

**Dialysis Nursing**
Susann Groller, R.N.
Director, Dialysis Services
President, Renal Administrators Association of Pennsylvania/Delaware

**Nursing Administration**
Kim Hitchings, R.N.
Manager, Center for Professional Excellence
Member, PA State Nurses Association (PSNA), Cabinet on Nursing Practice and Professional Development, 2004 – present
Member, PSNA Board of Directors

Terry Ann Capuano, R.N.
Senior Vice President, Clinical Services
Appointed Member, American Organization of Nurse Executives Strategic Planning Committee
January 1-December 31, 2006

**Sigma Theta Tau International (STTI)**
*Theta Rho Chapter – Cedar Crest College*
Karen Groller, R.N.
Patient Care Specialist, Cardiovascular and Express Admit Units
Vice President, Board member, Planning Committee Chair

Randy Schwartz, R.N.
Staff Nurse, Emergency Department and
Jeffrey Yaffey, R.N.
Staff Nurse, Pediatric Intensive Care Unit
Delegates to the 38th Biennial STTI Convention, Indianapolis, Ind.

**Sigma Theta Tau International (STTI)**
*Xi Beta Chapter – East Stroudsburg University*
Claranne Mathiesen, R.N.
President

*Iota Omega Chapter – University of Scranton*
Sharyn Lang, R.N.
Staff Nurse, Float Pool
Secretary

**Ambulatory Clinic Services Division**
James Geiger, Administrator
American College of HealthCare Executives
Regent – Northeastern Pa.

Russ Bergmann, D.M.D., – Dental Clinic
American Dental Association
Appointed Consultant to the Commission on Dental Accreditation

Deborah Cherney, R.N.
Practice Manager LVPP
Vice President, Affiliated Groups, Eastern Pennsylvania Healthcare Executive Network

Allen Smith, R.N.
Coordinator, AIDS Activities Office
Board Member, Fighting AIDS Continuously Together (FACT)

Elizabeth Hyde, C.R.N.P.
Lehigh Valley Family Health Center
President, Lehigh Valley Nurse Practitioner Association
Getting certified in a specialty is a validation of your knowledge and expertise, and demonstrates that you meet nationally recognized standards of knowledge. In 2006, the number of nurses with certifications has increased 21 percent since 2003, showing our commitment to excellence. Our goal: to have more than 50 percent of our nurses certified by next year. The incentive: if you pass your test, you’ll be reimbursed for the cost and eligible for annual bonuses. Here is a list of our certified professionals:

**Certifications**

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<th>Nurses With National Certification</th>
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- **Nursing Administration**
  - (C.N.A., B.C.)
    - Terry Capuano
    - Kim Kelly
    - Carol Drorben
    - Paulette Kennedy
    - Kimberly Korner
    - Bonnie Kosman
    - Susan Newhard
    - Anne Rabert
    - Geraldine Paschung
    - Mercedes Jurkiewicz

- **AIDS Nursing (A.C.R.N.)**
  - Jean D'Aversa
  - Carmen Ozoa
  - Allen Smith

- **Ambulatory Care Nursing**
  - (R.N., B.C.)
    - Delilah Hanyon

- **Cardiac/Vascular Nursing**
  - (R.N., B.C.)
    - Kimberly R. Bartman
    - Karen Groller

- **Healthcare Executive (C.H.E.)**
  - Deborah Cherney

- **Advanced Practice Nursing**
  - (A.P.R.N., B.C., N.P.C., C.R.N.P.)
    - Louise Andrascavage
    - Cynthia Dinsmore
    - Ellen Fairchild
    - Deborah Feden
    - Gretchen Fitzgerald
    - Kristen Flora
    - Maryanne Fye

