CheckUp this month!

VOL. 13, NO. 5 . MAY 18, 2000

NETWORK'S FYOT BUDGET REFLECTS \$25 MM TURNAROUND

LVHHN management will present a fiscal year 2001 budget to the board of trustees in June that reflects a \$25 million improvement over initial projections.

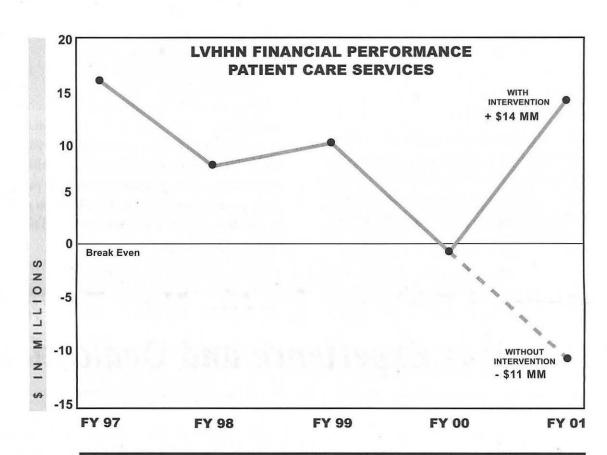
That financial turnaround is due to the network-wide involvement of physicians, administrators and staff to identify new revenues and cost savings, according to Lou Liebhaber, chief operating officer. Project teams formed in February around more than 50 initiatives that became known collectively as the "60-Day Turnaround." The effort was led by Liebhaber and Robert J. Laskowski, M.D., chief medical officer.

"We were faced with a critical financial situation, potentially losing \$11 million from patient services in the next fiscal year," Liebhaber said. "Instead, thanks to a lot of hard work by a lot of dedicated people from across all divisions—LVH, LVH—Muhlenberg, Health Services and LVPG—we have a solid budget that projects a \$14 million surplus." Also, money has been budgeted for pay raises in FY01, and no benefit reductions are planned, he added.

The surplus is necessary to do basic repairs and maintenance, replace or buy new equipment, and repay debts. The positive impact of the turnaround efforts also influenced the current fiscal year's results, reducing a potential \$4 million loss from patient services to about \$1 million, according to Vaughn Gower, chief financial officer.

Work to achieve the \$25 million turnaround focused primarily on supplies, purchased services, new admissions, process improvements and staffing level benchmarks. Some programs were consolidated or eliminated through the process. Approximately one-fifth of the improvement was accomplished by moving departments with MECON profiles to the 50th percentile and establishing staffing level targets for other departments.

About 50 people were affected by changes in their hours, schedules, positions, classifications or funding sources, according to MaryKay Gooch, vice president, human resources. Approximately 52 positions have been added in clinical services because of volume increases, she said. Every effort will be made to "match" existing, interested employees with those positions, which are



LVHHN would have lost \$11 million in FY01 if not for the \$25 million financial turnaround, which will result in a projected \$14 million surplus.

Following is a summary of LVHHN's financial turnaround results by category:

 Length of stay decreases 	\$.6 million
 Volume/admissions growth 	\$5.0 million
 Staffing level optimization 	\$4.3 million
• Administrative & academic support reductions	\$4.7 million
• Supply cost & utilization reductions	\$1.9 million
• Revenue enhancements	\$2.6 million
• Other operating improvements	\$5.9 million

included in the 300 vacancies currently available in the network. Affected employees will be assisted in their transition by human resources.

"All of us in clinical services feel confident that our staffing levels are now appropriately based on the census on the various units," said Terry Capuano, senior vice president, clinical services. "That's good news for our staff who have worked so hard to provide the best patient care in often challenging circumstances."

by Mary Alice Czerwonka



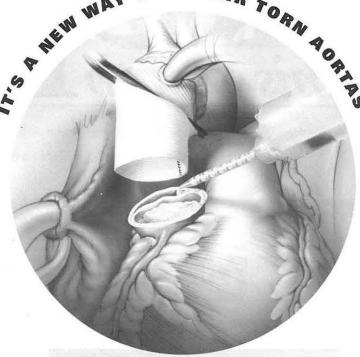
Surgeons Stuck on Glue

Heart surgeons at LVH have added a new and powerful tool to their arsenal for treating life-threatening conditions: glue.

Since January, Raymond Singer, M.D., and several of his colleagues have used BioGlue to repair dissections of the aortic arch in patients.

The aorta is the main blood vessel in the body, which forms an arch-like curve as it rises to connect to the heart. Aortic dissection occurs when the outer and middle layers of the vessel separate, allowing blood to enter the "false channel" between the walls. Left unrepaired, the leak deprives vital organs of blood, and in some cases, causes a life-threatening hemorrhage. It happens to two in 10,000 people, most often men ages 40 to 70. The most common causes of this condition are hypertension, cardiovascular disease and Marfan's syndrome.

BioGlue is composed of purified bovine albumin and an adhesive agent that is manufactured by Cryo-Life in Kennesaw, Ga. In December 1999, the Food and Drug Administration approved its limited use in the U.S. as an adjunct for the repair dissections of the thoracic aorta.



