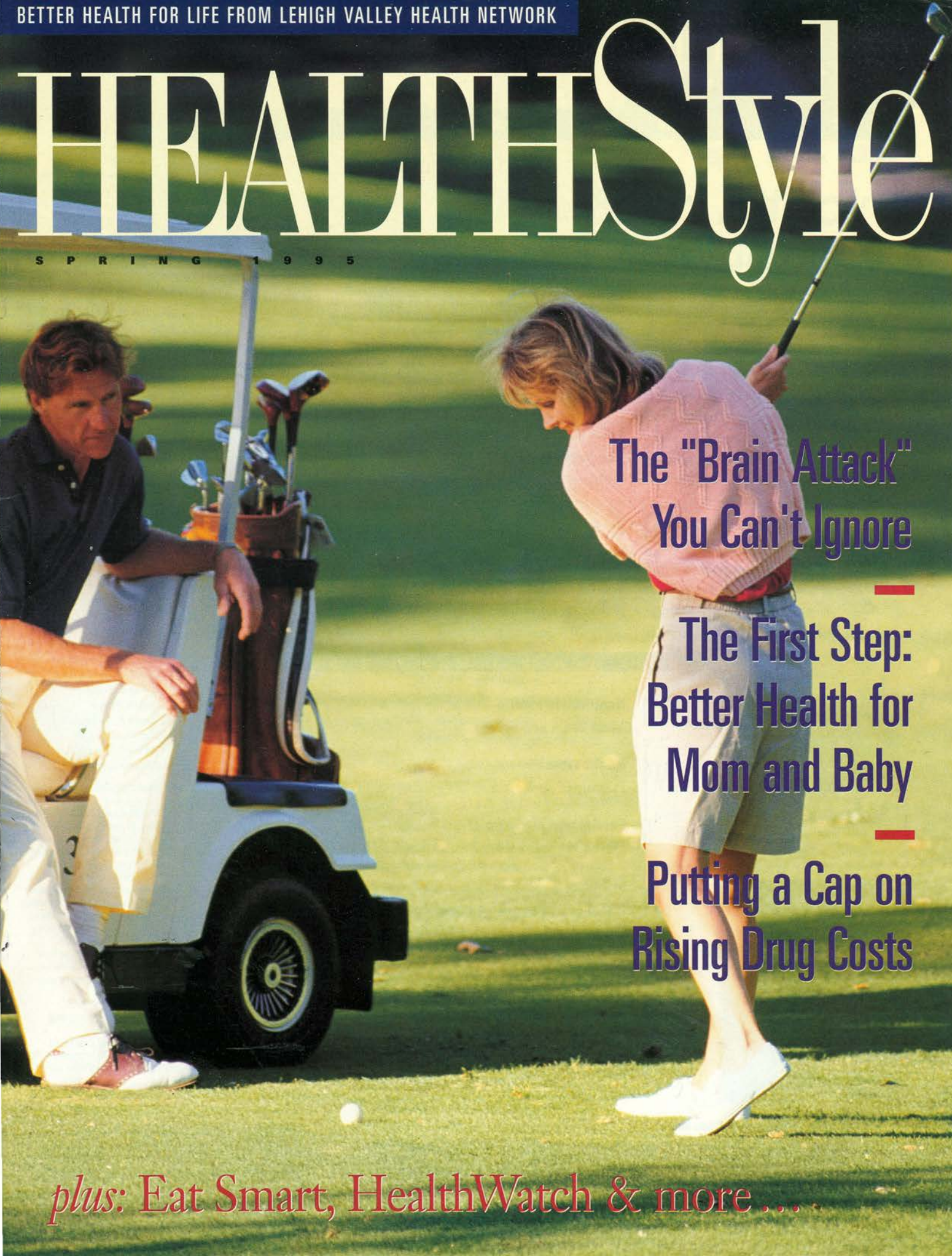


BETTER HEALTH FOR LIFE FROM LEHIGH VALLEY HEALTH NETWORK

# HEALTHStyle

S P R I N G 1 9 9 5



The "Brain Attack"  
You Can't Ignore

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The First Step:  
Better Health for  
Mom and Baby

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Putting a Cap on  
Rising Drug Costs

*plus: Eat Smart, HealthWatch & more...*



Spring 1995



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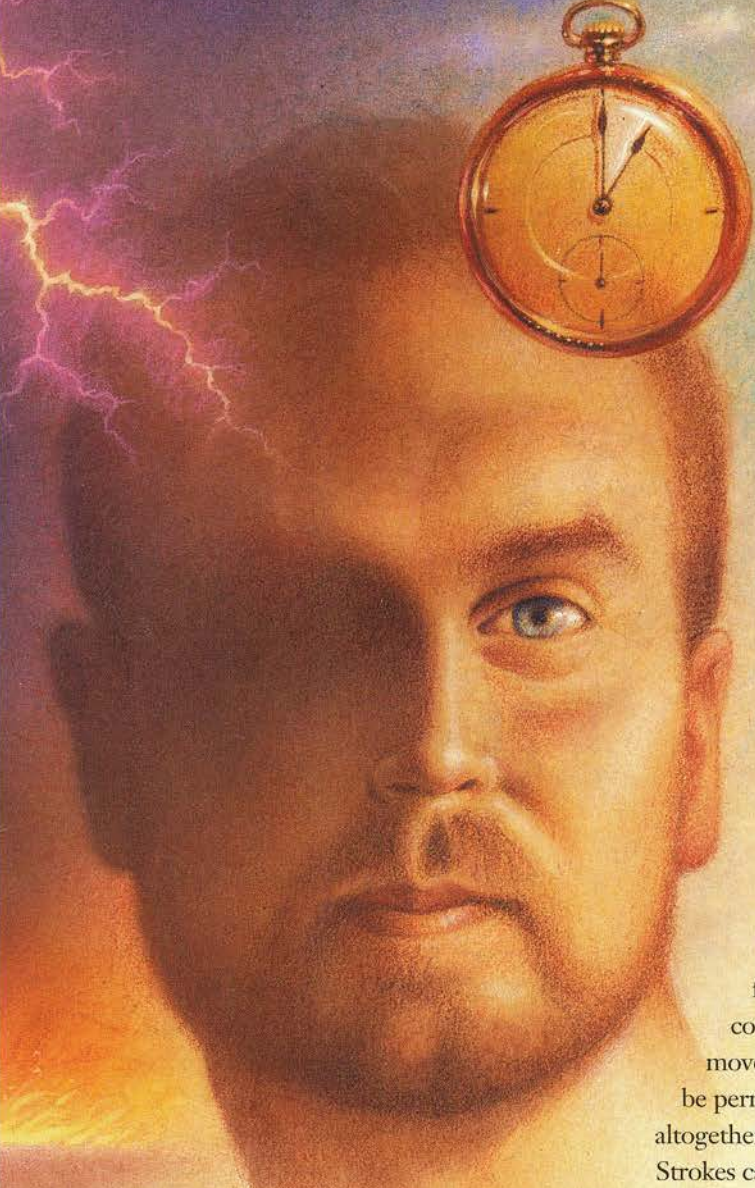
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# STROKE

