Check up

JANUARY 2014

Street Medicine
Caring where it’s needed most, page 6
Terry Capuano, RN
Chief operating officer

Focus on PRIDE

I can’t wait to see what your passion and creativity will unveil in the year to come...

New Beginnings

How will you grow in 2014?

There’s something about the new year that’s always worth celebrating. It’s an empty calendar just waiting to be filled. Each January is a chance to start fresh, a chance for a new beginning.

At LVHN, we look forward to 2014 with much hope and promise. We’ve all been working hard to meet the challenges of health care reform, and the latest trends are encouraging. I can’t wait to see what your passion and creativity will unveil in the year to come as we seek more innovative ways to succeed in this rapidly changing environment.

The arrival of 2014 also marks a new beginning for the colleagues who will be joining LVHN through our merger with the Greater Hazleton Health Alliance (GHHA). Over the past few years, we’ve established a great working relationship, developing formal partnerships in heart attack care, emergency medicine and telehealth. We’ve admired GHHA for its outstanding, high-value patient care, and I invite you to join me in welcoming the colleagues who make that care possible.

Growth will continue to be a priority in 2014. One example is our newly named Center for Orthopedic Medicine, an “umbrella” that includes the entire continuum of high-quality LVHN orthopedic services, from surgery at our hospitals through outpatient care to rehabilitation. We will expand the Center for Orthopedic Medicine by offering orthopedic-focused inpatient and outpatient care at LVHN–Tilghman, our new location on the site of the former Westfield Hospital in west Allentown. In addition to convenient “one-stop” access to orthopedic surgery and related services, the location also will include an Express CARE Center.

A new year also is an opportunity for us to grow personally. Our 2014 People Goal invites all colleagues to create a personal wellness goal. I’ve created mine. Have you? If not, I encourage you to set a goal and join the colleagues who are already on their way to better health. All it takes is a sentence or two. Committing to one thing—and actually writing it down—makes it easier to be successful.

Get a massage once a month. Take the stairs instead of the elevator. Stop using the saltshaker. Whatever you decide, these healthy habits will add balance to your life inside and outside of work. Thank you for all you do, and best wishes for a happy new year.
Late last month, Hagstrom, a pediatric hematologist-oncologist for more than 15 years, took the latest step in his career. He became the new chair of our department of pediatrics. In this role he will help lead Children’s Hospital at Lehigh Valley Hospital. He takes the position formerly held by John Van Brakle, MD, who is now retired.

Hagstrom, 48, outlines two steps he believes will help define pediatrics here going forward. “The first is to provide as many high-quality, patient-focused services as possible for Lehigh Valley families so they don’t have to leave the area for care,” he says. “The second is to understand how the health of our children today will impact their health as adults in the future, especially in areas such as curbing childhood obesity and promoting positive mental health.”

A married father of three, Hagstrom comes to us from Connecticut Children’s Medical Center and the University of Connecticut, where he served as director and division head of hematology-oncology within the department of pediatrics. While working in pediatrics in Connecticut, Hagstrom was known for championing patient- and family-centered care, as well as quality and safety. He also is a nationally recognized expert in hemophilia and other bleeding disorders.

Hagstrom, who performed his residency and pediatric training at Children’s Hospital of Philadelphia, is currently working toward a master’s in health care management at Harvard University. Here at Lehigh Valley Health Network (LVHN), he sees a unique way to shape the future of pediatric care.

“It’s a changing health care world, and I’m excited to take on the challenge of transforming health care delivery within a network like LVHN,” he says. “LVHN already provides a broad spectrum of care for children – from prevention to treatment – and I look forward to moving that forward.”

Nathan Hagstrom, MD, earned his bachelor’s degree in electrical engineering from the University of Vermont in the late 1980s. Yet something kept telling him to pursue another passion. “I grew up in a small town in Vermont, and I thought about my pediatrician, and how my mom was a high-school teacher,” Hagstrom says. “At some point it occurred to me that there is really no better way to spend your life than by helping children like they did.”

Then, when the young son of a family friend contracted a terminal brain tumor, Hagstrom’s career path became clear. “That led me not only to the university’s medical school, but to a specialty of pediatric oncology,” Hagstrom says.

Meet Nathan Hagstrom, MD, our new chair of pediatrics.
Imagine a doctor’s office where clinicians teach people how to stay well.
A place where patients can go for support when managing their health seems overwhelming. Add in convenient hours and a friendly, responsive support team, and you’ve got a patient-centered medical home (PCMH). It’s an emerging concept in primary care and a key initiative at our health network. “Empowering patients is what it’s all about,” says Sue Lawrence, senior vice president, care continuum.