LVH heart surgeons are using BioGlue to repair aortic dissections. This illustration, provided by CryoLife, shows the application of BioGlue to fuse the walls of an aorta.

This year, LVH became the first hospital in the country to use BioGlue under a humanitarian device exemption (HDE). According to Cryolife, "under HDE regulations, medical devices that provide treatment for limited populations of patients can be granted approval by the FDA based on more limited clinical experience than that required for a full Pre-Market Approval."

Singer, who pioneered the use of BioGlue at LVH, prefers it over sutures to fuse the vessel layers to eliminate the false channel. It bonds quickly, preventing substantial blood loss, which is common in aortic dissections, he said.

"BioGlue takes less than two minutes to solidify, compared to a much longer time required to suture the vessel," Singer explained. "Saving time increases a patient's chance of avoiding neurologic injury and can reduce the need for blood transfusions."

As it was in the case of 75-year-old Anthony Russo of Hazleton, the first patient at LVH to have his aorta fixed with BioGlue. Still recuperating from the mild stroke he suffered because of the aortic dissection, Russo said he's on the mend and has no doubt that using BioGlue was the right decision. "I'm feeling all right. They did what they thought was best and, so far, everything is going well."

According to Singer, "It's an invaluable addition to our surgical tool kit, which provides a great benefit for our patients at a critical time."

by Rob Stevens

Medical Director for the New Burn Center Has Experience and Dedication

The cell phone rings. It's a *CheckUp* writer calling from Allentown to speak to William Dougherty, M.D., F.A.C.S., thinking he's reaching the plastic surgeon at the start of a business day in Los Angeles. But Dougherty is actually vacationing in Hawaii where it's 5 a.m!

No matter. Dougherty understands the call is to discuss his selection as the medical director of the new Burn Center at LVH. Dougherty graciously asks the writer to call back in about three hours, and when he does, chats for nearly a half-hour while getting breakfast for his two children.

That brief interaction under the circumstances seems to speak volumes about the Center's new director and his dedication to his work and his patients.

Dougherty, 44, officially begins his new duties at LVH on July 1. He has a vast background in surgical critical care, plastic surgery, trauma and burn care, gained through his work at several southern California hospitals—including Los Angeles County-University of Southern California Medical Center's burn center, where he's currently one of four surgeons on staff, and Torrance Memorial Medical Center burn unit in Torrance, Calif., where he was associate director.

"He's an experienced burn surgeon who has worked at a large center handling burns of all degrees of severity," said Walter Okunski, M.D., administrative director of LVH's Burn Center.

But Dougherty's medical experience is just part of the story. He was a physicist at Stanford University's Linear Accelerator Center before he decided to enroll in medical school at USC in 1981.

"I understood how to apply physics and technology in medicine, and I wanted to use that knowledge to help people," Dougherty said.

Dougherty says with its dedicated staff and judicial use of the latest technology, he envisions LVH being a world-class Burn Center. His plans for the program and the new Center, which is expected to open by June 20, include emphasizing both inpatient and outpatient care as well as conducting ongoing research.

"It's better psychologically if the patient can wait several days for surgery at home rather than in a hospital bed if the injuries aren't too severe," Dougherty said. "That also provides space for patients with more critical care needs."

Robert Laskowski, M.D., LVH's chief medical officer, is confident Dougherty will serve the region well. "His expertise in acute care, plastic surgery and burn reconstruction, along with his dedication and compassion will be a tremendous benefit to Lehigh Valley Hospital, our patients and the community."

Joining Dougherty's burn team on June 1 will be Michael Najarian, D.O., a trauma and burn surgeon and native of Bethlehem, who did part of his residency at LVH and now returns to this area from Chicago. ■



William Dougherty—medical director of the new Burn Center.

NEW BURN CENTER FEATURES & FACTS

LVH's new state-of-the-art Burn Center will open in June on the second floor of the Jaindl Pavilion. The regional referral center for both pediatric and adult burn patients will house nine beds, one more than the current unit.

A new hydrotherapy area is designed for comfort as a patient undergoes wound treatment. More comfort for the patients' families also is a feature of the new center, which will have its own waiting area and sleeping space—important for the many families that travel a distance to be with a loved one. The current unit shares a waiting area with the acute coronary care unit.

LVH's Burn Center admitted 170 patients last year with the length of stay ranging from a few days to four or five months.

A MATTER OF THE HEART

PANEBIANCO BACK IN THE OR

On April 18, 1970, Antonio Panebianco, M.D., made history in the Lehigh Valley when he performed the first open heart surgery at the former Allentown Hospital.

Just days before the milestone's 30th anniversary, this veteran of 4,000 cases of cardiac surgery celebrated another special moment—his comeback as full-time surgeon, a day he often dreamed about during a lengthy semi-retirement forced by life-threatening illness.

"I love it," Panebianco said of surgery—just like he loves the rush of circling the Pocono Racetrack in one of his prize Porsches or Ferraris.

Undergoing two bypass operations and the treatment of colon cancer didn't stop him from helping other patients. Fueled by his gradually improving health and hope that he shared with few others, Panebianco assisted Geary Yeisley, M.D., and other surgeons in the OR through most of the 1990s.

Today, at 63, Panebianco is feeling stronger than ever. While most physicians his age are planning retirement, he is fulfilling his thirst for rewarding moments in the OR.