## The Brain Attack You Can't Ignore

know it's possible to treat stroke, not just manage its complications."

Stroke occurs when a blood clot or burst artery interrupts the blood supply to part of the brain, causing brain cells to die from lack of oxygen and blood-borne nutrients. The functions these cells control—speech, muscle movement, breathing—may be permanently impaired or lost altogether.

Strokes can take place suddenly, or give advance notice as *transient ischemic attacks* or TIAs—warning signs that the blood supply to the brain has been temporarily interrupted. A TIA can cause blindness in one eye—a "blackout" or "whiteout" of vision, or something often described as a shade being pulled down over the eye. Sometimes it occurs as sudden numbness or weakness or tingling in one arm or leg. A TIA can last a few minutes or up to 24 hours, but it should not be ignored. Thirty-six percent of those who experience a TIA will go on to have a full stroke—half of them within a year. If you think you are experiencing a TIA, seek immediate medical attention.

Nancy Eckert, RN, the hospital's neurosciences research nurse coordinator, helps to educate Lehigh Valley "first responders," such as paramedics, firemen and policemen, to

regard TIAs and strokes as medical emergencies. "Most people know about getting to the hospital immediately if they think they're having a heart attack," says Eckert. "But with a brain attack, the brain doesn't come back. If you wait around for symptoms to disappear and do not get to the hospital fast, preferably within an hour of symptom onset, damage continues to progress rapidly."

Although strokes are most prevalent among the elderly, everyone has some degree of stroke risk, including adolescents and even children. Nearly one-third of stroke victims are younger than 65. Yet, most people have the attitude of "It won't happen to me." In a recent Gallup poll 97 percent could not name a single warning sign of stroke.

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**L**ast October the world was shocked to learn of actor Raul Julia's sudden death, at the age of 54, due to complications from a stroke. The actor who exuded vitality as Gomez, the head of the movies' Addams Family, had been felled by what medical experts now refer to as a "brain attack." The phrase "brain attack" is now in use because doctors today recognize that strokes are medical emergencies requiring prompt treatment, much like heart attacks. Individuals should be rushed to a hospital emergency room as soon as they experience symptoms.

"New research about how and when brain cells die has forced the medical community to re-examine its attitude toward stroke," says John E. Castaldo, MD, director of neurosciences research at Lehigh Valley Hospital. "We now

### WARNING SIGNS

Stroke symptoms are subtle and often painless. It's important to learn them so that you can call for emergency medical attention if you ever experience them or see them in someone else. The most common symptoms of stroke are:

- ✓ One-sided weakness, tingling, numbness or paralysis of face, arm or leg
- ✓ Temporary vision loss, or dimness in one eye, or double vision
- ✓ Inability to talk or understand language
- ✓ Unexplained headaches
- ✓ Difficulty swallowing or unexplained choking on a drink or your own saliva
- ✓ Falls, temporary blackouts, dizziness or unsteadiness

**For more information about what you can do to prevent strokes, call (610) 402-CARE.**



# New Stroke Treatments and Research

Last winter a mobile crew from the ABC News TV Program *20/20* travelled to Lehigh Valley Hospital. The reason? The crew had come to film doctors evaluating and treating *carotid atherosclerosis*, a condition that creates a thickening, hardening and loss of elasticity in the neck's carotid arteries—a major cause of blockages that can lead to strokes. John E. Castaldo, MD, director of neurosciences research for the hospital, was also interviewed by the crew in his role as principal investigator for a major, new, multi-site, national research study, the *Asymptomatic Carotid Atherosclerosis Study*, in which Lehigh Valley Hospital had participated.

The clinical trial was initiated to investigate the best way to prevent and treat carotid atherosclerosis. Since up to 25 percent of strokes are attributed to partially blocked carotid arteries, its findings represented a medical breakthrough in the treatment of the condition, revealing that people who had a significant blockage in their carotid arteries responded better to treatment with surgery than those who were treated with just medicine alone.

In fact, results were so significant that they were presented ahead of schedule. According to Dr. Castaldo: "Lehigh Valley Hospital led the nation in the number of patients in that study and in performance. The study was terminated early when it was clear that the surgical group did much better than the medical group."

Castaldo and other researchers at the hospital continue to investigate promising treatments for stroke, including new surgical advancements and the effectiveness of Aniclod and other *clotbusters*, drugs that dissolve clots that can cause strokes, and Selfotel and other *neuroprotectors*, drugs that prevent the release of adverse chemicals in the brain during a stroke episode. Neurologist Peter Barbour, MD, the principal investigator, says: "Aniclod and Selfotel are currently being studied to see if early treatment can reduce damage to the brain in the period immediately after stroke." Such research offers hope for future stroke prevention and treatment.

By knowing the symptoms of a brain attack, you can help to minimize stroke damage (see page 1: "Warning Signs"). And, by understanding and managing key risk factors, you can help to prevent strokes from occurring.