Ten of our primary care practices currently are recognized as a PCMH by the National Committee for Quality Assurance (NCQA), which uses a scoring system to assess how practices integrate its numerous PCMH concepts. Many more practices are on their way. We began pursuing this initiative in 2008 as part of a statewide collaborative to address an “erosion” in primary care due to issues such as poor access, increased fragmentation and de-personalized service. “The medical home model addresses all these issues and more, particularly when it comes to managing the care of people with chronic illness,” says Lawrence.

To earn NCQA recognition, which lasts three years, a practice must follow six operational standards, which LVHN has condensed into four “pillars.” A PCMH must provide care that is:

- Personal
- Accessible
- Coordinated
- Comprehensive

LVHN holds one-day learning retreats several times annually so practices can learn from each other as well as existing PCMH practices. “Strengthening these relationships helps our practices and patients,” Lawrence says. “Our goal is to make this standard work throughout our health network.”
Inside a PCMH
LVPG-Internal Medicine in Allentown is a PCMH that follows the four pillars. Patients benefit whether they visit once a year or regularly due to multiple health issues. Here are examples of things they do to support each pillar.

Personal
▶ Practice is divided into three teams so patients get to know their nurse and medical assistant personally
▶ Staff promptly responds to patient questions and proactively contacts patients with test results

Accessible
▶ Extended hours
▶ Flexible scheduling so sick patients are seen quicker

Coordinated
▶ Hospitalized patients receive a “check-in” phone call within 48 hours of discharge to review medications and coordinate follow-up care

Comprehensive
▶ Comprehensive care management is the most significant difference between a PCMH and traditional primary care. Patients with a chronic condition, such as diabetes or hypertension, are assigned to an RN care manager. Patients with multiple diseases or other high-risk factors might be assigned to a community care team that includes an RN care manager, pharmacist, social worker and behavioral health specialist. Each care team supports several PCMH practices, so care team members see patients at each office once or twice a week and also do phone consultations.

Alisa Deday, RN
RN care manager, LVPG Internal Medicine
“I’m a partner, navigator and advocate. If patients are newly diagnosed, I can provide disease education. I’ll call them regularly to track things like their latest blood sugar or blood pressure readings. If they need help connecting to financial assistance programs or other resources, I’m there. I’m also available if they just need someone to listen. I’ve had patients tell me, ‘I don’t know what I would do without you.’ It’s very rewarding to hear those words.”

Laurel Bergstresser, RN
RN care manager, community care team
“Our team works with people facing numerous challenges, and in some cases, all at the same time: multiple diseases, multiple medications, frequent ER visits and hospitalizations, financial hardship and various other psycho-social issues. They need to know they are not alone. Our goal is to provide constant support and help them take control of their health. My role is like a safety net. I always tell my patients, ‘When you don’t know who to call, call me.’”

– Gerard Migliore

Next Step
Meet more colleagues who work inside patient-centered medical homes.
Physician assistant Brett Feldman of LVPG Hospital Medicine at Cedar Crest is dedicated to providing street medicine. “The concept is that people who are homeless or at risk for being homeless will not come to you for help,” he says. “You have to go to them.”

It’s a strategy Feldman’s has put into practice more than once. In Chicago, he and his wife helped at a homeless shelter. At the Allentown Rescue Mission, he and fellow DeSales University physician assistant students started a medical clinic in 2007. Now Feldman and advanced practice clinicians from our health network launched a new initiative – a free, weekly medical clinic that serves residents and day-program clients at Safe Harbor Easton, an emergency and transitional shelter.

“Medical care is a huge problem for our clients,” says Tyler Rogers, executive director of Safe Harbor Easton. “Of the 80 to 100 people who drop in each day for Safe Harbor services, 65 to 70 have no medical care whatsoever.”

Back to basics
Since starting in early October, the once-a-week clinic attracts up to 20 people each Tuesday night. “The goal is to treat the whole person and help people on their path to a stable job and place to live,” Feldman says. “If diabetes or another illness is keeping them from getting a job, then we provide treatment and help stabilize their medical condition so they can focus their energy on getting a job.”