"You can be a passenger in a sports car or the driver," he said. "I like to hold the steering wheel in my hands, to feel the control."

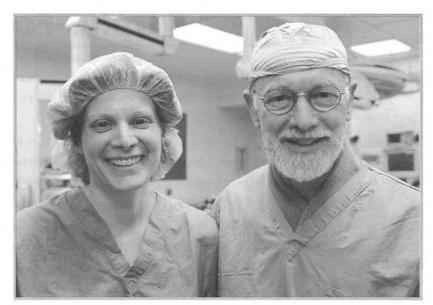
To be recertified as a primary surgeon, Panebianco must first perform 10 operations with a seasoned colleague who observes and if necessary, assists. Yeisley was his proctor for the first three operative procedures.

To make his return to the OR a true matter of the heart, his scrub nurse has been his oldest daughter, Justina. A former emergency department nurse at Sacred Heart Hospital, she was encouraged by her father to take the critical care training in cardiac surgery at LVH.

"He just said the nurses in the OR are dedicated and really great," she recalled.

Before their first case together, father and daughter had a heart-to-heart. "I said to him, 'You're going to have to talk to me,' " she remembered. "He speaks so softly that I was afraid I wouldn't understand which instrument to give him." To prepare, he would show her finger movements and hand positions to indicate which tool he wanted.

Still, they both were anxious the first time in the OR. "I was wondering, 'Is she going to do



Justina Panebianco, R.N., and her father, Antonio Panebianco, M.D., have grown closer since working together in the OR.

well?" Antonio Panebianco said. To a daughter used to a soft-spoken, yet strict father, the question was more basic: "How soon before he yells at me?"

But instead, Justina has gained greater respect and affection for the man she says often had to put his patients before his family. "I have a new understanding about what he went through and what he gave up," she said. "Now, I want to be with him in the OR. I wish I had started in the OR sooner."

by Rob Stevens

TOHU Tech Partner Lauded for Moment of Heroism

It only took an instant for Kym Flanagan's patient to go bad.

The technical partner on the transitional open heart unit (TOHU) was helping John Haldeman take his first walk since having cardiac bypass surgery. "He started to cough, so I got him to a chair," Flanagan said.

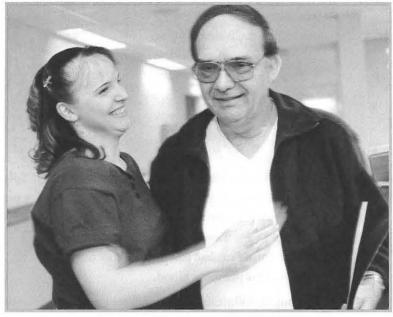
But the moment she turned to fetch Haldeman's "coughing pillow"—which open heart patients use to brace their chest while trying to clear their lungs—Haldeman had turned "as blue as my shirt," said Flanagan, referring to the cobalt-colored garb worn by technical partners.

As an emergency medical technician, she knew how to remain calm. She quickly took her patient's blood pressure, started him on oxygen and checked his vitals.

"Get a nurse!" she told a co-worker and helped Haldeman to his bed.

His pulse oxygen was dropping fast. Flanagan suspected a blood clot in the man's lungs or an injury to his heart from removing the pacing wire moments before. She was fearing the worst.

Susan Deturk, Haldeman's nurse, rushed to the bedside, as did his surgeon, Raymond Singer, M.D.



Kym Flanagan, tech partner, and John Haldeman, her former patient, share an emotional moment on TOHU.

Singer examined Haldeman and ordered a lung scan. Flanagan stayed with her patient, holding his hand, trying to keep him calm.

"It was hard to go home that day," she said.

The next morning she learned the scan found blood clots in the man's lungs. Singer ordered blood thinners and bed rest for Haldeman, and praised Flanagan's swift actions.

"He said 'Thank you for saving his life,' " she said. "But I did what I should have done." Following his discharge, Haldeman wrote to LVHHN CEO Elliot Sussman, M.D., and Lou Liebhaber, COO, praising Flanagan for "her quick thinking and action in saving my life."

On April 13, Haldeman and his wife returned to TOHU. Before her co-workers and physicians, he presented Flanagan a letter of commendation signed by Gov. Tom Ridge.

It read: "You remind us all that heroism is not a gift nor a goal, but a moment...of pure selflessness."

Haldeman and his wife choked back tears of gratitude when the letter was read. Flanagan shared their emotion. "I was feeling pretty important," she said.

The next day Elliot Sussman stopped by to congratulate her. She still gets teased about her new celebrity. "One cardiologist calls me the governor's girl," she chuckles.

But she turns serious as she explains what it really means to her: "If I had anything to do with giving Mr. Haldeman back to his wife and family, how great is that?"

by Rob Stevens





Issues & Initiatives is a series of activities providing employees with information about current health care issues at Lehigh Valley Hospital and Health Network.

Sacrifice and Teamwork Key to Creation of Surplus-Forecasting Budget in FY01



Lou Liebhaber, COO

We did it with teamwork! Through an extraordinary display of personal responsibility, hard work and collaboration, we have built a budget for fiscal year 2001 that forecasts a revenue surplus of \$14 million from patient care. We should all be proud of this major accomplishment!

