

CheckUp

this month



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Lou Liebhaber, COO

Lou Liebhaber

EDITOR'S NOTE

Last month, *Issues & Initiatives* addressed LVH's financial situation and the need to reverse a trend of below-budget performance. This month's column continues that discussion and highlights efforts under way to identify sources of revenue and further cost reduction. Staff will be involved and informed regularly on progress through staff meetings, forums, e-mails and a weekly electronic newsletter, and regular *CheckUp* articles.

Issues & Initiatives

We are Part of the Solution to a Worsening Problem

In his recent State of the Union address, President Clinton had good news for the U.S.: For the first time in recent history, the federal government's budget is balanced, and, with the planned surplus, it will repay its debts in 13 years.

What the President didn't reveal was this: 70 percent of the government's cost reductions over the past three years came from slashing payments to health care providers. U.S. hospitals' "profits" today are one-third to one-half less than two years ago. And it's unlikely politicians or voters in our country will ask for tax increases so Medicare payments to hospitals can be raised.

Although we are a "not-for-profit" institution, we must make a "profit" (*surplus*) in order to have the financial ability to: 1) sustain us in bad times; 2) reinvest in new people, programs, facilities and information services that meet the needs of our community; and 3) reduce the interest payments we have to make on our debts.

Unfortunately, our suppliers of services and products continue to raise their prices, so their profits grow. What's the outlook for hospitals?

We'll continue to see declining revenues—no question about it. On the other hand, we want to be able to continue to pay staff at competitive rates and offer modern, vital services

Please turn to page 4

THE NEXT GENERATION OF CARE

Celebrating the Move to Jaindl

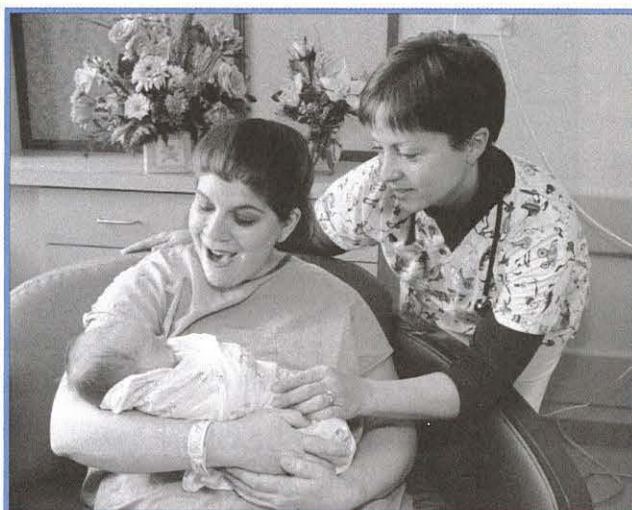


(Below) Barbara Werner, R.N., NICU patient care specialist, gives little Stephen Oswald his first feeding in the new unit after his safe arrival from 17th & Chew. To celebrate the move, employees made special "NICU Move" T-shirts for staff and infants.



After celebrating a century of care at LVH, staff continues the rich tradition of excellent service in the brand new Fred Jaindl Family Pavilion. See pages 6-8 for a photo journal of their hard work, dedication and teamwork throughout the January transition.

(Shown at left) Mother-baby nurses Linda Yost, R.N. (left), and Connie Gioielli, R.N., pack equipment during their last week at 17th & Chew. Many staff volunteered their time to help with the big move to the new Center for Mother and Baby Care during January.



(Above) Mother-baby nurse Sharon Haupt, R.N. (right), cares for mom Carol Wilson and baby Benjamin, one of the first born in the Center for Mother and Baby Care. Arriving on Jan. 22 at 7 pounds, 14 ounces, Benjamin is also the son of LVH anesthesiologist Robert Wilson, D.O.

New Phone Mantra for Muhlenberg Campus

Y2K has gone away, but **484-884** is here to stay. These words reflect the new "phone mantra" on the Muhlenberg campus beginning **MARCH 1**. All phone numbers with 610 area codes and exchanges 882, 861 or 317 will be converted to new area code 484 and three-digit exchange 884. The impact on fax machines is dependent on the phone line connection.