Risk factors for stroke that can't be changed include age (stroke is most prevalent in people over 55), gender (men are at greater risk than women), race (blacks face the highest risk) and congenital defects. But there are other factors you can change, including obesity, a sedentary lifestyle, high cholesterol, high blood pressure, heavy alcohol consumption, smoking and diabetes. The risk factors are similar to those for heart attacks. So if you're watching your diet, exercising and having regular medical check-ups you'll be helping to prevent both heart disease and brain attacks.

"Regular check-ups are important because by keeping track of the patient's health and stroke risk factors, such as diabetes, past history of stroke or TIAs, family history of stroke, evidence of heart disease or elevated blood pressure—we can help to prevent stroke with medications and lifestyle changes," says Will Miller, MD, program director for the department of family practice at Lehigh Valley Hospital.

Part of any physical exam includes

listening to the neck's carotid arteries for "bruits," a whooshing sound made by blood passing through narrowed arteries. The carotid arteries are the body's principal means of ferrying blood to the head and neck. "There's a definite benefit in detecting carotid blockage early and intervening surgically," says Miller. Breakthrough surgical procedures that prevent stroke by removing fatty deposits from carotid arteries are now among the many new alternatives available for preventing and treating brain attacks. (See sidebar: "New Stroke Treatments and Research.") Until recently, physicians felt they could only manage stroke symptoms; survivors were left to cope with stroke's effects—paralysis, speech loss and impaired memory. Now powerful new stroke treatments are helping to reverse old assumptions.

But since stroke is such a devastating disease—every year in America, 550,000 people suffer a stroke; of this number 150,000 will die—it makes more sense to prevent a brain attack from happening in the first place. You are the number one factor in preventing stroke and stroke damage. *Don't ignore a brain attack.*

*Evelyn Zamula is a frequent contributor to national health care publications, including FDA Consumer and Medical Times.*

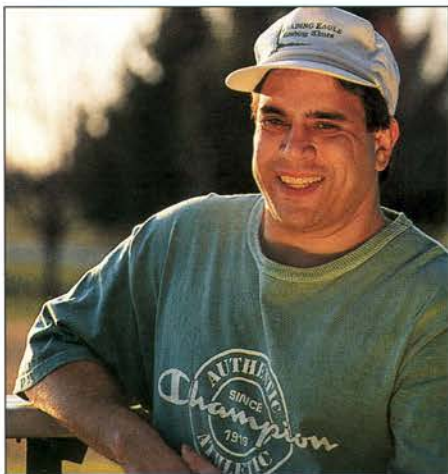
## funny bone





## Brian Stello, MD:

"If patients can't see that I follow my own advice, they're not going to pay much attention to what I say."



Brian Stello, MD

**B**rian Stello, MD, a 35-year-old Lehigh Valley Health Network primary care physician, practices what he preaches: "I spend quite a bit of time talking with patients about improving their eating habits, stepping up their levels of activity and making other positive and appropriate lifestyle changes."

Like most of us, as his career took off, it wasn't easy for Stello to find time to exercise. He'd been active since childhood in such competitive and recreational sports as baseball, football, volleyball, cycling, racquet sports and weight-lifting. But Stello soon found medical school and residency training left little time for athletic pursuits. Junk food also became a temptation. "I was so busy, it became too easy to just pick up a hamburger at a drive-through window." After years of living a stressful medical student lifestyle, he decided to reverse that trend.

He soon discovered that was easier said than done. "When I decided to make exercise and nutrition priorities in my life, I realized that I wasn't going to be able to pick up where I'd left off when I was working out on a regular

basis," Stello says. "I had to take it step by step."

He kicked off his return to better health by choosing activities that required the commitment and participation of just one person—himself. His new regimen revolved around cycling and aerobic machines, to increase his cardiovascular endurance, and weight-lifting, to improve his muscle tone. This kind of cross-training—alternating two or more complementary activities—gave him a chance to strengthen different parts of his body on different days. Later, as his physical strength and stamina increased, he expanded his exercise routine to include calisthenics and jogging.

He also set about improving his nutritional habits by including more grains, pastas, fruits and vegetables in his diet. He admits that while at times he suffered a fast food setback, he was motivated to keep to his new nutritional course. "A steady diet of fast food isn't

nutritionally sound so I made changes in my diet that I could live with," he says.

When providing nutritional counseling to his patients, Stello recommends that they adopt the type of gradual approach that worked for him. "Unless a patient is diabetic or has high cholesterol, I don't rule out all junk food or fast food," he says. "It's okay to eat those things in small amounts, but only once in awhile. I try to coach patients to make healthy food choices. That can mean eating at home more often, cutting down on fatty foods or selecting more sensible items from a menu when dining out."

Stello emphasizes that motivation is the key to achieving and maintaining a healthy lifestyle. "You need to understand that whatever you're doing, you're doing it for yourself," he says. "That won't be hard to remember when you notice that you have more energy, confidence, vitality and feel more relaxed."

## SPRINGTIME



## CYCLING

Spring is in the air. Your bicycle is beckoning. And whether you prefer a road, hybrid or mountain bike, cycling can lead to good times and good health. It not only conditions the heart and lungs, but it also strengthens bones and leg and back muscles as effectively as walking, jogging, aerobic dance and other weight-bearing activities. It offers a terrific means of weight loss and/or control. On the average, at speeds between 18-20 mph on a road bike, a cyclist burns 600 calories per hour. Long, steady rides, in excess of 45 minutes, are best if your goal is to lose weight. Consult your physician *first* before embarking on any new exercise plan, and be careful not to push yourself too hard—particularly in the beginning. Start out slowly and gradually

increase your endurance. Give your body a chance to rebuild between strenuous rides. Symptoms of overtraining can include feeling run down, unmotivated and as if you were suffering from the common cold.

Also, whenever you cycle protect your head and health by *always* wearing a bicycle helmet. Look for one that bears a label verifying that it meets with American National Standards Institute, Inc. (ANSI) approval. If your bike has been in winter storage, oil the gears, check the chain and inflate the tires before taking off. With the proper equipment, you'll be more than ready to "spring" into cycling.

For more information about safe cycling and National Bike Month (in May), call (610) 402-CARE.