It has been an especially challenging year for LVHHN and for health care organizations throughout the country. We've seen major threats to our ability to earn a surplus of revenues after expenses: rising costs for products, pharmaceuticals and services; decreasing payments for care from the government, businesses and insurance companies; heightened competition for our services.

These changes were so severe that we took aggressive actions to improve our finances or face a loss of millions of dollars from patient care in FY2001. In fact, in our current fiscal year which ends June 30, we expect to lose money from providing patients care for the first time in recent history. And this deficit would have been worse without our intervention.

But once again, we have summoned the courage and conviction to avoid this looming crisis without a major impact on our staff. Meanwhile, we were able to achieve an impressive list of accomplishments that testify to our unwavering commitment to our community.

Unfortunately, there's no relief in sight for health care finances. We will continue to struggle to achieve adequate revenues to cover our expenses. And there's no reason to think achieving our FY01 budget will be any less difficult than this year. That's why your ongoing commitment and creativity are so vital to ensure that we can continue taking care of our patients.

On behalf of our board of trustees and our senior management, we applaud you and thank you for your tireless efforts.



Elliot Sussman, M.D., President and CEO

In fish

Lou Liebhaber, Chief Operating Officer

Robert J. Loshowshi

Robert Laskowski, M.D. Chief Medical Officer

NICU Resorts to Old Ways

"Sometimes it's difficult to identify cost savings in your own area," said Betsy Seislove, trauma patient care specialist. "Often you have to take a step backward to look at other ways of doing things."

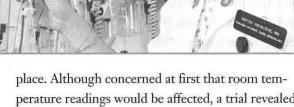
That's exactly what Dan Leshko, trauma/neuro ICU nurse, did when he told Seislove about his idea to discontinue buying costly prepackaged IV-type medication kits used in critical care areas. His idea amounted to an annual savings of \$36,369 and earned Leshko and Seislove \$2,500 a piece.

"At one time we tried to make things convenient and packaged everything together," Leshko said. Motivated by the Working Wonders program and the hospital's current financial crunch, he now looks for ways to cut corners without jeopardizing patient care.

Betsy Seislove connects an IV bag to a cable adapter using in-stock tubing and syringe in place of costly pre-packaged kits. By reverting to old ways, Seislove and trauma/neuro ICU nurse Dan Leshko have saved the hospital \$36,369 a year with their Working Wonders idea.

The medication kits cost \$18.23 each and contain IV tubing, a syringe, and silver tape used to affix a cable adapter to an IV bag. The adapter is necessary to get room temperature readings while monitoring cardiac patients to show how well the heart is pumping blood.

"I thought, 'Why can't we just pull existing stock items like in the past?' "Leshko said. To further reduce costs, the duo found that other institutions were using medical tape to hold the adapter in



perature readings would be affected, a trial revealed that the medical tape did not change the reading.

"Working Wonders is a win-win situation

"Working Wonders is a win-win situation for everyone," Leshko said. "Many people look at their idea as stupid and don't think it will ever work. But no matter how silly you think it is, submit your idea because you'll never know until you try."

by Marion Varec

How To Submit A Working Wonders Idea

Do you have a cost-saving idea? Well, what are you waiting for? Submit your Working Wonders idea by following these three simple steps:

- Generate an idea.
- 2 Investigate the impact on practices related to the idea. This can be done by looking at current processes, existing policies, benchmarking and national standards.
- 3 Submit your idea. Use the on-line form under bulletin boards in e-mail or obtain a paper copy from Jackie Straley in Management Engineering.

Submit your Working Wonders idea today!

If implemented, you could receive TWO FREE VALET PARKING TICKETS to use at

Cedar Crest & I-78, 17th & Chew, or Muhlenberg.



MAKE IT CONSTRUCTIVE, NOT DESTRUCTIVE

You might think that a group experiencing conflict is a group failing at its mission. But conflict may actually be the start of success—if members address their conflicts in the correct way.

"Conflict is perfectly normal when people come together in groups to work," said Gwen Rosser, organizational development consultant. "However, whether that conflict is destructive or constructive depends on how the group's members handle it."

When conflict emerges, ask "Will this lead to a solution?" —and learn to understand the difference between destructive and constructive conflict.

"In constructive conflict, the participants experience some sort of personal growth, and as a result, can come up with a solution to the problem that sparked the conflict," Rosser said. "It increases the involvement of everyone who was affected, and in turn builds cohesiveness within the group."

Compare that to conflict that doesn't lead to problem-solving. "Destructive conflict diverts energy from more important activities," Rosser said. "It divides and adds stress to the group's members. It destroys overall group morale. It doesn't solve the problem that led to the initial conflict."

So what causes conflict? "Differences among group members in terms of values, attitudes, personalities, needs, resources, expectations of accomplishment and perceptions of each other's roles," Rosser said.

Voting or having the leader decide an issue may seem like an easy way to deal with complicated issues, but in reality, these are just side-stepping techniques. Instead, seize the opportunity for creativity and productivity with important roles for the group's leader as well as each individual member.

"The group's leader must make sure the work structure reflects the need to address conflicts by problem-solving, and that all members understand and accept that emphasis," Rosser said.

