

No. 12 June 17, 1974

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GETTING TO KNOW THE SYSTEM

Update

This is the fourth in a series of articles designed to acquaint all hospital personnel with the programs, practices and procedures under which the Hospital Center will operate as well as with those programs which involve the participation of all three hospitals. The subject for this issue is . . .

EMERGENCY CARE

The regional approach to emergency care planned for the Allentown area calls for the principal trauma center or the "Category I Comprehensive Emergency Service" to be located at the Hospital Center. As delineated by the A.M.A., it will be equipped and staffed to handle the most complex emergency conditions, those which are frequently referred to as "life-threatening".

As the primary ambulatory care center for the community, Sacred Heart Hospital will maintain a 24-hour "Category III General Emergency Service" as defined by the A.M.A. Emphasis will be placed on providing primary care to the so-called non-emergent patient seeking unscheduled care.

The Allentown Hospital will maintain a holding area for medical patients requiring acute care. No emergency department will be maintained at Allentown Hospital. Allentown Osteopathic Hospital has agreed it will not operate an Emergency Room. Facilities for primary care management of AOH patients will be provided.

The keys to the efficiency of this regional approach to emergency care are twoway radio service between the local ambulance services and the Hospital Center, and a comprehensive public relations program to advise the public. The radio system also includes telemetry for continuous monitoring of patients enroute.

Normally, all ambulance patients will be taken to the Hospital Center. With radio communication, however, questionable cases can be resolved by the Emergency Room physician at the Hospital Center. If a physician chooses to direct his patient to one of the other hospitals <u>for admission</u>, he will be taken to that hospital. For example, a physician suspects his patient is a stroke victim and decides to direct the patient either to the Allentown Hospital or the Sacred Heart Hospital. Communication with the trauma center in such cases will not be necessary, but may be used for consultation or guidance. On the other hand, for instance where there is no physician involved and the patient is picked up on the highway by ambulance, he will be taken to the Hospital Center.

Some transfer of patients is inevitable. A pediatric accident victim, for example, would be treated first at the Hospital Center, then transferred to the Pediatric Department at the Allentown Hospital after his condition is stabilized. In the interim, consultation with a pediatrician will have taken place.

It's new and, therefore, seemingly complex. But it's both a very workable and highly desirable approach to emergency care.

MEDICAL STAFF NOTES

<u>The Medical Executive Committee</u> held its organizational meeting on Tuesday, June 11, and elected Dr. Joseph Prorok secretary and Dr. John Shane treasurer. The second Monday of each month was established as the regular meeting date. Dr. Walter Okunski, Chairman of the Credentials Committee, reported that group will be working in earnest on the processing of applications. Documentation in support of staff application -- is it necessary? While many physicians may consider it superfluous since they are already members of the staff at one or both of the existing hospitals, both Joint Commission standards and legal requirements make it necessary. As a result we are required to ask physicians for certain documentation which includes authorization for the release of documentation by the other hospitals, certification of malpractice insurance, a copy of the physician's license, certification of internship and residency, two letters of reference and the endorsement of the appropriate chief of service. We know it's tough, but we have no choice!

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NEW APPOINTMENTS

Geraldine Butterfield, R.N. has been named Supply, Processing & Distribution Supervisor, effective June 24. Mrs. Butterfield has been Central Supply Supervisor at Hahnemann Hospital, has served at Philadelphia General Hospital and Cherry Hill (N.J. Medical Center). Her background includes experience in OR and general staff nursing as well as central supply.

Dorothy Holveck, R.N. will join us on June 24 as Supervisor of Critical Care Areas. Most recently Supervisor of Special Care Units at Sacred Heart Hospital she is a graduate of the Sacred Heart Hospital School of Nursing and has served on the nursing staff of that hospital since 1953.

Mildred L. Guzara, R.N. has been appointed Operating Room Supervisor. A graduate of Temple University Hospital School of Nursing, she has supervised the OR at Sacred Heart Hospital since August, 1972 and previously held a similar post at Albert Einstein Medical Center for three years. Miss Guzara began work June 17.

BUS SERVICE INITIATED

Effective Monday, June 17, LANTA buses will serve the Hospital Center from 6:30 A.M. to 8:00 P.M. Buses will run hourly, but LANTA officials have indicated the possibility of half-hour schedules during peak hours. Bus route begins at midcity, follows Hamilton Street west to 24th, south to East Texas Boulevard onto Flexer Avenue and thence to the Hospital Center. Return trip reverses that route.

A NOTE OF GRATITUDE . . .

for the Big Top Ball. It was a success by any standard of measurement. Beautifully planned and smoothly run, thanks to Mrs. Henry J. Nave and Mrs. Leon C. Holt, chairman and co-chairman, and all the Auxiliary members who headed and served on committees. Also, the many business firms and individuals who cooperated. And finally, to all the physicians and friends of the Hospital Center throughout our community who attended the Ball and helped to make it a most memorable evening.

HOW TO TRANSFER TELEPHONE CALLS

When you dial the operator to transfer a call, please give her the extension number or the name of the person to whom the call is to be transferred. Otherwise, our operator must obtain this information a second time from the caller.

Look for UPDATE NO. 13

in two weeks!