## Putting a Cap on Rising Drug Costs

by Deborah Epstein

Last year, Americans spent about \$54.8 billion on pharmaceuticals, and employers paid a large portion of that bill. In 1992, outpatient drug benefits cost employers an average of \$386 for each employee. And the bill is growing. From 1990 to 1992, employers saw a whopping 38 percent increase in the cost of prescription drug benefits.

There are a number of measures to optimize and manage the dollars spent on medications, both in and out of the hospital. Pharmacists at Lehigh Valley Hospital and Lehigh Valley Health Network describe some of the ways they are attempting to manage costs.

"When dealing with costs, you can't just look at the price of the drug," says Barbara Leri, a clinical pharmacist. "You must also look at whether a particular drug will improve the patient's outcome and perhaps get them out of the intensive care unit or the hospital sooner. Sometimes using the higher-cost drug lowers overall medical costs."

"Ensuring that medications are used in the safest and most cost-effective way possible is an important role for the pharmacy department. At Lehigh Valley Hospital, clinical pharmacists are responsible for monitoring appropriateness, dosage and therapeutic outcome for specific medications identified by a multidisciplinary committee. "We review the patient's medication profile and discuss potential alternatives with the patient's physician when appropriate," says Maria Barr, also a clinical pharmacist.

Clinical pharmacists also assist in the education of the hospital's dispensing pharmacists, who review the patient's record for possible side effects, allergies

and other factors, such as age and pregnancy. In this way, clinical pharmacists, working with staff pharmacists, help prevent costly, and possibly life-threatening, problems.



### Using Drug Formularies

"The pharmacy department doesn't work alone to cut costs," Barr says. The hospital uses a multidisciplinary team that includes physicians, nurses and pharmacists to develop and maintain a drug formulary. This is a list of medications that have been approved by the team on the basis of effectiveness, potential side effects and cost. Physicians and pharmacists refer to the formulary when prescribing and dispensing medications, to help select the most appropriate medication for their patients. As a method of keeping costs under control, formularies are particularly important as the number of new, high-tech and high-cost drugs increases.

"The team that develops the drug formulary reviews each class of medications available," Leri says. "For example, there are several penicillins on the market, but it would be very expensive and unnecessary to carry them all in the pharmacy." The clinical pharmacists ask the assistance of the hospital's infectious disease experts which penicillin should be included in the formulary. Generally, input is gathered from about three different specialties before any drug is approved for addition to the formulary, Leri says.

Generic versions of a drug also control costs. These become available when a brand name drug's patent runs out, and they generally cost considerably less than the brand name medication costs. "Generic drugs that are therapeutically equivalent to brand name drugs are routinely dispensed to control costs at the hospital," Leri says.

### Lowering Costs with Outpatient Drugs

The cost of drugs plays a vital role in cutting overall health care costs. They can, for example, offer treatment to the growing number of patients who leave the hospital sooner in order to receive ambulatory care.

"Many therapies that were once administered only in the hospital can now be given in the home," says Christopher Rock, a pharmacist and administrator for Lehigh Valley Health Services division. Home care is significantly less costly than hospital care, and most patients prefer receiving treatment at home.

"A patient with a bone infection, for instance, may now receive antibiotic therapy in his own home, and even

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## Dining Alfresco: The Geryville Publick House

by Jane Ziegler, MS, RD and Judi Thieme

With the nice spring weather upon us, we decided to take an early evening adventure and explore some of the countryside southwest of Allentown. To our delight, we discovered a wonderful little dining spot: the Geryville Publick House, 1860 Geryville Pike, in Geryville (just outside of Pennsburg). The menu reads “Failte” (Welcome) at the top, and as we settled into our seats we were certainly made to feel welcome by our accommodating hostess. She shared a bit of Geryville history with us and told us how historical records proved that a house of public entertainment had existed at the restaurant’s site since 1743.

The restaurant has a colonial feel, but it’s very comfortable. Our fellow patrons were casually dressed; the walls are covered with country artifacts; and fresh wildflowers adorn each table. During late spring, summer and early fall, guests are invited to dine alfresco in “Aurora’s Outdoor Garden.” There, miniature lights glisten in the trees and small, intimate tables surround a bountiful garden. Its fresh herbs and vegetables are actually used in the dishes prepared by the restaurant’s chefs.

The menu offers an eclectic mix of European and American cuisines. As usual, we tried to follow healthy eating guidelines when making our selections. This wasn’t too difficult as both the menu and our waitress were quite informative. We passed over such caloric and fat-laden spirits as “Nutty Nana” (banana liqueur, Frangelico, bananas and cream) and “Piña Colada,” and kicked off our repast with a non-alcoholic cranberry-apple juice and seltzer concoction. Light in calories, low in sodium and virtually fat free, it had a

sorbet-like fizz—enough to cleanse our palates for our simmering appetizer: Tomato Florentine Soup.

The soup was filled with chunks of fresh plum tomatoes, spinach and onions, offering a strong complement of vitamins, fiber and delicious flavor. However, the Fruit and Sherbet Cup might be a better choice for those needing to monitor their sodium intake.

Next we surveyed our salad selections. The restaurant’s dinners come with a choice of the house salad or one of two versions of a spinach salad. We were pleased to see that one spinach salad version was very “heart healthy.” This fruity selection offered a flavorful blend of tender, fresh spinach, sweet purple grapes, slices of luscious strawberries, tangy kiwi and crisp, golden apples and a small sprinkling of ground walnuts.

Jane opted for this salad, which was by far healthier since its ingredients not only topped the list for nutrient value but were low in fat and rich in fiber. A delicious poppyseed dressing, served on

the side, completed the dish. Instead of pouring the dressing directly on the salad, Jane minimized the amount of fat and calories normally consumed by just occasionally dipping her fork tines into the dressing between bites.

Judi chose the house salad: a hearty mix of fresh greens, mushrooms, red cabbage, plum tomatoes, carrots, radishes and garbanzo beans. It was a virtual powerhouse of fiber, vitamins and even some protein. It was accompanied by a light vinaigrette dressing, served on the side.