Feldman’s next street medicine initiative will literally take him to the streets to care for the unsheltered homeless in and around Easton. “Tyler will take us to where they are – by a drain pipe or in an alleyway – and we will provide medical care right there,” Feldman says. “The reason we get into medicine is to help people. This outreach brings you back to the basics of medicine. It’s all about treating patients.”

Caring beyond our corridors
More than 60 colleagues provide care at Safe Harbor Easton, as well as the Allentown Rescue Mission. Two of them explain why they’re driven to do so.

Karen Williams, CRNP
Valley Independent Hospitalist Group
“I volunteer at Safe Harbor clinic because it is a community outreach service that allows me to help others. I became a nurse practitioner in primary care to diagnose and treat people. In this setting, my practice is straightforward. I am talking with people, making a diagnosis and offering treatment. I really enjoy it. The residents are thankful because we simply listen to them.”

Jessica Bowell
LVPG Hospital Medicine at Cedar Crest
“As a physician assistant, I am fortunate to have the opportunity every day to provide compassion and medical care for the people of our community. However, there are people who are unable to receive medical care due to a current life situation. Part of my duty is to utilize my skills to provide for people less fortunate than myself. Health is one part of a spectrum of issues that need to be addressed to help the residents at Safe Harbor get back on their feet and out of their current life situation.”

Next Step
Consider volunteering at Safe Harbor. Contact Brett Feldman or Jessica Bowell for information.
Patients who were known for not following up are now coming back to see physician assistant Brett Feldman and other colleagues.

Read Our Annual Report Online

To save costs on printing and postage, our 2013 Annual Report is available online. It features accomplishments related to our five fundamental priorities and information about our $325 million community benefit, which includes free care.
Our newest trustees offer a wealth of experience and insight

STEVE FOLLETT
Since 1948, Follett Corporation has been designing and manufacturing a variety of high-quality ice systems as well as medical-grade refrigerators and freezers. The company’s purpose – provide innovative solutions that promote health, safety and well-being.

“About 40 percent of our business is devoted to the health care industry,” says Steve Follett, president and chief executive officer of Follett Corporation. “We’re fortunate to be working with acute care hospitals all over the country. A good part of what we do is to be aware of their challenges and develop ice and medical-grade refrigeration solutions to help address their needs.”

When Follett was approached about becoming a trustee at our health network, he saw an opportunity to use his company’s purpose for the benefit of the area’s leading health care provider. “LVHN is an organization that has an enormous responsibility for caring for the people who call our area home,” Follett says. “As the complexities facing health care become greater, I’m honored to have the opportunity to help identify and implement solutions that benefit LVHN and our community.”

— Ted Williams
When you have questions, you trust experts because of their vast knowledge and experience. When our Board of Trustees recruits new members, we look for people who can offer a fresh perspective about issues facing our health network. Meet our newest trustees and learn how their experiences can help us care for our community.

ALISON BYERLY, PhD

Lafayette College president Alison Byerly, PhD, is described as a ‘big picture’ scholar, particularly as an expert on the growth and impact of digital scholarship. This form of education occurs in a virtual classroom – not unlike our telehealth services that bring physicians and patients together virtually.

“There are similarities between health care and higher education,” Byerly says. “We’re both in human-intensive fields – LVHN with patients and Lafayette with students – and are pressed to work more efficiently within tighter monetary frameworks.”

Byerly comes to the Lehigh Valley via Vermont, where she was provost and executive vice president of Middlebury College. There, she worked with the Middlebury board of trustees and developed an understanding of a trustee’s role.

“I understand the questions trustees need to ask and the type of information a board needs to acquire,” she says. “I look forward to sharing my perspectives and offering my ideas to help further the great things happening at LVHN.”

– Jenn Fisher
The Lean Department

Our ongoing search for more efficient processes continues

When patients with moderate injuries or illnesses visit the emergency department (ED) at Lehigh Valley Hospital (LVH)–Muhlenberg, they’re immediately taken to the rapid assessment unit (RAU). Here, patients are registered and meet with numerous caregivers who quickly determine a course of action.

Three years ago, the process to care for these patients was anything but rapid. “We had to turn ambulances away because of the volume of patients and wait times that could be three to six hours,” says ED charge nurse Melissa Teitsworth, RN.

The team asked for assistance from Chris Kita, lean coach, whose job was to guide ED colleagues to identify a more efficient process by using lean principles, which are based on the Toyota Production System. Lean was implemented by Toyota in the 1950s to eliminate process waste and add value for their customers. Industry has implemented lean over the past 30 years while lean in health care has only occurred in the last decade.

