CREATING A CULTURE OF EVIDENCE-PRACTICE AND RESEARCH - A PASSION FOR BETTER MEDICINE

Lehigh Valley Health Network
Creating a Culture of Evidence-Based Practice and Research

Finding the best evidence-based practices for our patients and conducting nursing research aren’t just two of the many things we as clinicians do here at Lehigh Valley Health Network. Instead, evidence-based practice and research are what we live and breathe. They are integrated into our professional practice model and culture. As we begin calendar year 2015, I’m struck by how far that culture has raised the level of professional excellence here for all of us.

Consider some of our amazing numbers from 2014:

- More than 450 of our nurses are members of a professional nursing organization.
- More than 350 of our nurses attended regional and national professional meetings and conferences.
- 56.4 percent of our nurses have baccalaureate degrees in nursing. (The Magnet® organization average is 51.78 percent.)
- 80 percent of our nurse leaders have professional nursing certifications. (The Magnet organization average is 63 percent.)
- 35 percent of our direct-care RNs have professional nursing certifications. (The Magnet organization average is 34 percent.)

These numbers speak to the Magnet culture that permeates throughout every part of our organization. Throughout this Magnet Attractions, you’ll see even more spectacular examples from your talented colleagues.

If you’re new to the concepts of evidence-based practice or nursing research, get started with a primer courtesy of Mae Anne Pasquale, PhD, RN, and Tricia Bernecker, PhD, RN, ACNS-BC. Next, read about four of our nurses who presented at the 2014 National Magnet Conference. There, they shared their knowledge and learned about new practices that could be implemented here.

You also can read about three of the six LVHN clinicians who are pursuing their doctorate in nursing practice at DeSales University. You can experience the excitement of our own Research Day, attended by 230 nurses.

You can learn from the journeys of three of our nurse residents who are experiencing the power of evidence-based investigation firsthand. We’ve already given 74 graduate nurses the tools to ignite their professional development through our Nurse Residency Program, and 16 more nurse residents will graduate in February.

It’s a powerful message, all driven by the great work you do every day. You never settle for anything but the best for yourself, for your patients and for our community. Thank you for sharing your talents with us.

MORE THAN
450
LVHN NURSES ARE MEMBERS OF A PROFESSIONAL NURSING ORGANIZATION.

OUR MAGNET® STORY
Magnet hospitals are so named because of their ability to attract and retain the best professional nurses. Magnet Attractions profiles our story at Lehigh Valley Health Network and shows how our clinical staff truly magnifies excellence.

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Anne Panik, MS, BSN, RN, NEA-BC
Senior vice president, patient care services

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Is There a Better Way?

EVIDENCE PROVIDES ANSWERS AND OPENS THE DOOR TO IMPROVED OUTCOMES

If the wheel isn’t broke, don’t fix it, right? Wrong, says Mae Ann Pasquale, PhD, RN, an assistant professor of nursing at Cedar Crest College who believes in questioning the status quo. “If you don’t periodically ask tough questions, you become stagnant,” she says.

To help Lehigh Valley Health Network (LVHN) clinicians find answers based on scientific evidence, Pasquale visits LVHN one day a week to provide consultative support. It’s part of a collaborative academic-service partnership among LVHN, Cedar Crest College and DeSales University. She’s joined by Tricia Bernecker, PhD, RN, ACNS-BC, an associate professor of nursing at DeSales. The pair addressed some common questions regarding clinical evidence.

Q: WHAT IS EVIDENCE-BASED PRACTICE?
A: Evidence-based practices are supported by results obtained through systematic, rigorous research. Because the efficacy of these practices has been reliably demonstrated, you can feel confident they will lead to quality patient outcomes.

Q: IS ALL EVIDENCE ALIKE?
A: No. Evidence ranges from low to high strength and quality. The weakest are such sources as expert opinions, while the strongest is a meta-analysis of randomized, controlled studies.

Q: HOW IS EVIDENCE DIFFERENT FROM RESEARCH?
A: Sometimes people say they are ‘researching’ a topic when they look for evidence. That’s not accurate scientifically. We only consider actual studies to be ‘research.’ The process of finding and appraising the current literature is the first step of evidence-based practice.