The waitress also brought a basket of delicious, fresh-baked breads. One was a garlic-flavored Italian bread. It was a nice change from the fat-laden garlic bread served by many restaurants. The garlic flavor had been successfully baked into the bread without the added fat of butter or oil. The other bread was a very thinly sliced fruit bread. The fruit bread was so delicious and unusual that we were tempted to have several slices and call it dessert.

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“Aurora’s Outdoor Garden” offers *Geryville Publick House* cooks the advantage of fresh herbs, right outside the kitchen door. Whether you have room for an outdoor herb garden or just want to grow a few sprigs in containers on the kitchen windowsill, fresh herbs add flavor and nutritional value to cooking, salads and teas. What’s more, herbs offer a great low calorie, low sodium alternative to salt and butter for flavoring foods. To help plan your herb garden, here’s a quick reference list of the 14 most useful cooking herbs:

**Basil, Sweet**  
**Bay**  
**Chives**  
**Coriander**  
**Fennel**

**Garlic**  
**Horseradish**  
**Mint**  
**Oregano (Marjoram)**  
**Parsley**

**Rosemary**  
**Sage**  
**Tarragon**  
**Thyme**



# The First Step

*The Perinatal Partnership is working to reach every pregnant woman who needs help getting prenatal care in the Lehigh Valley area.*

BY MALORYE ALLISON

**T**he first steps on a child's road to a lifetime of good health are taken long before he or she is born.

But many pregnant women never get adequate prenatal care or only receive it late in their pregnancy. These women have a higher risk for complications, and their babies are more likely to be born prematurely and to need neonatal intensive care services.

To address the problem, the Perinatal Partnership was formed in January 1992. The partnership—directed by Lehigh Valley Hospital's Joan Linnander, RN, MA—is a community-based “cooperative” that links the hospital, state and other local agencies and charitable organizations. The partnership's aim is to make prenatal care available to all women. “Women were not getting care, and babies were being born prematurely, requiring special care,” says James Balducci, MD, chief of obstetrics at Lehigh Valley Hospital. “We had to do something to find a practical way to help as many women as possible get the care they needed.”

A number of barriers can keep women from seeking prenatal care: lack of transportation, overwhelming responsibilities and time constraints, language barriers, lack of education, wariness of the health





# to Good Health

care system, poverty, addiction and simply not knowing they are pregnant. To address these issues requires a number of different approaches.

The Perinatal Partnership is supported by several agencies, including the Pennsylvania Departments of Public Welfare and Health, the Pew Charitable Trust, the Howard Heinz Endowment, the Dorothy Rider Pool Health Care Trust, the Lehigh Valley Chapter March of Dimes Birth Defects Foundation, the District 18 Kiwanis and Lehigh Valley Hospital. Community partners include Lehigh County Children & Youth, Turning Point, Casa Guadalupe, 6th Street Shelter, Pathways and the Salvation Army, with participation from the Allentown Auxiliary of Lehigh Valley Hospital, various local Kiwanis groups, churches, professional organizations and sororities, the Veterans of Foreign Wars Ladies Auxiliary and the Junior League of Women.

## A Community Base

Each of these partners brings knowledge and resources to the partnership. The key to the program's success is that it is community-based. Two parts of the program, A Better Start and Outreach for Mothers and Newborn Infants (OMNI) support a multicultural network of outreach workers. The outreach workers

meet prospective patients on common ground, such as the Casa Guadalupe Latino community center, the Sixth Street homeless shelter, drug rehabilitation centers, shelters for abused women or the state's office for transitional housing. This strategy helps them find women early and build trust among those they are trying to help. "It is not just physical barriers, such as not having a car, that keep women from going to the doctor," explains Edward F. Meehan, executive director of the Dorothy Rider Pool Health Care Trust. "It helps to show women they can trust the system and to let them know we will be sensitive to their cultural issues."

Cultural sensitivity is particularly important because so many of these women are already facing tremendous challenges. "We see a lot of women with serious problems," says Damarie Lugo, a community outreach worker for the Perinatal Partnership. These problems include homelessness, depression, abuse, drug and alcohol addiction and being a teenage single parent. Teenagers give birth to one of 10 babies born in the Lehigh Valley region, and more than a third of these young women receive no prenatal care. "I've seen girls as young as 11 drop out of school to have a baby," she says. "And lots of the women we're trying to help are addicted to drugs or in a bad relationship."

## Essential Care

The program is already having an impact. The goal for the first year was to reach 200 girls and women, but the program is averaging over 400 such contacts a year, and more than 1,000 women have been cared for overall. The percentage of women who are learning about the program early, while they are still in their first trimester continues to increase. "When you can help one of these women have a healthy baby and then get her life back on track, it's the best feeling in the world," Lugo says.

Outreach workers offer understanding and a friendly ear, but they can also point women to social assistance agencies (the food bank, shelter, etc.) or free services supported by the partnership. The first such service is pregnancy testing, which is made available, right where she is, to any woman contacted who thinks she might be pregnant. Women can also get answers to their questions about pregnancy, either through the hospital or from materials, such as pamphlets and videos, distributed through the March of Dimes. "We have information for teenagers, women and men," says Mary Ellen Koval, executive director of the March of Dimes Lehigh Valley Chapter. "One of the most important is our 'Think Ahead'

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## Hernias: Today's Treatments Ease the Strain of Hospitalization . . . and the Pain of Recovery

by Bruce Grant

**P**icture an inner tube ballooning through a weak spot in a tire. Now picture the same thing happening inside the body, with soft internal parts squeezing through the muscle or bone that's supposed to protect them. That's a hernia.

Hernias can strike anyone—over 20 million Americans, from newborns to



At Lehigh Valley Hospital—17th & Chew, outpatient surgical services have been combined at the new Ambulatory Surgery Unit.

seniors, are estimated to live with them—and they can affect almost any part of the body, from the brain to the bowels. But mostly they happen in the lower abdomen—and mostly to men.

Blame it on their anatomy. Other factors, like a family history of hernias, previous abdominal surgery and carrying too much weight (or losing it too quickly) increase the risk of hernias for men and women alike.