We began our lean journey with consultants in 2008, which led to the creation of our System for Partners in Performance Improvement (SPPI) department that same year. The department name was changed to “lean” in December.

“Whether we’re improving an existing process or designing a new one, the philosophy is the same – eliminate waste and add value to the patient,” Kita says. “At Muhlenberg’s ED, a patient would meet with registration, then with a nurse
and then a physician. Information would be repeated, and the entire process would take longer. It’s just the way it had always been done.”

Kita worked with the team to understand their processes and suggest changes. Now there are shorter wait times, and ambulances are seldom turned away.

“Many of the lean principles involve things you never think about,” Teitsworth says. “For example, we got rid of supplies we rarely use to make room for things we do use. Another tool is to use visual keys to communicate. For example, a room with a light off and an open curtain means it’s ready for use. Before, you had to check with colleagues on its availability. There are many ways we try to improve the way we work.”

That’s the lean goal - helping colleagues to discover efficiencies and inefficiencies. Visibility walls that chart results and daily huddles to discuss what’s working and what isn’t are techniques to maintain our ongoing pursuit of better efficiency.

At LVH–Muhlenberg’s infusion center, colleagues were spending hours each day preparing patient charts for the next day’s cases. This process had been in place for years until lean coach Barbara Versage, RN, worked with the team to examine their processes and remove the waste of inventory, overproduction and processing.

“A simple thing like preparing charts as patients arrive has saved so much time,” says medical secretary Emily Mari. “We’d spend hours preparing them. Then, the next day one patient wouldn’t show up and another would show up unexpectedly, or we’d need to make this change to that chart. We were digging through charts and making calls to fix things. This would happen every day. No one saw any problem. Barb taught us lean principles, which showed us how working ahead wasn’t saving time. It was an adjustment, but now we work one chart at a time when the patient arrives and make corrections as we go.”

Currently, there are seven lean coaches working with director Dale Lucht. Coaches work in an advisory role and stay in touch with their assigned departments. Just about every department in the network has been touched by lean efficiency efforts.

“We’ve made good progress,” Lucht says. “In many departments, it’s tough to implement change quickly because workflow and the needs of our patients make it difficult to step back and examine the work process. As the network’s lean skills grow, we’re conquering that challenge through everyone’s buy-in to the lean principles.”

– Ted Williams

The lean approach targets reducing or eliminating eight types of waste:

- **Unused human potential** – utilizing untapped resources
- **Waiting** – expediting patients waiting to be seen, caregivers waiting for materials
- **Inventory** – eliminating stacks of work
- **Transportation** – expediting the moving of people or paperwork
- **Defects** – eliminating the need for redoing work
- **Motion** – reducing time searching for information and entering data
- **Overproduction** – eliminating duplication of efforts
- **Processing** – eliminating extra steps or workarounds

Emily Mari
Check Out Our U.S. News Billboards

Your hard work makes Lehigh Valley Health Network great. We are among the nation’s top hospitals on U.S. News & World Report’s Best Hospitals list for the 18th consecutive year because of your passion for better medicine. This year we are among the nation’s top 3 percent of leading hospitals in seven specialties:

- Cardiology and heart surgery
- Gastroenterology and GI surgery
- Geriatrics
- Gynecology
- Orthopedics
- Pulmonology
- Urology

We want everyone to know about the exceptional care you provide and work you do. That’s why we’re telling our community about our U.S. News ranking with new billboard advertisements. You’ll see them on electronic billboards throughout our area now through February.
Lehigh Valley Health Network (LVHN) was honored by the Northeastern Pennsylvania chapter of the March of Dimes for our efforts at the annual March for Babies—Lehigh Valley walk held in April at Dorney Park & Wildwater Kingdom. Our health network raised $40,209, the most money raised by any Lehigh Valley organization. Of more than 5,000 walkers, more than 150 represented our health network at the event. Deborah Pollock, executive director of the Northeast Pennsylvania chapter of the March of Dimes, presented an Ambassadors Families and Gratitude plaque to (from left) Wendy Kowalski, MD, interim chief of neonatology; Regina and Riley Wagner; John Smulian, MD, vice chair of the department of obstetrics and gynecology; Catherine Aboulida; and Denise Keeler, RN, director of the neonatal intensive care unit (NICU), at an event held at our NICU. Read how NICU colleagues helped Riley Wagner thrive.