Q: ISN’T EVERYTHING WE DO EVIDENCE-BASED?
A: No. Some practices have just traditionally been done a particular way for a long time. And even if a practice was originally based on evidence, new evidence is always emerging that may warrant a change. That’s why it’s important to continually assess the practices you follow. If something doesn’t seem right, it may be time to seek relevant, supportive evidence.

Q: HOW DO I FIND EVIDENCE?
A: Let’s say you have a question about an oral hygiene protocol. The first step is to find out if others have investigated the same issue. LVHN’s medical library has a comprehensive database collection. The librarian can assist you. Need help assessing the strength of your results? Support is available (see sidebar). In some cases, doing your own study may be a possible next step.

Evidence Support

Have a clinical practice question or concern? These resources can help you find answers:

- Carolyn Davidson, PhD, RN, CCRN, ARNP, CPHQ, administrator, evidence-based practice and clinical excellence
- Mae Ann Pasquale, PhD, RN
- Tricia Bernecker, PhD, RN, ACNS-BC
- You also may post your question here and someone will contact you.
SE3EO

Magnet® hospitals support nurses’ continuous professional development. Six of our clinicians are pursuing doctorate degrees through DeSales University’s Doctorate of Nursing Practice program.

The DNP Is In
THREE CLINICIANS SHARE THEIR EXPERIENCE IN NEW DOCTORATE PROGRAM
Among the goals outlined for 2020 in the Robert Wood Johnson Foundation/Institute of Medicine report on the future of nursing is to double the number of nurses nationwide with a doctorate degree. Six of our master’s-prepared nurses now are pursuing Doctor of Nursing Practice (DNP) degrees at DeSales University, home to the region’s first DNP program.

There, DNP students choose one of three tracks (general, clinical leadership or executive leadership). They also may take extra courses to earn a Master’s in Business Administration (MBA). Courses – most of which are completed online – focus on evidence-based practice, health policy and ethics, epidemiology and biostatistics, health outcomes management and information technology management.

Here, three of our clinicians share their experiences in the DeSales DNP program. All three began in August 2014 and are scheduled to graduate in June 2016.

**Alyssa Campbell,**
**MSN, MBA, RN, CMSRN**
Patient care coordinator, transitional skilled unit, Lehigh Valley Hospital–17th Street

**MY TRACK:** General

**WHY I WANT MY DNP:** I hadn’t expected to continue my education beyond my MSN and MBA. But when I heard about the DNP program, I was intrigued. We have such great support from the network for advancing nurse education, I couldn’t pass up the opportunity.

**MY BIGGEST CHALLENGE:** I feel achieving success has to come from within. There’s a lot of reading and research involved in the DNP program, and as I study one area, I want to investigate another. The work I’ve done so far has already given me a better understanding of our industry.

**MY SCHOLARLY PROJECT:** I’m studying phenomenologically based qualitative research as it pertains to the experience of nurses preparing to transition to a higher level of practice. This means I’m examining the human experience of nursing as it pertains to these transitions. Many nurses are unsure what their next professional step should be. I’ll interview nurses in different career paths to identify trends in the perceived strengths and abilities necessary for success in various roles. I hope to extend this research to a regional or a national level.

**Hope Johnson,**
**MSN, RN, CNOR, NEA-BC**
Director of perioperative and endoscopy services, Lehigh Valley Hospital–Cedar Crest

**MY TRACK:** Executive leadership; taking added courses to obtain an MBA

**WHY I WANT MY DNP:** As a former educator, I’ve realized this: Knowledge is power, and in our profession, especially in these changing times, it’s imperative to continue learning.

**MY BIGGEST CHALLENGE:** I have two young children in addition to working full time, so it takes discipline to get my assignments completed on time.

**MY SCHOLARLY PROJECT:** I’m examining the costs and challenges of providing knee replacements in a perioperative setting, such as LVHN–Tilghman, compared to orthopedic care in a traditional hospital setting. To accomplish this, I’ll be doing a lot of research and interviewing providers at LVHN–Tilghman and inside our hospitals’ orthopedic units, hoping to reach conclusions that may benefit our network.