In turn, group members must resist the temptation of destructive behaviors such as attacking personalities, agreeing with everything, frequent head shaking, escaping the conversation by taking phone calls, talking too much—and especially a common technique called *triangulation*.

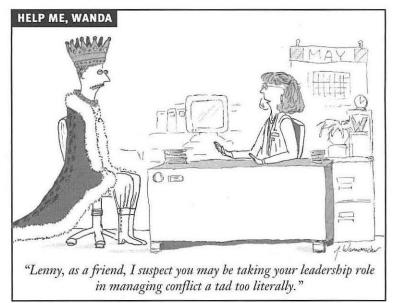
"That's when someone chooses to involve a third party rather than engage the other participant in the issue," Rosser said. "What should be a straightforward examination of differences becomes a three-way discussion and causes miscommunication."

Collaboration between those in conflict is the answer. "If they try to bring others into the conflict, group members should insist that the two sides deal with each other on finding a solution," Rosser said.

"Unfortunately, we're taught early on that conflict is bad and should be avoided. We're not taught how to resolve it. But the good news is, it's something we can learn now."

by Bob Martin

What's *your* "conflict style?" How can you deal with specific personalities? Learn this and more on May 22 at a Facilitator Workshop at the School of Nursing, Rm. 900. Call or e-mail Gwen Rosser, 484-884-4865, to register or for information about other learning opportunities.



Crunch Conflict With These Steps

You've got a complicated issue that's causing a clash. Key to resolution is understanding where things stand and where they're going. Stay on track with this eight-step process:

- Present the issue unemotionally and ask for the other person's help. Use an 'I' message in presenting the issue. Saying "I have a problem in doing this task" allows you to seek the other party's cooperation.
- 2 Clarify and define the issue at hand.
- 3 Get the other person's position—or as management consultant Stephen Covey says: "Seek to understand before you are understood."
- 4 Give your point of view.
- 5 Jointly develop an objective or condition on which both parties can agree.
- Brainstorm alternatives to achieve the objective or condition.
- Jointly choose one alternative as a tentative solution.
- Sointly decide how each party will know if the solution is working.



April's Service Star Turns Tears into Smiles

The woman was hospitalized with vascular problems for a month.

Facing

the loss of her toes and

potentially her leg, she had no family to comfort her, and visitors were sparse.

She hid behind a wall of toughness and gruffness. She was used to being alone. And she might have continued to feel that way, had it not been for technical partner Yvonne Diehl of the medical surgical unit.

"Yvonne saw right through the exterior to a scared woman with a heart of gold," said the patient's friend, Candy Barr Heimbach. "She brought a smile to her face when it was previously filled with tears. She took extra time to hold her hand and cheer her up with friendly conversation."

Noticing that the woman enjoyed drinking tea, Diehl surprised her with a china tea cup and saucer. When Diehl whispered, "I brought something special for you to drink out of," the woman was truly touched.

"She just couldn't believe that somebody would do something like that for her," Barr Heimbach said. "When Yvonne was working, it would make her day. She would go above and beyond what she was paid to do." Her compassion moved Barr Heimbach, a local defense medical malpractice attorney, to write a "thank-you" letter that eventually earned Diehl a Service Star nomination. "In my profession, we hear so many complaints and rarely take time to extend our sincere gratitude," Barr Heimbach said. "Yvonne deserves recognition for her devotion and dedication to her patients. She's so much more than a generous caregiver; she's a wonderful human being."

Among those who go "above and beyond" include April's Service Star nominees Carol Pasieka, R.N., PCCU; Patricia Matula, R.N., outcomes coordinator, patient care services; and courier Michael Orley.

by Pamela Maurer

YOUR NETWORK VOLUNTEERS

They've Larned Honor and Respect

You've seen them. Sometimes it's a woman, other times it's a man, and often it's a teen-ager or a couple. They arrive early, stay late and are always eager to lend a helping hand. They're LVHHN volunteers. If you spent a day with a volunteer, you'd hear interesting stories about the paths that led them to give their time at LVHHN. You would experience the camaraderie of people who enjoy working together, as well as look forward to interacting with patients and staff.

In honor of last month's National Volunteer Week, LVHHN recognized its 800 volunteers for their contributions. Here are the stories of just a few special volunteers who give insight, strength and comfort to others.



Jean Magocs (center) and her husband, Edward, visit Hospice patient Frieda Leitner.

Hospice Volunteers Are "Lehigh Valley Heroes"

Jean Magocs admits she was uneasy about her first visit to provide companionship and comfort to a Lehigh Valley Hospice patient. She was apprehensive despite being joined by her husband, Edward, who also had been trained as a volunteer. She was concerned about the patient's reaction to two strangers, and that their attempt at care would be seen as an intrusion.

That wasn't the case. "She was charming," Jean Magocs said of the patient. "My husband and I have found it to be the most rewarding thing we've ever done."

The couple has served Lehigh Valley Hospice for seven years, and were among 120 Hospice volunteers honored by U.S. Representative Patrick J. Toomey during a ceremony on April 17 at LVH.

Toomey, whose wife, Kris, is a member of the Lehigh Valley Hospice community advisory board, recognized the volunteers earlier in April by praising them as "Lehigh Valley Heroes" during a speech on the House floor. "Lehigh Valley Hospice volunteers truly are helping others and doing good things to make our community a better place for us all."