But men are 10 times likelier to get groin hernias, because the opening

between the abdomen and the scrotum is naturally vulnerable. Even a slight amount of muscle weakness (often present from birth), plus the momentary stress of heavy lifting, hard coughing, prolonged straining or just laughing or crying can be enough to cause a “blowout.”

Most patients tell the same story: a painless lump appears suddenly in the fold between the thigh and abdomen, it bulges out with coughing and gets smaller upon lying down.

Sooner or later most turn to surgery to replace delicate tissues and reinforce weakened muscles. At over 100,000 procedures a year, hernia repair is one of America's most frequent operations. But where only a decade ago, hernia surgery meant over a week's stay in the hospital, most patients today don't even stay overnight.

“Outpatient surgery now accounts for over half of all operations in America,” says Lehigh Valley

Hospital surgeon Walter Okunski, MD, “and for good reasons. It saves money. It helps reduce patient anxiety about surgery and it enables patients to recuperate at home instead of in a hospital bed.”

For patients at Lehigh Valley Hospital's new Ambulatory Surgery Unit, outpatient surgical services are now consolidated in one convenient location on the second floor of the hospital's 17th & Chew site. Over 100 surgeons and 95 professional and

support staff members provide patient care in the unit. Ambulatory surgeries performed include such procedures as tonsillectomies, breast biopsies, carpal tunnel, skin cancer, gynecologic, cosmetic and eye surgeries and—of course—hernia repair.

Today's surgical options for hernias include not only the latest refinements to the classic hernia operation but also laparoscopic hernia repair—an innovative technique using long, slender instruments inserted through a tiny incision in the navel and guided by miniaturized video cameras.

“While every patient may not be a candidate for laparoscopic repair, selected patients achieve excellent results,” says Lehigh Valley Hospital surgeon Richard Boorse, MD. “With the new laparoscopic procedures, patients have considerably less pain and are usually back to work in one to two weeks rather than six weeks.”

Whatever treatment patients and their doctors choose, Boorse emphasizes, the important thing is not to put it off. “Hernias don't get better by themselves,” he says. “They only get bigger, more painful and harder to fix. And untreated, the risk of a hernia suddenly becoming trapped, and its blood supply squeezed off—a potentially life-threatening emergency—never goes away.”

**If you're considering hernia surgery or would like more information about procedures that can now be done on a same-day basis at the Ambulatory Surgery Unit's convenient 17th & Chew location, call (610) 402-CARE.**

*Bruce Grant is a Philadelphia-based health care writer.*



# DR. MOYER HAS TOUCHED THE LIVES OF MANY FAMILIES—AND PHYSICIANS

by Kathryn Hobbie



**W**hen Martha Donley was born in Allentown in 1950, her chances of survival were slim. The tiny, fragile infant was several weeks premature and the science of neonatal (newborn) intensive care was still a long way in the future.

One brand-new technology appeared to offer hope for premature infants: the use of oxygenated incubators to stimulate lung function. As it happened, Martha's father, Edward Donley, was familiar with this technology. He was an engineer with a fledgling company called Air Products, which produced oxygen for industrial and medical uses.

"I was enthusiastic about the possibility of oxygen treatment and asked our pediatrician, Dr. Forrest Moyer, about it," says Donley. "But he was reluctant. He felt the technology was too new and untried to be worth the risk."

Day after day as the hospital worked to keep Martha alive, Donley visited Moyer's office for an update on her chances. Day after day the answer was "Fifty-fifty." Finally, at the end of the week, Donley heard good news. "I walked in and before I could even ask Dr. Moyer said, 'Sixty-forty.'"

Martha Donley had been saved—and Moyer, as it turned out, had been right. Within a year it was discovered that while oxygen improved survival

rates, it often resulted in irreversible damage to the eyes. "In short," Donley says, "the babies lived, but they were blind."

Today, 45 years later, Martha Donley Robb is a psychologist with a PhD. "I remember the day she graduated from college," her father says. "Another woman in her class received her diploma flanked by a seeing-eye dog. She had also been premature, but she was not as fortunate as Martha; she had not been born at The Allentown Hospital and cared for by Dr. Moyer."

In the years since Martha Donley's birth, Forrest Moyer, MD has played a major role in the growth of pediatrics at Lehigh Valley Hospital. Chief of the department for more than 20 years, he was instrumental in the creation of such programs as the outpatient clinics and the neonatal intensive care unit, which was named in his honor in 1981.

The many young doctors trained by Moyer "have a deep respect not only for his high professional standards, but for his personal devotion to

continued on next page



patients," says John VanBrakle, MD, chairman of pediatrics today. "He was a tireless worker. Many share stories of home visits with close bedside attention and Dr. Moyer personally delivering polio vaccine door-to-door."

The Donley family remembers the "loving atmosphere" in Moyer's office. "He had a fish tank and his beautiful photographs on the walls, and a rocking horse—it was a fun place for a child to go," Martha says today.

"Forrest Moyer," VanBrakle says, "is one of those people that you encounter during your training and hope you will some day be like. He truly taught by his example."

To Moyer himself the pediatrics program has been strictly a team effort. "I have had wonderful support from the fine young people who came to do pediatrics with me," he says, "and from the nurses and the rest of the Lehigh Valley Hospital staff. This program is not one person's, but many people's doing."

## GRATEFUL DONLEYS DONATE ENDOWED CHAIR TO HONOR DR. MOYER

How does a family say "thank you" to the doctor who saved their infant daughter's life? In the case of Edward and Inez Donley, the answer was to make a gift of an endowed chair for Lehigh Valley Hospital—a gift that will not only honor Dr. Forrest Moyer, but benefit the entire community.

An endowed chair is a permanent sum of money that provides income, which is used to fund the activities of a distinguished educator/researcher. The Forrest G. Moyer, MD, Distinguished Chair in Pediatrics at Lehigh Valley Hospital—formally announced at a dinner April 27—will

support the activities of a distinguished physician at Lehigh Valley Hospital.