- **Case Management (C.C.M.)**
  - Susan Horwath
  - Susan Patterson

- **Case Management Administration (C.M.A.C.)**
  - Susan Lawrence

Shirley Giasante
Amanda Goddard
Catherine Monhollen
Donna Petrucchini
Irene Sheppard
Heidi Singer
Courtney Vose
Kerry Charles Willis
Critical Care Clinical Nurse Specialist (C.C.N.S.)
Tina VanBuren

Critical Care Nursing, Adult (C.C.R.N.)
Eugene F. Adnerson
Sandra D. Axia
Angela M. Barrell
Mali Bartges
Paulette A. Beck
Frederick Beers
Jeremy W. Benninger
Jennifer B. Bentley
Eileen M. Borbaes
Rochelle D. Brunner
Irene Ella Buchert
Cindy Ann Buhn
Tina Louise Burk
Lucy Cascioli
Diane L. Chapin
John A. Collins
Susan Collins
Kathleen David
Carolyn Davidson
Nancy Davies-Hathen
Sandra Derbyshire
Jane Dillard
Marie Everhart
Tenna L. Everk
Eileen Fruchtl

Cathy E. Fuhrman
Colleen A. Gallagher
Tracey L. Gallagher
Veronica A. Garstka-Wilhelm
Diane Gilbert
Diane R. Gotthardt
Roslyn Marie Harris
Cindy Harwi
Kathy A. Herron
Timothy J. Hickey
Jennifer Ann Hoff
Marie Yolene Jean
Matthew Karpowicz
William A. Karpowicz
Daniel Kelly
Dorothy A. Kouba
Jason P. Kramer
Cheryl A. Kutos
Jennifer H. Ann Landis
Sharyn Lang
Denise C. Laub
Daniel G. Lesko
Marilyn K. Lesko
Diane M. Limoge
Jane Heinze Lindenmuth
Teri J. Lippovitsch-Vogel
Michelle D. McAloose
Susan M. McCauley
Cynthia J. Meeker
Susan Merryfield
Sharon M. Mouchief
Patricia Catherine Murray
Susan Niemkiewicz
Debra L. Owens
Eileen L. Palmer
Tara M. Penderak
Carmella Ann Pretti
Suzanne Sara Puentes
Ann S. Rabert
Brenda L. Racosky
Cherie Raub
Richard G. Riccio
Jean Santostefano
Mary Sebastian
Donald L. Schaefer
Lori J. Snyder
Cathleen E. Starr
Susan Steidel
Gerald E. Stoudt
Virginia Stover
Angela R. Strausser
Deborah M. Stupak
Andrea Tewari
Debra D. Torcivia
Michelle M. Trzesniowski
Cynthia Elaine Umbrell
Tina M. VanBuren
Eileen M. Wasson
Julia Werkeheiser
Kerry Charles Willis
Lori A. Yesenofski
Lynette J. Yoder

Elaine Zimmerman

Critical Care Nursing, Pediatric (C.C.R.N.)
Heidi Da Re'
Michele L. Dunstan
Brenda L. Early
Gloria Hamm
Deanna J. Heydt
Kimberly S. Hugo
Jennifer R. McCordle
Letitia K. McNulty
Mary L. Patari
Deborah A Rabuck

Dialysis Nursing (C.D.N.)
Barbara L. Bier

Emergency Nursing (C.E.N.)
Julie S. Albertson
Donna Beahm
Jennifer B. Bentley
Brian Billig
Eric K. Bubbenmoyer
Charlotte C. Buckenmeyer
Laurie A. Cartwright
Marianne Kostenbader
Barbara A. Davis
Paul Andrew Delpais
Marie C. Dieter
Frances Fasching
Jamie L.Feick