**Nicole Hartman,**
**MSN, RN**
Administrator, clinical services, Lehigh Valley Physician Group (LVPG)

**MY TRACK:** Executive leadership; taking added courses to obtain an MBA

**WHY I WANT MY DNP:** I completed my master’s in nursing in 2010, and I’ve always wanted to go back for my doctorate. Having a program like this as close as DeSales, I jumped at the chance.

**MY BIGGEST CHALLENGE:** I’m going to school while being the mother of two young children. The program helps me meet this challenge because most of the work is done online.

**MY SCHOLARLY PROJECT:** I’m studying executive nurse rounding at LVPG, or more generally the outpatient setting. This type of rounding focuses on clinical leadership rounds. Leaders are encouraged to regularly huddle with clinical teams and to ask questions focused on improving processes, addressing safety concerns, sharing patient experiences and other practice-specific issues. There isn’t much literature on outpatient rounding, but many of the principles that work well in inpatient rounding should work on the outpatient level as well. It has real potential.
As a pediatric critical care nurse practitioner, Sharon Irving, PhD, RN, CRNP, assistant professor at the University of Pennsylvania, School of Nursing and clinician at The Children's Hospital of Philadelphia (CHOP), is attuned to the challenges of helping a child navigate a serious illness. What she continues to learn, however, is how multiple research protocols might affect bedside nursing care. "Questioning practice is important," Irving says. "Every time I go to work, I walk into a 'laboratory' and wonder, 'Why do we do it this way? What is the science behind it? Is there a better way?'"

That was Irving's message during Research Day 2014, held here in October. "There is power in clinical research, power in a question. As nurses, we have to own our practice," Irving says. "Part of that ownership is about asking questions, conducting quality improvement projects, research protocols, and searching for evidence-based practice to improve patient outcomes."

**Want to change outcomes? Ask questions.**

Irving's preconference address, "Research ‘AND’ – or is it ‘IN’ – Clinical Practice: What is the Nurse's Role?" explored the role of the nurse as a leader in clinical research as well as how clinical research protocols may affect a nurse's bedside practice – an inquiry that is paramount at larger hospitals involved in several research projects, such as CHOP or LVHN.

"As a student in a 'qualitative methods of research' class, I conducted a small inquiry based on my experience and that of my nursing colleagues," Irving says. "The question concerned what it meant for the delivery of nursing care when our young patients are enrolled in one or more clinical studies simultaneously, each with a completely different protocol. What did this mean for delivery of nursing care?"

In her talk, Irving explained the process she followed to discover answers. "I began by outlining what I wanted to find out and how I would accomplish that. I determined that a small, qualitative inquiry that was interview-based would provide a venue for nurses in the sample group to express their thoughts."

For consistency, all interviews followed the same script, but the questions were open-ended. This gave nurses an opportunity to fill in the information gap with details that a traditional questionnaire couldn't gather and simultaneously allowed the staff to voice their opinions. "What I learned was nurses felt they were left out of the loop when it came to protocol development, and some expressed resentment regarding their perception that physician colleagues didn't take into account the nursing tasks necessary to both provide nursing care and to follow procedures of a particular study protocol," Irving says.

**Generating and sharing new knowledge**

Since completing that qualitative inquiry and meeting with the stakeholders (physicians and nurses) to discuss the results, study practice has changed. "Now in the pediatric intensive care unit (PICU), no study happens without a nurse involved early in protocol development," Irving says. The CHOP PICU has also established a website that outlines all protocols, along with nursing responsibility, so everyone knows what is required, who is responsible and who to contact with questions. "These outcomes
New Knowledge, Innovations and Improvements

Magnet® hospitals support the advancement of nursing research. LVHN’s annual Research Day showcases our nurses’ evidence-based practice and nursing research projects.