"This system allows us to keep the last four digits of our present numbers. So, if your number is **610-861-2306**...it will become **484-884-2306**," said Don Davies, director of telecommunications.

The new system is necessary to accommodate the growth of Muhlenberg's facilities and services. It also provides the advantage of one area code and exchange for the entire campus, unlike the current system.

PLEASE MAKE NOTE OF THE CHANGE-OVER PROCESS:

During a 30-day grace period, the old number will connect to the new number. The new Bell Atlantic phonebooks, and its yellow page ads, will publish the new numbers in April.

Beginning April 1, a recording at the old number will state that the number is no longer in service. However, it will not provide the new area code or exchange. Placing a message with your new number on voice mail/e-mail can help communicate the change.

A limited amount of old numbers—emergency and most frequently called numbers—will have access to a 60-day grace period for connecting calls and a voice message that will provide the new number. Department managers and telecommunications will decide which numbers necessitate this option. Because the service cost is significant, managers are asked to review carefully their situations. ■

by Melissa Wright

Want to Know More?

Call Don Davies in the telecommunications department at 610-402-1810 with questions.

LEHIGH VALLEY
HOSPITAL AND
HEALTH NETWORK

CHOP Specialty Care at 17th & Chew



Sarah Stott (center) returns for her second outpatient visit with CHOP pediatric gastroenterologist Emil Chuang, M.D. (left). Sarah's mom Kathy Stott, R.N. (right), is a per diem nurse in LVH's open heart unit.

Seven-year-old Sarah Stott of New Ringold is one of many children whose parents do not have to travel to Philadelphia for pediatric gastroenterology outpatient care.

That's because Emil Chuang, M.D., a pediatric gastroenterologist of The Children's Hospital of Philadelphia (CHOP) medical staff, practices part time at the Allentown Medical Center, 401 N. 17th St., Suite 311.

"Many of my patients with intestinal or liver disease were unable to make the trip to CHOP comfortably," Chuang said. "Now, I do the driving so they don't have to."

Chuang, assistant professor of pediatrics at CHOP, is a graduate of the University of Sydney, Australia. He completed his pediatric gastroenterology and pediatric nutrition fellowships at CHOP. He is certified by the American Board of Pediatrics and the American Board of Pediatric Gastroenterology.

"LVHHN and CHOP are working closely with families and local physicians to provide specialty medical care closer to home for children who live in our community," said John VanBrakle, chairman, pediatrics, LVHHN.

In the fall of 2000, a full range of outpatient services will be offered at the CHOP Specialty Care Center of the Lehigh Valley, currently under construction at Muhlenberg Hospital Center. Until then, outpatient specialty care will be provided at 17th & Chew by Chuang; Julie Stern, M.D., a CHOP pediatric oncologist/hematologist who practices there full time; and other

CHOP physicians who are in the process of being recruited.

"Another pediatric oncologist/hematologist is on our list for recruitment," VanBrakle said. "The demand for this service exceeded our initial projections."

Later this spring, the Lehigh Valley's first pediatric intensive care unit (PICU) will open on the fourth floor of the Fred Jaendl Family Pavilion. The PICU will be an important resource for the Level I Trauma/Burn Center at LVHHN and will help support the care of more medically complex children at the CHOP Specialty Care Center at MHC.

"The PICU is an important resource for children who are severely ill or injured, as well as many of the children with special health needs who will receive care in the Specialty Care Center," VanBrakle said. "Our goal is to keep children healthy and in the community whenever possible." ■

by Maria Kammetler

MHC DENTAL CLINIC... A Reason for Kids to Smile

You heard it a million times as a kid: "Brush your teeth everyday." But there are thousands of children in the Bethlehem community who can't hear it enough.

Poor dental health was one of the key issues concerning parents in a recent survey of low-income families in Bethlehem. And the staff of MHC's dental clinic have taken steps to give them a reason to smile, providing free toothbrushes and care through innovative dental health programs.

The Hospital and Health System Association of Pennsylvania (HAP) recently honored Russ Bergman, D.M.D., dental residency program director and dental medicine director at MHC, for his effort as part of the Bethlehem Partnership for a Healthy Community's Dental Initiative.

