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■ **What's Up?**

The merger transition team continues to meet every Monday and in subgroups throughout the week, discussing processes to get at decisions once the merger is finalized. Those discussions have centered on procedures for integration from many perspectives -- human resources, finance, operations, communication, to name a few. Again, at this stage, no decisions have been made.

On Nov. 6, department directors from both MHC and LVH will gather informally at the Allentown Hilton to meet and hear from the leaders at both institutions, and do some brainstorming on bringing MHC and LVH employees closer together. And watch for more details on a Feb. 6 dinner-dance planned by a group of your co-workers from both organizations!

■ **Rumor Control -- Call 402-CARE**

Rumor: If the merger goes through, LVH will probably change its name again.

Fact: There are no plans for LVH to change its name. It was also a feature of the affiliation agreement that MHC would keep the name Muhlenberg Hospital Center.

Rumor: MHC will become a Level II trauma center.

Fact: Not true. MHC will continue to operate a full-service emergency department. The region's only Level I Trauma Center, located at LVH, has the capabilities, expertise and capacity to treat the most serious traumatic injuries and achieve the best outcomes. A second trauma center is unnecessary, duplicative and costly.

Rumor: Some people think LVH bought MHC.

Fact: No dollars changed hands. Lehigh Valley Health Network pledges to spend a minimum of \$20 million over the next five years -- after the merger is finalized -- to be invested by Muhlenberg in new capital and program-related expenditures at the Muhlenberg campus. A portion of those funds already resides in the MHC Foundation.

Rumor: The MHC management reorganization six months ago was in preparation for the merger.

Fact: Not true. That reorganization of middle management positions was in anticipation of reductions in payments from managed care plans and the subsequent need to reduce costs, and to provide a more efficient structure.

Rumor: We need near-term objectives we can focus on, to know we're doing a good job.

Fact: That's true, and the best focus of our attention is to remember our promise to our community, that quality patient care will continue uninterrupted throughout the transition. As that transition continues and various guidelines and parameters for the merger are developed, staff will be fully involved in both the planning and the processes of integration. Again, however, it's important to remember that no decisions will be made until after the merger is finalized.

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Rumor: The transitional skilled unit (TSU) at 17th and Chew will be moving to Cedar Crest for cost reasons, and so ambulance transport would not be necessary.

Fact: There are no plans to move the TSU to Cedar Crest.

Rumor: MHC employees with Blue Cross/Blue Shield will have to change insurance after the merger.

Fact: Benefits and salaries are being analyzed and compared by an independent consulting firm, for us to share and review and use to make decisions after the merger is finalized. Priority will be given to benefits decisions identified as most important by employees of both LVH and MHC.

Rumor: When patient centered care was implemented at LVH, people had to reapply for their positions. That way, LVH was able to replace all its higher-paid employees.

Fact: That's not why the positions were posted. Positions were posted and applications were accepted and reviewed to ensure that the best qualified people got the job. In most cases, the best qualified were also the more senior employees. However, there were instances when a less senior individual was the best qualified.

Rumor: Allegheny has laid off 1,200 people, some say after growing too fast. We're putting ourselves at risk for layoffs, too, by merging and becoming too big.

Fact: The Allegheny Health System lost more than \$69 million last year. By contrast, both LVH and MHC have healthy bottom lines, and have made conscious efforts to keep costs under control while providing high-quality health care. Both LVH and MHC are committed to working with staff in a respectful and dignified way, which would not include surprise events such as the one that occurred at Allegheny.

■ A Line or 2 from Lou

It's been an unsettled week for health care in our region, as the caller to 402-CARE above points out. A massive layoff by one of our area's health care giants decimated a work force -- 1,200 employees let go with no notice -- and raised serious concerns about the system's ability to maintain quality of care.

Our decision to merge is not to be compared to what the *Philadelphia Inquirer* called Allegheny's "high flier" strategy of buying hospitals that drove the system deeply into debt. "Paying for hospital expansion with job cuts ought to be a last resort," the editorial admonished. We couldn't agree more.

The merger of MHC and LVH is designed to strengthen both institutions' competitive viability, improve services to the community, and enhance career opportunities for our work force, not the opposite. That's not to say there won't be tough decisions to make along the way. Things will change out of marketplace necessity, in part, and not all of us will be happy with each and every change. But we have confidence that as a way to ride the crest of health reform, this merger is our best assurance that the ripple effect of cost pressures doesn't swell into a riptide.



Lou Liehaber
Chief Operating Officer, LVH
Chair, Merger Transition Team

Question: What benefits questions would you like the human resources group to consider first, and resolve as soon as possible after the merger is finalized?

Please share your answer with your supervisor or call 402-CARE.