**Quality and research awards**

At the preconference reception, quality awards were presented to more than a dozen LVHN units achieving high-quality metrics scores. In addition, three evidence-based practice study teams were recognized for their outstanding projects:

- Marion Daku, BSN, RN, CCRN, Heather Koch, RN, Eva Fox, BSN, RN and ICU–M staff for their evidence-based project, “H.U.S.H. – Helping Understand Sleep Heals.”
- Tracie Heckman, MSN, RN, CMSRN for her ongoing work related to “NICHE: Enhancing Geriatric Care across the Organization.”
- Transitional skilled unit staff and Nancy Dirico, MSN, RN, CMSRN for their quality improvement project, “Catheter Avoidance.”

**Unit Quality Outcomes Awards**

- **Gold – 7K**
- **Silver – 6B, TTU, PCU, 7B, Children’s ER, Peds, 6K**
- **Bronze – Dialysis, ED–17th, IPCUS, 5CP, TOHU, CICU, ICU–M, NICU, MBU, BH-1, BH-2, 7T, L/S, 4KS, 7A**

**New Knowledge**

are the result of asking one powerful question,” she says, “‘Why do we do it this way?’”

More than 230 of our nurses, as well as students and faculty from Cedar Crest College and DeSales University, participated in Research Day 2014. Presentation topics ranged from integrated diabetes oncology care to alarm fatigue.

Also presenting were Mae Ann Pasquale, PhD, RN, Cedar Crest College, and Tricia Bernecker, PhD, RN, ACNS-BC, DeSales University, with an update about the LVHN Nursing Work Environment study they presented last year. The visiting nurse scientists adapted the original instrument (which was sent to medical-surgical unit nurses and technical partners) and will send it to staff within 11 critical care units and float pools when it receives approval from LVHN’s Institutional Review Board (IRB).
How Our Nurses ‘Think Big’

OUR COLLEAGUES CATCH THE SPIRIT AT THE 2014 NATIONAL MAGNET® CONFERENCE

They say everything is bigger in Texas. So it was at “Think Big: Go Magnet®,” the 2014 National Magnet Conference presented by the American Nurses Credentialing Center (ANCC) in Dallas last October. Amid the cowboy hats and bandanas, the presentations and the celebrations, an all-time-record 8,400 attendees shared knowledge, information and best practices, all driven to transform nursing practice.

Four of our clinical nurses were honored to attend the event and to make presentations, putting our health network on a spectacular national stage. Here is their inside look at the biggest National Magnet Conference ever.

Angela Agee, RN, patient care coordinator
6C medical-surgical, Lehigh Valley Hospital (LVH)–Cedar Crest

MY PRESENTATION: I spoke about LVHN’s medication reconciliation process and the role of the medication reconciliation technician in terms of improving patient safety and outcomes. My presentation showed how this process helps patients, nurses and physicians.

THE BEST PRACTICE I LEARNED: One hospital talked about a ‘pain task force’ it started to assist with standard pain-management orders. A task force concept would be a big step for LVHN to ensure our processes are as safe and effective as possible.

MY BONUS LEARNING: To me, it was everything – talking with other nurses from throughout the nation and beyond, attending the presentations and exhibits, and learning how to improve our processes and care methods at LVHN.
Karen Jones, RN
Open-heart unit, LVH–Cedar Crest

**MY PRESENTATION:** I presented on Project LeaRN, sharing how LVHN colleagues go to other institutions and observe best practices. I reported on my experiences at Texas Heart Institute in Houston, where I observed care in its intensive care unit (ICU) for patients treated with ECMO (extracorporeal membrane oxygenation). We began ECMO at LVHN about 18 months ago, and I’ve learned a lot about how the Texas program developed over the years.

**THE BEST PRACTICE I LEARNED:**

I attended a session called ‘What’s Stupid Around Here’ that discussed waste in health care – unnecessary costs, time-consuming practices. I learned a lot of things that could help us operate even more efficiently.

**MY BONUS LEARNING:**

Discovering how LVHN is on the leading edge of many of the topics presented. I felt proud about how well-respected LVHN is. It makes me glad to work here.