Bergman and others in the group were recognized for projects that enhance patient satisfaction and care, and cost efficiency. Bergman earned recognition in the outreach/partnerships category and was selected out of 26 entrants.



Russ Bergman, D.M.D., was recently honored for his effort in helping kids have a healthy smile.

The initiatives include:

- **COMMUNITY EDUCATION** ...providing toothbrushes and toothpaste, donated by local organizations, to more than 1,500 children at local schools through the Brush Your Teeth Every Day Campaign. At the end of each month, children return their brushing charts for prizes.

Benefits update



LVHHN Launches Disease Management Programs

Beginning this year, some members of Lehigh Valley Hospital and Health Network's health plans will be invited to participate in disease management programs that can help them live better with high-risk or chronic health conditions. These programs are designed for people with congestive heart failure, asthma and diabetes mellitus, and for women with high-risk pregnancies.

Disease management promotes patient self-management and control of potentially disabling conditions. It focuses on educating patients about their condition and teaching them the critical skills to help slow the progress of the disease and its complications. The programs do not interfere with the patient's treatment plan, but work with the doctor and patient to carry out the plans in the most efficient way possible.

Over the past two years, disease management was provided for LVHHN by FutureHealth, Inc. Because of the network's abundant medical resources, Spectrum Administrators established its own disease management programs, which include telephone contact and/or services provided by LVH Home Care, Health Spectrum and Helwig Diabetes Center.

If you, or your dependent, has one of the conditions listed above, you may be invited to participate in a disease management program at no cost. The programs are voluntary, confidential and will not change your health benefits in any way. ■

Want to Know More? Call **Kathleen Urban, R.N.**, at **610-402-7417** about LVHHN's disease management programs.



• PREVENTIVE CARE

...arranging for students who need cleanings, fluoride treatments, sealants and x-rays to receive such from local community college dental hygiene students.

• RESTORATIVE CARE

...organizing and implementing a Dental Health Marathon Day in which dental hygiene students provide care and dentists volunteer to fill cavities.

Last year, MHC's dental clinic, the only in Northampton County that provides dental services to low-income patients, collected more than 3,200 dental supplies from 22 donation bins and cared for more than 4,200 patient visits. ■

by Melissa Wright

Miracle at Route 222 & Lower Macungie Road

Woman's Life is Saved at the Health Center at Trexlertown

Harriet Diehl of Allentown thought it was going to be a typical day at the Health Center at Trexlertown, Route 222 and Lower Macungie Road. She and her husband would go to their Exercise for Life class. Afterward, she would peruse books in the Health Library and Learning Center to learn more about how to care for her heart disease and diabetes.

Little did she know that being there would be a blessing.

Beginning her exercise class, she just "didn't feel right." "There was a stabbing pain in my back," she said. "And I felt red in the face. Then I just dropped over."

Diehl was having a heart attack. Two nurses in the class and program coordinator Laura Transue immediately took action. "I yelled 'call 911!'" said Transue.

They quickly learned Diehl wasn't breathing. She had no pulse.

Mary Jane Sollenberger, R.N., a medical surgical intensive care nurse at LVH, began chest compressions, and Roseann Sefko, R.N., a nurse for the Parkland School District, gave mouth-to-mouth.

Meanwhile, Diehl's very own doctor, Brian Wilson, M.D., came running from his office located across the hall at the Trexlertown Medical Center,

and nurse Trish Lombardo, R.N., aided with a breathing bag. The pair took over CPR until the crews arrived to administer defibrillator shocks.

Diehl soon regained breathing and a pulse, and ambulances transported her to LVH, where her condition was "touch and go." A couple weeks later, she regained enough strength to undergo surgery for a defibrillator.

Diehl has a history of heart disease in her family, and this was her second heart attack. She was taking exercise classes, as recommended by her doctor, to strengthen her heart.