'GREEN’ Accolades

The Delaware Valley Green Building Council recently awarded Lehigh Valley Health Network the Green Campus Award, which was presented to vice president of operations Craig Onori (left) and director of environment and sustainability Don Hougendobler. The health network has been a leader in environmental excellence since the Center for Advanced Health Care and Kasych Family Pavilion were first conceptualized as Leadership in Energy and Environmental Design (LEED)-certified buildings. Additionally, the health network installed 1,347 solar panels on Lehigh Valley Hospital–Cedar Crest and Lehigh Valley Hospital–Muhlenberg campuses, and introduced vehicles fueled by compressed natural gas to its fleet.

Excellence in Inpatient Diabetes Care

Our health network was recognized as the top performer among 22 hospitals from Pennsylvania, New York, Delaware and West Virginia participating in Highmark Quality Blue’s “pay for performance” diabetes quality initiative. The initiative challenges hospitals to enhance care for people with diabetes who are hospitalized. Specific criteria included reducing the incidence of high and low blood sugar levels, conducting A1c testing on all patients with diabetes and sharing those results with patients and their doctors. Revised evidence-based practice patterns, physician and nursing education, enhanced team communication and other interventions contributed to LVHN’s perfect 100 percent score and a financial reward from Highmark Quality Blue.
Service Star of the Month

Rachel Ecklof, RN, Kathy Gruzdis and Kathy Klausfelder, RN
Labor and Delivery

A 19-year-old expectant mother with a history of substance abuse problems was admitted to the labor and delivery unit to deliver her baby two weeks early due to her diabetes. The woman had made the decision to place the child for adoption.

During her labor induction, several situations occurred that increased everyone’s concern for the patient’s safety. Her identified support person was starting to behave strangely. Rachel Ecklof, RN, and case manager Kathy Gruzdis suspected that illegal drugs might be a factor affecting her care. There was concern the patient might seek the drugs if she were left alone for any length of time.

Ecklof, Gruzdis and night-shift nurse Kathy Klausfelder, RN, collaboratively formed a plan. They determined someone would stay in the room to ensure the patient and her unborn baby remained in a safe delivery environment.

For two days, the team cared for and supported the patient. They earned her trust, guided her through the birth and her very difficult decision to go forward with adoption plans. The baby was delivered safely and without complications. Although the infant needed care in our neonatal intensive care unit, the baby was discharged to the prospective adoptive parents.

“Their collaborative and passionate care defused a potentially volatile situation,” says nominator LaDene Gross, RN. “They provided physical and emotional care for their patient with respect and empathy, regardless of her social history and current situation. It is the entire health care team’s opinion that the outcome would not have been as successful without their involvement, engagement and collaboration.”

— Matthew Burns
Happy Anniversary

JANUARY 2014

45 Years
Nancy Beidler
TLC Moderate Care

40 Years
John Koshland
Sleep Disorders Center
William Thompson
Information Services

35 Years
Robin Beach
College Heights OB/GYN
David Feist
Guest Services
Sally Getz
MICU/SICU
Barbara Hallowell
COO Operations
Denise Kuntz
Cardiac Cath Lab
Rhonda Nagy
Behavioral Health
Susan Ruth
3T
Cheryl Silvonek
Clinic Call Center
Donna Wells
Supply Management

30 Years
Valerie Gogel
Operating Room
Joseph Groller
Respiratory Care
Richard Reitz
Sterile Processing

25 Years
Theresa Carfarra
Operations
Sandra Cornog
NICU
Deborah Dilliard
Medical Records
Patricia Dunton Sotak
PACU
Ricky Farley
Engineering
Kathy Hau
Division of Education
Mary Kinek
Parent Education
Joan Kressley
NICU
Vicki McIntosh
Nurse Staffing
Rebecca Meinhart
Psychiatry
Susan Nonnemacher
4CP
Sharon Petrusky
Labor & Delivery
Richard Riccio
TNICU
Carmen Rosario-Seaman
Pediatric Unit
Patricia Schlegel
Speech & Hearing
Leonard Snyder
ASU/OR
Lori Ungurean
Base Service Unit

20 Years
William Miller
Family Medicine

15 Years
Carmella Cappellini
Performance Improvement
Craig Carvin
Home Care
Jesenia Colon
Heart Station
Janine Eisenratraut
Medical Records
Martina Escueta
3A
David Freeman
Health Spectrum Pharmacy
Richard Goy
Healthworks
Marna Greenberg
Emergency Department
Judith Knop
Kidney Acquisition
John Morgan
Healthworks
Kimberly Repnyek
Patient Accounting
John Schell
LV Anesthesia Services
Sarah Stevens
Adolescent Medicine
Peter Strauss
Crisis Intervention