Joshua Freece, RN
LVH–Muhlenberg emergency room

**MY PRESENTATION:** I presented about our rapid assessment unit (RAU), sharing photos and diagrams of the unit and spotlighting the individual roles of our caregivers. I also shared the positive feedback of our patients.

**THE BEST PRACTICE I LEARNED:** A bonus-point system that rewards clinicians for things like achieving advanced degrees or being recognized by patients or colleagues as high performers. Those points can be redeemed with monetary bonuses or extra vacation time.

**MY BONUS LEARNING:** Futurist speaker Jack Ulderich spoke of the power of ‘thinking backward’ as a way to drive future innovation. He mentioned how apps on smartphones seemed like a crazy idea seven years ago, and now they’re reality. It emphasizes the importance of examining all ideas for their potential benefits.
Recognition for Our Nurse Residents

THERE EVIDENCE-BASED PROJECTS ARE SUBMITTED AS ABSTRACTS

As Amanda Fougere, BSN, RN, Courtney Green, BSN, RN, and another nurse colleague reviewed literature on dementia screening tools, they never imagined they’d make such an impact as first-year Lehigh Valley Health Network (LVHN) nurses. Yet they and two other graduates of our University HealthSystem Consortium/American Association of Colleges of Nurses (UHC/AACN) Nurse Residency Program™ submitted abstracts on their evidence-based projects to UHC’s Annual Conference. Their abstract was selected, and both Fougere and Green will present their study this March in front of a national audience of peers, nursing leaders, educators and other health care professionals.

HERE ARE THE THREE EVIDENCE-BASED ABSTRACTS THAT WERE SUBMITTED:

### Memory Impairment Screening Tool

**THE PROJECT:** When the elderly forget their medication, they can end up hospitalized. Screening for memory impairment can improve care upon discharge and reduce readmissions.

**TRANSFORMATIONAL PRACTICE:** We looked at the Mini-Mental State Examination (MMSE) and MiniCog. They were either too expensive, complex or required training. The AD-8 is an eight-question screening test that’s fast, simple to score and objective. It also lets us track changes to cognitive ability over time. We tested 23 patients age 65 or older at the bedside. We wanted to see how long screening takes and how patients and families respond. We found family members and close friends are more accurate in answering screening questions. That’s because people with memory impairment can’t recall their lapses.

**CHALLENGES:** Nurses are busy. Finding time to screen for memory impairment adds another task to their day.

**WHY IT’S BETTER:** Primary care providers (PCPs) underdiagnose memory impairment, yet early identification can improve care and support for families. In the future, PCPs will access screening results from the EMR, and nurses will develop care plans to help manage contributing factors and safety issues.

**FINAL THOUGHTS:** Patients with memory impairment are at high risk for cooking fires and illness due to misuse of medication. We hope screening will become the standard in our network and other hospitals too. It’s that important.

Amanda Fougere, BSN, RN, 6B medical-surgical, LVH–Cedar Crest
**Standardized Subcutaneous Insulin Administration for Improved Glycemic Control**

**THE PROJECT:** Patients often receive insulin injections in the arm during hospitalization. Our project looked at whether insulin administered in the arm, abdomen or thigh delivered the best results.

**TRANSFORMATIONAL PRACTICE:** Data searches in Google Scholar, Medline and Cinahl showed greater day-to-day variation in glucose levels when injections occur in multiple body regions. The abdomen provides the best insulin absorption. Dividing it into quadrants allows nurses to rotate injection sites in a clockwise manner. A pre-survey helped us gauge our staff’s knowledge of best practices. Results showed 81 percent of nurses gave insulin in the arm; 19 percent in the abdomen. Next, we explained our recommendations in a PowerPoint presentation, posters, in small groups and one-on-one training. Implementation took about eight weeks.

**CHALLENGES:** Nurses needed a way to communicate information to the next shift. Now they mark a laminated diagram of the abdomen with the date, their initials and an X to show the last injection site.

**WHY IT’S BETTER:** Stress, medications and changes in diet can affect glucose control and cause problems for hospitalized patients. Efforts to improve glucose control such as this study help patients heal better and faster.