He's "The Man" of Muhlenberg Volunteers

At 79 years old, Harold Fabian is always on the run volunteering at Lehigh Valley Hospital—Muhlenberg. This year's recipient of Muhlenberg's Theresa A. Muhr Outstanding Volunteer Award, he is either chairing the Summer Festival committee, collaborating with the "Men of Muhlenberg" fundraising group or helping out as a member of Muhlenberg's Foundation board and major gifts committee.

After running a successful dairy farm for 42 years, Fabian is used to taking on challenges. "I'm blessed with a lot of foresight," he said. "A farmer has to have that. He has to make plans a year before production. The same skills help me in volunteering."

In his 12 years as a volunteer, Fabian has served more than 3,800 hours. "From working on the festival grounds to putting out folding chairs, this man doesn't know the meaning of 'I can't do that,' " said last year's recipient Ruth Hutchinson. "He is there from morning till night, until the project is done just right."

Fabian was nominated by his Summer Festival committee and selected by an awards committee composed of former recipients. Last year, he earned a Vitality Plus Seniors' Horizons award for his volunteer efforts.



Harold Fabian on the move at last year's Summer Festival at Muhlenberg.

Veteran volunteer Audrey Papacciole (left) shows new volunteers Dick Parker and his wife, Sue, the ropes.

They Share the Camaraderie of Volunteerism

"They treat me like a celebrity," Audrey Papacciole says of the staff on the ambulatory surgical unit at 17th & Chew. And why shouldn't they? She's been a helping hand for 25 years, making admitting packets, serving food to patients and running errands.

"Volunteering keeps you going, and if you keep going, then you keep well," she'll tell the new volunteers—such as five-year volunteer Dick Parker.

After recovering from hospitalization himself, Parker chose to give back by volunteering in the post-anesthesia care unit at Cedar Crest & I-78, helping to keep families informed. Through the experience, he's discovered a special camaraderie among volunteers. "I look forward to seeing the gang at the lunch table," Parker said.

And he recently convinced his wife, Sue, to join the team. A cashier in the Tree Top Shop, she'll soon be a familiar face in the new Pavilion Shoppe in the Fred Jaindl Pavilion, which opened on May 15.

HAVE "Junior" Join the Team!

If your son or daughter is interested in community service, the junior volunteer programs at LVHHN are an option. Just ask Scott DeMasi, a Freedom High School senior. The LVH — Muhlenberg volunteer got 1,027 hours of experience in the ambulatory surgical care unit and the emergency department—and even earned a \$1,000 scholarship awarded yearly by the Muhlenberg Auxiliary. He will attend Northampton Community College in the fall with hopes of pursuing a career in cardiology.

To learn more about
volunteer opportunities
at LVH, call Betty Anton
at 610-402-8897, or at
Muhlenberg, call Mary Ellen
Bedics at 484-884-2229.

Charing Life's Experiences in Health Care...

Learning From Mom and Dad

Behind a closed door in the pediatrics unit lay a child with cancer, listless from her regular dose of "ouchy medicine." Nothing was cheering her up—not her "fun" collection of hats, not her colorful drawings adorning the walls, not even her favorite stuffed animals.

Outside her door stood 13-year-old Stephanie Wagner and her mom, Shirley, patient care specialist of the pediatrics unit, preparing to comfort the little girl.

"I'm going to put my smile on now," Stephanie said to her mom, just before entering the room.

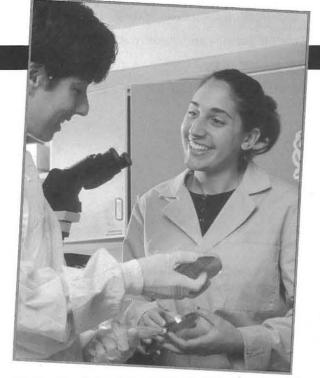
This was real life—a learning experience that Stephanie would never get in a classroom and a moment she and her mother will probably remember forever. "A challenge of being a nurse is that you often experience unpleasant and heart-breaking situations," Shirley Wagner said. "The way Stephanie reached out to this little girl made me so proud. She'd be so good working with people in the health care profession."

Stephanie was just one of more than 70 children, ages 12 and older, who explored careers in health care through the Professional Nurse Council's "Take Our Children to Work Day" on April 27.

"My mom's always busy," Stephanie said.
"She's always teaching somebody something and helping little kids. I'd definitely like to be like her someday."

However, the verdict isn't in on what career path she'll ultimately choose. She spent half the day with her dad, Richard Wagner, case manager for Health Spectrum.

Andrea Burkhardt, manager in vascular interventional radiology, shows her 13-year-old daughter, Stephanie, an arterialgram of the aorta and two blocked arteries during "Take Your Child to Work" day. Inspired by her mom's work, Stephanie plans to someday pursue a medical career. "I hope to become a doctor—and marry one, too," the 13-year-old says.



Lisa Crowthers (left), a technologist in the LVH—Muhlenberg lab, and Liberty High School student Jennifer Schultz prepare to examine specimens as part of a course offered through Bethlehem Vo-Tech.