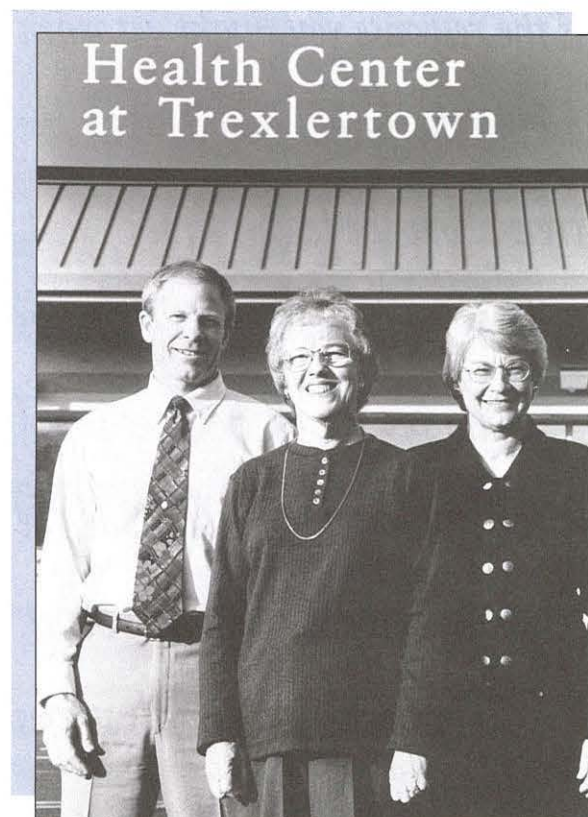
The greatest reward for the staff? Seeing Diehl walk back into the Health Center a few months later.

"It's a miracle I'm here," Diehl said. "Thank God I was at the right place at the right time. Had I been home, I don't think I would have lived."

Just a month later, Diehl was healthy enough to vacation with her children and grandchildren at a campground in upstate New York. "It was the best thing for me—the weather, the mountains, being with my family," she said.

Diehl continues to do "phenomenally better than she should," Wilson said. "Somebody up above is not ready for her yet." ■

by Pamela Maurer



Harriet Diehl (center) with her doctor Brian Wilson, M.D., (left), and LVH nurse Mary Jane Sollenberger, part of the team that saved her life. "Mrs. Diehl was looking forward to spending vacation with her family and she was able to do that," Sollenberger said. "I'm so glad I had a part in making that possible."



R.J. Schulte received top-notch care at MHC's Express ER. This month, LVH will open another at Cedar Crest & I-78.

EXPRESS ER An Option for Convenient Care

Express ER is an alternative for convenient and prompt service—just ask R.J. Schulte and his mom, Bonnie.

R.J. was playing street hockey recently on his Bethlehem block when he was hit with a stick over his eye. As his mother drove him to the emergency department at MHC, the 13-year-old worried about stitches.

"Things started to get better the minute we arrived," Bonnie Schulte said. At the Emergency Department, they were directed to the Express ER, for conditions that require immediate attention but are not critical.

"The nurse and doctor talked to R.J. directly, told him what was going to happen and calmed him down," she said. "We were done in less than an hour, and on the way home, R.J. said, 'You know, Mom, those stitches didn't hurt at all!'"

CONVENIENCE CARE CENTER CLOSES

Health Center Still Offers a Variety of Services

The Convenience Care Center at the Health Center at Trexlertown closed its doors on Jan. 31—a move in response to insufficient public demand for the service and substantial financial losses.

"We feel our financial resources can be better used in other ways to address key health needs of our community," said Lou Liebhaber, chief operating officer. "This is absolutely consistent with our continuing practice of ensuring we are doing the right work at the right cost to improve the health of our community."

The decision is "by no means a reflection on the quality of health services offered by the Convenience Care Center staff during the center's operation, and we have offered positions elsewhere in the health network to those individuals," Liebhaber said.

If patients stop by in search of convenience care services, they will be seen by a physician at Trexlertown Medical Center or at Candio, Kovacs and Lakata—if appointments are available and visits are permitted by their insurance plan. Patients in need of minor emergency care will be evaluated by a physician and referred to the Express ER at Muhlenberg Hospital Center or soon at Cedar

Crest and I-78. Patients without a primary care physician will be directed to 610-402-CARE for assistance in finding one.

"The Health Center at Trexlertown remains a vital part of the community as a unique, attractive location with a variety of services under one roof," said Kate L. Haney, director of the Health Center at Trexlertown. "In fact, several new services are being added over the next month, including urology, gastroenterology, orthopedics and general surgery."