Georgine Fontaine
Donna A. Formica-Wilsey
Judith Gagnon
Veronica A. Garstka-Wilhelm
Mark J. Graber
Michael P. Guzelow
Mark Gutekunst
Linda L. Hablitz
Diana R. Haines
Theresa P. Heigl
Rachel M. Horvath
Karen Jost
Daniel Kelly
Richard Kuklentz
Maureen F. McDonough
Keith Doyle Micucci
Barry M. Mitchneck
Mary Jo Moerkirk
Brian P. Mongrain
Anne Panik
Catherine C. Piorkowski
Judith A. Post
Luis Puentes
Eileen D. Rape
Thomas L. Rothrock
Christy A. Rute
Joseph P. Rycek
Joel L. Sands
John R. Sawka
Laura A. Scheetz
Rosemary Scheirer
Neonatal/Pediatric Specialist Nursing Assessment Coordinator (C.R.N.A.C.)
Chris A. Fenstermacker
Sue Frances Neiman
Carol E. Trimbauer

Nutrition Support Pharmacy
Lynn Kuster

Oncology Nursing (O.C.N.)
Michele Achey
Gwen Ann Bednarz
Freda C. Barnes
Eumenide Charles
Stephanie Melinda Forst
Erin Kathleen Light
Stella M. Polit
Nicole R. Reimer
Maryann Rosenthal

Orthopedic Nursing (O.N.C.)
Rita A. Bendekovits
Kathryn Marie Hertzog
Barbara Larsen
Lisa Spohn
Manmeet Thakrai

Orthopedic Clinical Specialist (O.C.S.)
Stephanie Marshall

Pediatric Nursing (C.P.N.)
Stephanie L. Croteau

Neuroscience Nursing
Manmeet Thakrai

Pharmacotherapy
Patti Simms

Progressive Care Nursing (P.C.C.N.)
Susan M. Long
Tammy Jean Meltsh
Lynne M. Smith

Psych/Mental Health Nursing
Denise M. Bodish
John Boos
Erika Cowan
Maryrose Dorward
Joanne Fallon
Shirley Giamsante
Jane A. Halpin
Joanne Cora Jones
Michele Kratzer
Synthia D. Koscis
Cynthia Koth
Gwen Hughes Kurtzner
William L. Leiner, Jr.
Mary E. Lynch
Marcella Metzgar
Karen A. Peterson
Joanne Rissmiller
Marie Everhart
Maryann Godshell
Loretta M. Gogel

Rehabilitation Nursing (C.R.R.N.)
Rita A. Bendekovits
Kathryn Marie Hertzog
Kimberly Theresa Korner

Urology Nursing (C.U.R.N.)
Shana Beth Navarro

Vestibular Rehabilitation
Regina Sacco
Karla Plasco

Wound/Ostomy/Continence Nursing (C.W.O.C.N.)
Kelly Aurand
Margaret E. Gergar
Carol Ruth Schaeffer
Joan Ellen Schwartz
Susan L. Landis
Rosemarie T. Winters
Jacaline P. Wolf
Kimberly Yerger
Certified for 20 Years

The American Association of Critical Care Nurses recognized **Diane Limoge, R.N.** (left), this year for maintaining her critical care nurse certification for 20 consecutive years. Limoge, a patient care coordinator at LVH-Muhlenberg's intensive care unit, maintains her certification by taking necessary education courses and participating in professional activities, such as sitting on committees. "Being certified lets our patients and colleagues know we're highly qualified to give care in our specialty," Limoge says. She encourages other nurses like (from left) **Sherry Walker, R.N., Amanda Oakes, R.N., Marion Daku, R.N., and Marianne Mion, R.N.**, to earn and maintain certifications.
Our Magnet Story

Lehigh Valley Hospital and Health Network is designated a Magnet hospital because of its ability to attract and retain the best and brightest clinicians by creating and sustaining a work environment that facilitates and rewards outstanding practice. Our Magnet Story is best told through the success stories of our clinicians, like (1 to r) Miriam Ramos-Martinez, R.N., Rachel Dries, R.N., Brandi McMillian, R.N., Julie Fulcher, R.N., and Megan Snyder, R.N., who hosted nurses from hospitals across the country during a Magnet workshop. Want to read more about our team? Visit www.lvhn.org/nurses or call 610-402-CARE.