"This is a rare opportunity for us," says John VanBrakle, MD, chairman of pediatrics. "It is unusual for a community hospital to have an endowed chair; they are typically found in a university hospital or medical school. Dr. Moyer's strength and Mr. and Mrs. Donley's generosity will continue to touch the lives of countless children in our community far into the future."

Lehigh Valley Hospital is not, he adds, a typical community hospital when it comes to medical education. Through its affiliation with Penn State University's Hershey Medical Center and in cooperation with several others, the hospital educates more than 45 medical students and 85 residents annually. The endowed chair will allow for an enhanced level of teaching and learning.

It will also help create ongoing, permanent linkages between practicing doctors and medical schools, making it easier for local physicians to stay up-to-the-minute on the latest scientific developments.

"I have always believed that a well-educated professional work force is vital in my own fields of engineering, science and business management," says Edward Donley, who is past president and chairman of Air Products and Chemicals, Inc. and a long-time hospital board member. "It is certainly just as important in the medical field—and I hope this gift will inspire others to create endowed chairs for the hospital."

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*Kathryn Hobbie is a freelance health care writer based in Battle Ground, WA.*

## DRUG COSTS

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return to work during the treatment," Rock says. Providing this important and often critical therapy requires nurses and pharmacists who are well-trained in pharmacy home care.

Outpatients can receive help with their pharmaceutical needs through Lehigh Valley Home Care, a service of Lehigh Valley Health Network. Health Spectrum Pharmacy Services, located in the John and Dorothy Morgan Cancer Center, a full-service outpatient pharmacy dedicated to pharmacy needs outside of the hospital, is also available as an outpatient resource.

The walk-in pharmacy staff includes four registered nurses, four pharmacists and a number of pharmacy technicians. A pharmacist and nurse are available 24 hours a day. The service even has the capability to place intravenous catheters and administer intravenous therapy, under professional supervision, right in the facility.

Services provided by the pharmacy range from administering antibiotics to preparing patients for surgery. Other home services include intravenous feeding, pain management for terminally ill patients and chemotherapy.

The pharmacy also provides specialized products, such as knee braces, breast prostheses and blood products for hemophiliacs, and laboratory work is available on-site for patients taking drugs that require close monitoring. "We also offer training and pharmacy services to nursing homes," Rock says. "Their ability to care for more critically ill patients and to gain the confidence of the hospital and medical staff in referring these patients to their facilities is enhanced by the way they work closely with Health Spectrum Pharmacy Services."

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*Deborah Epstein is a freelance health care writer and former senior editor at Drug Topics.*



## FIRST STEP

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program, which talks about preconception planning and what you need to do for your baby's health even before you get pregnant."

### Help with Basics

The free information starts women thinking about their health, but it's even more important to get them to the doctor's office. "Preventing complications is the most critical part of

prenatal care," Balducci says. "We need to see these women so we can examine them and try to prevent any problems." Some simple, but critical services are available to help make such visits possible. The Kiwanis District 18 provides a free transportation van, and pediatric clinic hours are extended.

For low-income women, the Pennsylvania Department of Public Welfare sponsors Healthy Beginnings Plus, a program that provides low-income women comprehensive prenatal care. The program uses a case management approach, in which each woman is assigned a care coordinator who monitors the patient's progress. Other services, such as exercise classes and counseling, are also part of the program.

And help from the partnership doesn't stop once a baby is born. OMNI, for example, provides classes for new mothers, such as education on breast feeding. Services for children through age three are also provided through OMNI, so that

important preventive health measures, such as immunizations, are not overlooked.

"By removing barriers, we hope that all women will have increased access to prenatal care," Linnander says. And, as many more women get good prenatal care, babies are also benefiting. Over the last two years, fewer very low-birth-weight babies have been born at Lehigh Valley Hospital, and fewer babies are ending up in the neonatal intensive care unit. "This is the classic 'win win' situation," Meehan says. "Mothers and babies are getting care, and society benefits because these families are healthier in the long run." Having seen the success of the program in Allentown and surrounding communities, Meehan thinks it's the type of plan that should be made available everywhere. "I would like to see outreach services expand across the region."

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*Malorye Allison is a frequent contributor to health publications and the editor of Living Healthy and Heart Research News.*

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## EAT SMART

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The menu's list of entrees was quite lengthy, as was the blackboard listing of daily specials. Although we were sure the chef would have accommodated special requests to modify entrees by withholding cream or butter sauces, Jane opted for a low-fat entree, Blackened Catfish, while Judi made a special request for Broiled Chicken with Asparagus. Both were served with a plentiful portion of wild rice pilaf, which provided additional fiber. We were impressed that Judi's special request did not present a problem for the kitchen. Should a similar occasion arise, we feel

confident that Geryville Publick House would make every attempt to meet all special dietary needs and requests.

Jane's tender catfish was served with fresh basil and topped with a homemade fruit salsa, providing a nice counterpoint to the fish's spicy flavors. Judi's chicken was equally delicious. The boneless breast was stuffed with fresh asparagus and laced with a light white wine and lemon sauce. The chef added some

fresh dill which enhanced the mix of fresh flavors. Both entree portions were sizeable, so one could easily order a full entree and save on calories and fat by eating only a partial amount.



Dessert choices were almost as extensive as the entree selections, but we declined to indulge. However, if there's room for dessert, we would recommend sharing a fruited ice cream parfait.

As dinner came to a close, we felt that we had received more than a "Failte" from the Geryville Publick House. We had enjoyed a memorable evening. We look forward to returning soon to dine alfresco in "Aurora's Outdoor Garden."

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*Jane Ziegler, MS, RD serves as director, Clinical Nutrition Services, Lehigh Valley Hospital, and Judi Thieme as Nutrition Program Coordinator, Health Promotion and Disease Prevention Department, Lehigh Valley Hospital.*

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## Winds of Change

by Louis Liebhaber, Chief Operating Officer, Lehigh Valley Hospital



Louis Liebhaber

**T**he winds of change are sweeping into the Valley. But let's call them gentle breezes. For now. In other parts of the country, the twin health care imperatives of cost and quality are dramatically affecting the way health care is paid for and provided. The bottom has dropped out of the health care system's traditional source of revenue—the inpatient stay. Fewer people are admitted to hospitals, and those who are stay less time. More care is provided in less costly outpatient settings, and more time is spent on protecting health and preventing illness. These are clear market trends that are now beginning to have a significant impact in our region.