Today, patients can sip a café latte while they wait for a doctor's appointment, surf the Web for health information in the Health Library and Learning Center, attend a health program or exercise class, get a mammogram, enjoy an aromatherapy massage and more.

Along with several health-related retail stores, medical and health services already available include family practice, endocrinology, mammography, eye care, obstetrics and gynecology, nurse practitioners, Healthy You programs, behavioral health services, internal medicine and urology. ■

"Holiday? What holiday?" is the response you might get when asking the Jaindl Family Pavilion crew about the festive time of year.

This group spent countless weeks planning the official opening of the building in January and the move to their brand new home.

This photojournal tells stories of dedication, excellent care and teamwork throughout the transition. To everybody involved from all departments:

CONGRATULATIONS!
You did it!



The first week of January, staff of the Center for Critical Care, the Diagnostic Care Center and the Center for Mother and Baby Care, along with auxiliary members, gave tours to nearly 200 employees and physicians, 1,000 community members and 800 expecting parents. The community open house, pictured here, featured free flu shots, massages, cooking demonstrations and much more.

Carol Fox (front right), nursing director of the Center for Critical Care, leads a group through the 28-bed medical, surgical and trauma/neuro intensive care unit, featuring curtains for privacy, glass doors to contain infection and family consultation rooms.



Nurse Darlene Pail, R.N. (left), shows mom Gayle Smith and her son, Nick, an isolette in the new NICU. Nick, 3, himself, is a NICU graduate, born at just 1 pound, 14 ounces. Pail, whose 16-year-old son is also a NICU grad, helped care for little Nick. The Smiths, who often visit, call the staff their "surrogate family."

NICU nurse Tara Nabozny, R.N. (right), walks mom Nancy Derby—due to deliver twins in March—through a private family room. "It's going to be a pleasure to deliver here," Derby said. The "ultimate birthing experience" features a massage tub and whirlpool, sleep chairs that open into beds for dads, an Internet "Baby Press Conference" for friends and family, and a cozy day room to relax with visitors.



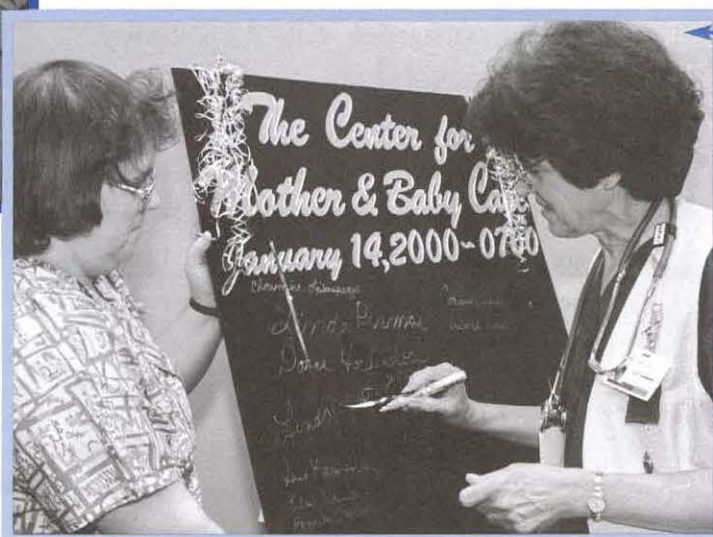
Saying Farewell to an "Old Friend"



A teary-eyed group wishes their friend, Ann Andres, R.N. (center), good luck on her last day working in labor and delivery at 17th & Chew. Andres began her career when "all moms were given ether and all babies were pulled out with forceps." Although Andres has retired, she "can't stay away" and continues to lead tours at the new center. (L-R) Julia Gogle, R.N., Robyn Long, R.N., Cindy Sydlo, R.N., Lynn Grischott, R.N., and Virginia Daddona, R.N.

After nearly a century of delivering babies at 17th & Chew, the childbirth and NICU staffs held a party to bid farewell to their old home. "This hospital will always hold a special place in our hearts," said 20-year employee Jackie Puschock, R.N., of the mother-baby unit.