10 Years
Beverly Allen
7B
Alissa Ardelean
NICU
Sheila Belisle
Physical Therapy
Laurel Bergstresser
Disease Management
Vincent Cavallaro
7A
Alisa Circosta
6K
Michael Columbus
Health Spectrum Pharmacy
Bernice Costanzo
Operating Room
Debra Craig
MICU/SICU

Lyn Daubert
4CP
Harry Dieterich
Information Services
Xiomara Franco
Perinatal Unit
Kim Geiss
Internal Audit
Melissa Geitz
Hospitalist Program
Colleen Green
6N
Judy-Ann Grenoble
Bethlehem Gynecological Assoc.
Adam Helman
Health Spectrum Pharmacy
Joyce Jenkins
Home Care
Michelle Karam
Health Spectrum Pharmacy
Denise Karl
MICU/SICU
Brian LaSalle
Risk Management
Michael Loomis
LV Anesthesia Services
Leslie Maston
Hospice
Cynthia Maugle
LV Anesthesia Services
Lisa Medina
Hellertown Family Health
Veronica Miranda
LVH-17 Operations
Deborah Moran
Case Management
Kimberley Orkwis
Respiratory Care
Marialuisa Perez
Patient Transport
Dahna Phillips
PACU
Denise Potkovac
Nurse Staffing
Michelle Raver
Regional Heart Center-Medical
Gloria Robinson
Hamburg Family Practice
Iraida Romero
5T
Phyllis Santo
Endoscopy - G.I. Lab
Robert Schwenedeman
Breast Health Services
Elizabeth Smith
Health Spectrum Pharmacy
Eneida Soto
4T
Jennifer Von Steuben
Nursing Float Pool
Courtney Vose
Nursing Administration
Winnifred Walker
Operating Room
Kathleen Weddigen
Information Services
Rebecca Willis
Occupational Therapy

5 Years
Kimberly Alvarez
LVPG Collections
Andrea Ambrus
Community Health
Abeer Ammary
Vision Specialists of LV
Kristin Aneskevich
Maternal Fetal Medicine
Phalon Carreno Calderon
Regional Heart Center-Medical
Brenda Carroll
Hospice
Kathryn Christman
Nursing Float Pool
Nicole Corey-Reddinger
Home Care
Kerensa Dempsey
EMI
Donna Duckworth
LVH Fitness
Kassondra Dunlap
Emergency Services
Sharon Falcione
Obstetrics
Joshua Freece
Emergency Department
Warren Furry
NICU
Tara Young
Wound Healing Center

Jenna Miller
Operating Room
Ginna Morrison
Nursing Float Pool
Hope Mosteller
3T
Karen Panik
Disease Management
Sheri Paules
Legal Services
Karlee Posivak
Trauma Program
Christina Potts
Pediatric Unit
Jennifer Principato
PCU
Robert Ramos
6N
Jamie Santee
Supply Distribution
Aaron Serulneck
Information Services
Bridget Shea Fry
Occupational Therapy
Heather Steinmetz
MICU/SICU
Christine Szukics-Johnson
LVH Fitness
Deborah Tavernier
Hospice/Home Health
Mario Villacres
Community Health
James Walker
MedEvac
Eleanor Wallace
LVPG Reimbursement
Tiffany Walsh
Couier Services
Eric Wanuga
Pharmacy
Lisa Wetzel
7A

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As we head into the new year, there are tools you can use to develop and achieve your wellness goals. “Goal setting can turn your vision and intentions into action and reality,” says wellness coach Kacie Miller, a member of Valley Preferred’s BeneFITSM Corporate Wellness team. Start by writing down things you would like to do over the next few months. Then, make your goals SMART:

- **S**: Specific
- **M**: Measurable
- **A**: Achievable
- **R**: Realistic
- **T**: Time-based

“Each letter of the SMART acronym will help you write motivating goals,” Miller says. “Instead of writing a goal that says, ‘I want to do more cardio at the gym,’ make it SMART: ‘I will walk on the treadmill for 20 minutes at least three days a week.’” If you need more help with goal setting, contact a goal coach confidentially at 610-969-0445 or wellnesscoach@valleypreferred.com.

– Jenn Fisher