It's very rewarding for the mentors, and we encourage people to get involved. Making a difference in just one child's life is the greatest feeling.



Teaching the Young Generation

One day Jennifer Schultz, 18, was watching a mentor draw blood, the next she was studying microorganisms with another in the lab at Lehigh Valley Hospital—Muhlenberg.

"I had so many different experiences and adopted so many mentors," said Schultz, a Liberty High School student. "We would talk about where they went to school, why they chose their career, what they liked best about their jobs. It's helped me confirm that health care is a field I'd like to pursue."

Through the Academy of Medical Science, a course offered to honor students through the Bethlehem Area Vo-Tech, students spend seven weeks at Muhlenberg shadowing health care professionals in the pharmacy, lab, emergency room, nursing units, imaging, physical therapy and dietary departments.

"It's a wonderful experience for our students," said Josefa Husovsky of Vo-Tech. "Our students have the opportunity to develop networking relationships and earn three college credits to pursue their goals."

The program at Muhlenberg is among almost a dozen initiatives at LVHHN that provide students with valuable mentoring experiences. More than 1,000 students a year learn from employees in all areas of the network through programs such as the Health Care Career Explorer Post, Take Notes, Communities in Schools and more.

"It's very rewarding for the mentors, and we encourage people to get involved," said Sallie Urffer, who coordinates many of the programs. "Making a difference in just one child's life is the greatest feeling."

by Pamela Maurer

To learn more about how you can help...

e-mail or call Sallie Urffer, R.N., about summer mentoring programs at 610-402-1403, or Sharon Kromer, R.N., about a new nursing camp that begins in June at 610-402-1985.

Look forward to fall opportunities, too! Call Melissa Wright about the LVH—Muhlenberg program at 484-884-2306, and Lenore McGonigle about Kids in Community at 610-402-2440.

Thank Your Mentor Through Spirit of Women

Even though you might not realize it, you surely have a mentor.

She's the one you go to for advice, for words of encouragement, for kitchen table chats about life. She's everything you've dreamed of being, and you're everything she enjoys in a friend.

You often think she should be recognized for her accomplishments—the way she always gives more than she takes, the way she cares for her career, her family and her community, the way she gladly signs her name to everything she does.

So, recognize her with a special "thank you" in the form of a Spirit of Women award nomination. If she's a co-worker, get her in the running in the health care provider category. If she's a mother, a sister or a neighbor, she'll fit right into the community category.

"Our organization and our community have many inspiring women, and we want to hear their stories," said Marie Shaw, director of women's health services and executive director of the Spirit of Women Foundation. "It's a wonderful way to celebrate the women who have made a difference in our lives."

Spirit of Women will recognize three winners at its Oct. 10 conference, "Women Mentoring

Women: Sharing Life's Experiences," at Lehigh University's Zoellner Arts Center. The women will then be eligible for national recognition at a "mind, body and spirit" weekend in the spring of 2001.

To nominate an award winner (deadline is June 22) or for a fact sheet about Spirit of Women's mentoring initiative, call 610-402-CARE.

If you would like to share your recollections of mentoring in LVHHN publications, call Pamela Maurer at 484-884-4818 or e-mail her at pamela.maurer@lvh.com.

by Pamela Maurer

FRIENDS of NURSING AWARDS WINNERS



Forty LVHHN employees will receive Friends of Nursing awards at the annual nursing gala on May 18. The awards are given yearly to recognize and reward excellence in patient care, research, education and administration. Candidates are nominated by their colleagues, patients or their family. A panel of peers and a community member select recipients based on a nomination statement, two letters of support and a personal interview.

Check out displays featuring photos of awards winners:

May 19 - 25

LVH-Muhlenberg, Main Lobby

May 26 - June 1

17th & Chew, Main Lobby

June 2-8

CC& I-78, Anderson Wing Lobby

Lehigh Valley Physicians Group Award for Excellence in the Delivery of Ambulatory Care

John Talmadge—ED, 17

Cancer Services Leadership Council Excellence in Cancer Care Award

Eileen Bannon—Cancer Support Team, 7DMCC

Mr. and Mrs. Abram Samuels Cardiovascular Nursing Award

Margaret Bidlow-OHU, CC

The Marti Morris Memorial Awards for Excellence in Cardiac Nursing

> Geraldine Motko-Schreiber—3C, CC Lee Phillips—Dept. of Medicine, CC

Nancy Stevens Emergency Nursing Award

Donna Beahm—ED, LVH—Muhlenberg

Award for Excellence in the Delivery of Rehabilitation Services

Robert Long—Physical Therapy, 17

Dr. and Mrs. Joseph Miller Award for Excellence in the Delivery of Obstetrical/Gynecologic Nursing Care