To that I can only say, it's time. And I hear a loud echo from the local business community who cannot afford double digit rates of increase and still remain competitive.

At Lehigh Valley Hospital and Lehigh Valley Health Network, we have recognized the changing requirements of the marketplace, and are seeking the involvement and support of business and industry to seize what we view as a unique opportunity. Other parts of the country have been overwhelmed almost overnight by a health care revolution. But here we have the chance to build a health care system for the future, one that is responsive to the views and needs of purchasers but designed and managed by those who provide the care, to cause the least disruption to the all-important relationship between patient and physician. That deliberate and thoughtful process bodes well for continuity of care and quality of life, and ensures the development of a system that is both high-value and locally based.

And why is that last component so important? The impact of the so-called "globalization" of the economy is not lost on our business community. Several local industries—textile, steel, automotive manufacturers—face global competition and have been severely affected by it. So it is with health care. National insurance companies and for-profit hospital chains take income out of the local community and put it in the pockets of stockholders and corporate leadership. They have no long-term interest in the ongoing health—economic or otherwise—of the Lehigh Valley and the surrounding region.

Our local effort, on the other hand, has those concerns at its core and four characteristics as its central focus: a consistently high level of quality;

preservation of patient-provider relationships; a geographically dispersed network of services to ensure access to care for a company's employees no matter where they live; and market-competitive prices.

And how does an organization deliver a high-quality, cost-competitive product? Lehigh Valley Hospital and Health Network, faced with the same sort of pressures that have driven other business transformations, has responded in kind. Our version of "work redesign" means devising new ways to provide care to people, to get them what they need more quickly, more effectively, more efficiently and in the most appropriate setting, so they recover faster.

It's the driving force behind our decisions to invest in new technology and information systems, and in retraining and deploying our work force. It's the catalyst for transforming our facilities, ultimately and appropriately reducing the number of beds to create services like an ambulatory surgery center; the John and Dorothy Morgan Cancer Center, combining all needed services for patients and families; a transitional unit for hospitalized patients to recover in relaxed, homey surroundings; model labor and delivery suites; and rapidly expanding home care services.

Its beneficiary is the community who has entrusted this valuable health resource to our care, and whose advice and participation we will continue to seek in creating the health system for the future.



**Ingersoll Rand** has selected Lehigh Valley Hospital and six other hospitals nationwide to provide cardiac services, including open heart surgery, angioplasty and heart catheterization, for its 28,000 employees and their dependents. The machinery manufacturer's selection of the seven hospital providers followed an extensive review of the quality, costs and outcomes of their heart procedures. Cardiac services is the first area in which Ingersoll Rand has awarded exclusive managed care contracts . . .

**Robert J. Laskowski, MD**, has been named senior vice president of clinical services at Lehigh Valley Hospital to coordinate the activities of the hospital's clinical departments, monitor the delivery of medical services and oversee medical education and quality assurance programs. Prior to assuming this position, Dr. Laskowski served as group medical director and president of Northeast Permanente Medical Group, Farmington, Conn., and as a member of the medical faculty at the University of Connecticut . . .

Lehigh Valley Hospital is serving as one of 200 research centers nationwide investigating the effectiveness of various hypertension drugs in preventing stroke, heart attacks and death. Sponsored by the National Institutes of Health National Heart, Lung and Blood Institute, the study focuses on four classes of newer and more costly FDA-approved medicines. More than 40,000 patients, aged 60 and over, with diagnosed high blood pressure and another risk factor such as diabetes will be monitored during the eight-year trial. **Nelson Kopyt, DO**, a

nephrologist, is serving as principal investigator of the study at Lehigh Valley Hospital . . .



Lehigh Valley Hospital's Neonatal Intensive Care Unit and the Perinatal Partnership are two programs that have benefitted from the over \$300,000 March of Dimes' local chapter has donated to the hospital.

With an emphasis on diet, lifestyle practices and regular medical care, **Linda Lewis, RN**, is increasing access and awareness of maternity care for low income, Latino, homeless and battered women. Lewis is the new community educator for the Perinatal Partnership, a community project of Lehigh Valley Hospital, the March of Dimes and other community organizations. The ultimate goal of the partnership is to reduce the incidence of infant mortality in the greater Lehigh Valley. . .

**Herbert "Chuck" Hoover, MD**, a surgical oncologist specializing in complex cancer procedures, has been appointed chair of surgery at Lehigh Valley Hospital. In addition to performing surgery, he is also training medical students and residents while furthering the development of all surgical disciplines and research at the hospital. Hoover previously provided

surgical oncology services at the Massachusetts General Hospital in Boston and served as an associate professor of surgery at Harvard Medical School . . .

As an approved affiliate of the Milton S. Hershey Medical Center for gynecologic oncology group studies, Lehigh Valley Hospital offers patients access to the latest gynecologic cancer treatments under investigation. The gynecologic oncology group is a cooperative research group sponsored by the National Cancer Institute to conduct clinical trials. The principal investigator for group studies at Lehigh Valley Hospital is **Sergio Perticucci, MD**, gynecologic oncologist . . .

**John F. McCarthy, DO**, has been named medical director of MedEvac, Lehigh Valley Hospital's emergency flight program. Dr. McCarthy completed his residency training and a fellowship in emergency medicine at Albert Einstein Medical Center. He previously served as assistant medical director of MedEvac . . .

In cooperation with the Allentown School District, Lehigh Valley Hospital is serving as an off-campus classroom for Allen High School students. One day each week, from November through June, junior high students at risk of dropping out of school are mentored by members of the hospital staff in various departments. While encouraging students to continue their education, the "Cities in Schools" program also introduces them to prospective careers in health care .



# This June We're Not Handing Out Diplomas - But You Can Try On A Cap and Gown.



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