**FINAL THOUGHTS:** Colleagues responded to our training and offered suggestions to improve the process. A post-survey revealed that nurses are now injecting the abdomen 86 percent of the time.

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**Clean Cord Care**

**THE PROJECT:** Our team looked at clean umbilical cord care. Our hypothesis was that soap and water should be as effective at preventing infection as triple-dye antiseptic.

**TRANSFORMATIONAL PRACTICE:** Some journal articles said cords fall off faster without antiseptics, triple dye or alcohol. Shorter cord separation time means less chance for infection. Our two-week pilot followed 63 healthy newborns. Warm soapy water was used to clean the skin around the cord stump two to three times a day, then tapped dry with a cloth. New moms were educated on cord care and the signs of infection. During follow-up calls, 93 percent reported compliance, and 95 percent were comfortable with the practice. Interestingly, cord separation time didn’t change – both practices averaged 10.7 days – and there were no infections.

**CHALLENGES:** There was some resistance until we addressed infant bathing practices. Previously, triple-dye stains helped track the number of baths given. Now we put stickers on crib tags and document baths in the medical record.

**WHY IT’S BETTER:** Triple dye stains the abdomen and transfers to mom during skin-to-skin contact. Some moms also worried that alcohol applied to the cord might burn their infant. Our pilot showed soap and water is just as effective at preventing infection, and it eliminates an unnecessary practice.

**FINAL THOUGHTS:** Practices change over time. Soap and water is our new policy because it’s best practice and the American Academy of Pediatricians recommends it.
PUBLICATIONS
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Laura Herbener, BSN, RN, OCN®

Courtney Vose, MBA, MSN, RN, APRN, NEA-BC
Christine Reichard, CHUC

POSTER PRESENTATIONS
Debra Peter, MSN, RN-B, CMSRN
Paula Robinson, MSN, RN-B
Kim Jordan, MHA, RN, NE-B
Sue Lawrence, MS, CMC
Krista Casey, MBA
Debbie Salas-Lopez, MD, MPH

EDITORIAL
Kenneth Miller, Med, RRT-ACCS, NPS-AE-C

WEBINAR
Alyssa Bruchko, BSN, RN, CMSRN
Kristina Holleran, BSN, RN, CMSRN
Anne Panik, MS, BSN, RN, NEA-B

ORAL PRESENTATIONS
Kenneth Miller, Med, RRT-ACCS, NPS-AE-C

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Peggy Borton, MSN, RN, CEN
Neil Kocher, BSN, RN, CEN, CPEN
“The Role of Respiratory Care in Palliative Care,” at the Pennsylvania Society for Respiratory Care (PSRC) Capital Conference in Harrisburg, Pa., in October 2014.

Carole Darr, RRT-AE-C


Cynthia Cappel, MSN, RN-BC, NE-BC

“Medication Reconciliation: A New Role to Decrease Discrepancies,” at the American Nurses Credentialing Center National Magnet Conference® in Dallas in October 2014.

Angela Agee, RN

Tracie Heckman, MSN, RN, CMSRN

Leroy Kromis, BS, PharmD, BCPS

“Project LeaRN – Clinical Nurses Engaging in Scholarly Visits to Transform Practice in Their Own Setting,” at the American Nurses Credentialing Center National Magnet Conference® in Dallas in October 2014.

Kim S. Hitchings, MSN, RN, NEA-BC

Karen Jones, BSN, RN, CCRN

“A Successful Remodel Results in an Empty Emergency Department Waiting Room: Rapid Assessment Unit (RAU),” at the American Nurses Credentialing Center National Magnet Conference® in Dallas in October 2014.

Joshua Freece, RN, CEN

Neil Kocher, BSN, RN, CEN, CPEN

Anne Panik, MS, BSN, RN, NEA-BC

“Affordable Care Act: Putting the Professional on Trial,” at the American Association for Respiratory Care (AARC) 59th International Congress of Respiratory Care in Las Vegas in December 2014.

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Gloria Mazzi, RN - 6N, Adult Behavioral Health

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