Connie Gioielli—Mother Baby Unit, CC

Joseph and Judith Kaminski Award for Excellence as a Float Nurse

Sharyn Lang—Float Pool, CC

Alma W. Holland Award for Excellence in Home Care Nursing

Terese Payung—Home Care, 2166S12

Dr. Joseph J. Prorok Memorial Award for Excellence in Hospice Nursing Care

Kim Metzgar—Hospice, 2166S12

Dr. and Mrs. Donald H. Gaylor Medical-Surgical Nursing Award

Roberta Werkheiser—7C, CC

David A. Tilly, M.D. Award for Excellence in Neuroscience Nursing

Claranne Mathiesen—6B, CC

Jeffrey J. Hitchings Award for Excellence in Clinical Services Education

Debra Peter—7B, CC

Jan Horst Award for Excellence in Oncology Patient Care

Elizabeth Forman—7C, CC

M.G. Asnani, M.D. Award for Excellence in Pediatric Nursing

Kathy Fink—Pediatrics, CC

Dr. and Mrs. Joseph J. Prorok Award for Excellence in Perioperative Nursing

Anthony Maini-OR, CC

Bette Cipolle Clinical Research Nursing Award

Tammy L. Sands—Trauma/Critical Care Research, JDMCC

Professional Nurse Trauma Nursing Award

Michelle Bernier—TNICU/ICU Float, CC

Award for Excellence as a Mental Health/ Psychiatric Technician

Jessica Gullickson—Adolescent Psychiatry, 17

Dr. Gary and Dorothy Nicholas Award for Excellence in Vascular Nursing

Joann Rex—4C, CC

Pulmonary Associates Award for Excellence in Critical Care Nursing

Kimberly Lockett-OHU, CC

Josephine Ritz Nursing Award for Excellence in Patient/Family Teaching

Tracie Lynn Schroeder—Float Pool, CC

Janine Fiesta Excellence in the Promotion of Patient Care Award

Brandi Hoch—Case Management, JDMCC

Carver Award for Excellence as a Laboratorian

Rosemary Dotterer—Blood Bank, CC

Board of Associates Award to Recognize a Unit/ Department Which Demonstrates a Commitment to Professional Development

7C—CC

Fleming Award to Recognize "The Search for Best Practice"

TNICU/MICU/SICU—CC

Fleming Nursing Caring Awards

Michele Ortiz—ED, 17 Patty Picone—TTU, CC Fleming Award to Recognize a Unit/
Department Which Exhibits Caring Behaviors

Pediatric Unit-CC

Rose Trexler Award for Outstanding Nurse Preceptor Susan O'Neill—TNICU, CC

11,130, 33

Terry A. Capuano Clinical Leadership Award
Fred Pane—Pharmacy Administration, CC

Helen Potts Licensed Practical Nurse Award

Susan Heffner—6B, CC

Common Medical Staff of Lehigh Valley Hospital and Lehigh Valley Hospital—Muhlenberg Support Partner Awards

> Iva W. Campbell—4C, CC Roger Higgins—5C, CC

Common Medical Staff of Lehigh Valley Hospital and Lehigh Valley Hospital—Muhlenberg Administrative Partner/Unit Clerk Award

Judith K. Smith—6N, 17

Common Medical Staff of Lehigh Valley Hospital and Lehigh Valley Hospital—Muhlenberg Medical Assistant/Nursing Assistant/Nursing Technical Assistant or Technical Partner (Non-LPN) Awards

> Daisy Rosario-Seaman—Pediatrics, CC Kim Zimmerman—Float Pool, LVH—Muhlenberg

Common Medical Staff of Lehigh Valley Hospital and Muhlenberg Hospital Center Nursing Practice Award

Elizabeth Seislove—TNICU, CC

Senior Management Council Patient Satisfaction Award

Perinatal Unit—CC

Upcoming Events

Join Weight Watchers at Work

Weekly sessions are conveniently located at LVHHN.

Registration and payment of \$80 are required by Thursday, **June 8.** The program is reimbursed by Choice Plus if six

out of eight sessions are attended. **Call 610-402-7000 to register.** The starting dates are as follows:

LVH—Muhlenberg Mon., June 12 • 12:30 - 1:15 p.m.

odes & deb ex

2166 S. 12th St. Tues., June 13 • 11:30 a.m. - 12:15 p.m. **2024 Lehigh St.** Tues., June 13 • 12:45 - 1:30 p.m.

17th & Chew, Aud. Thurs., June 15 ● 11:30 a.m. - 12:15 p.m.

CC & I-78, Aud. Thurs., June 15 • 5:30 - 6:15 p.m.

CC & I-78, Rm. 2 Fri., June 16 • 11:30 a.m. - 12:15 p.m.

■ Get Ready for May Daze May 19 - 21

Enjoy musical performances by Retrospecs, Dave Fry,
Lime Time Carribean, Mike Dugan and the Blues Mission,
and Southern Reign, along with rides, arts and crafts,
and free health screenings at CC&I-78.

Call 610-402-CARE for more information.

SERVICE ANNIVERSARIES

Congratulations to those employees celebrating May 2000 service anniversaries! Thank you for your continuing service to LVHHN. Service anniversaries for this month will be listed on e-mail. Department heads, please print and post service anniversaries in your departments for your staff who don't have computer access.

If you have news or a story idea for *CheckUp This Month*, send your suggestion by the 20th of the month for publication in the following month to Elysia Bruchok, public affairs, 1770 Bathgate, using interoffice mail or e-mail. *CheckUp This Month* is an employee publication of Lehigh Valley Hospital and Health Network's public affairs department. For additional information, call 484-884-4819. Lehigh Valley Hospital and Health Network is an equal opportunity employer. M/F/D/V

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