Many staff were born there and gave birth there, graduated from the School of Nursing next door and have worked at the campus for their entire careers. "The transition is like saying good-bye to an old friend," Puschock said, "and hello to a new friend."



Long-time mother-baby nurses Deb Nenow, L.P.N. (left), and Loretta Farley, R.N., sign a commemorative board to celebrate the new center. To acknowledge emotions about the move, the group also listed "things we're taking" and "things we're leaving" on poster board. Besides lots of boxes, they were taking "teamwork, a caring staff and good friends" to their new home.



The yellow alarm clock, the orange counter top are cherished memories: Ritz ghost—"The Conductor."

THE NEXT GENERATION OF Jaindl Family

Making the Transition

The windchill was 19 degrees below zero, but rest assured not one baby was brushed by a breeze during the NICU move. Staff safely and smoothly transported 15 delicate NICU babies, three high-risk moms and all services to Jaindl in about 12 hours—less than a third of the time expected.

To keep operations going at both sites during the move, it took weeks of preparation, extra staff to volunteer and double the equipment. Teamwork between childbirth and NICU staff, physicians, security, information services, Cetronia Ambulance Corps, facilities and construction, and several ancillary clinical departments made it a successful transition.

Larry Wiersch (left), executive director of Cetronia Ambulance Corps, and Michelle Seidel, chairman of Cetronia's board, were part of the crew that transported the babies. An EMT, paramedic, respiratory therapist and NICU nurse provided care for each newborn on the ride to Jaindl. Security helped expedite the process by clearing hallways, providing immediate access to elevators and radioing each site upon departure and arrival.



Biomedical engineers Patrick McCollian (left) and Dave Bowers and their team had been servicing and hauling equipment since before Thanksgiving. They'll continue to pitch in as 17th & Chew becomes a hub for community health with special centers for seniors and adolescents, ambulatory surgery, renovated clinics and more.



Carol Brensinger, R.N. (shown), and Ro Boucher, R.N., stayed after their night shift to make gift baskets for NICU babies moving to Jaindl. This particular basket is for little Mark Spalding, the last baby born at 17th & Chew. The son of Mary and Mark Spalding of Allentown, baby Mark arrived into the world at 11:43 p.m. on Jan. 13. Today, he continues to get topnotch care in the new NICU.



WHAT'S AHEAD?

The Express ER will join the Jaindl Family Pavilion this month and soon so will the Burn Center, a pediatric intensive care unit in cooperation with The Children's Hospital of Philadelphia and the Heart Care Group.



at "medication calculator" and the "ugly" is going into a NICU time capsule. Other Allentown Fair concerts and legendary



NICU nurse Denise Keeler, R.N., prepares baby Trinity Paul to make the big move. To ensure a safe transition, the staff set up committees to address every issue, researched literature about other NICU moves and even held a scavenger hunt to help get acquainted with the new unit.



Jeanne Schevets, R.N. (right), relief as baby Christa Gumbavic in her isolette. Today, little the son of Melanie and Jeffre little Christa, the daughter of of Wilkes Barre, are home w

CARE TO THE Pavilion

Joining the Neighborhood With Critical Care

Saying Hello to a "New Friend"

Jan. 14 at 10:28 a.m. will go down in LVHHN history—it's when the center's first baby, Theodore Pierfy, came into the world (see story on p. 9). Since then, staff have delivered and cared for more than 250 babies in the Center for Mother and Baby Care. "Every baby is an absolute miracle," said labor and delivery nurse Robyn Long, R.N. "We'll know a mother for 10 or 15 minutes, and we're crying right along with her in the delivery room."



Obstetrician Kristin Friel, M.D., delivered many of the first babies born in the new center. On Jan. 25, she gave birth to her own daughter, Hope, born at 7 pounds, 6 ounces. Friel and her husband, Timothy, also have a 2-year-old son, Alex.

Betty Geist, an Auxiliary of Lehigh Valley Hospital member, folds tiny outfits for the babies in the new NICU. She's just one of dozens of auxiliary members who helped during the transition. In fact, the auxiliary donated all its baby gifts from the Alcove Gift Shop to the last infants born at 17th & Chew.



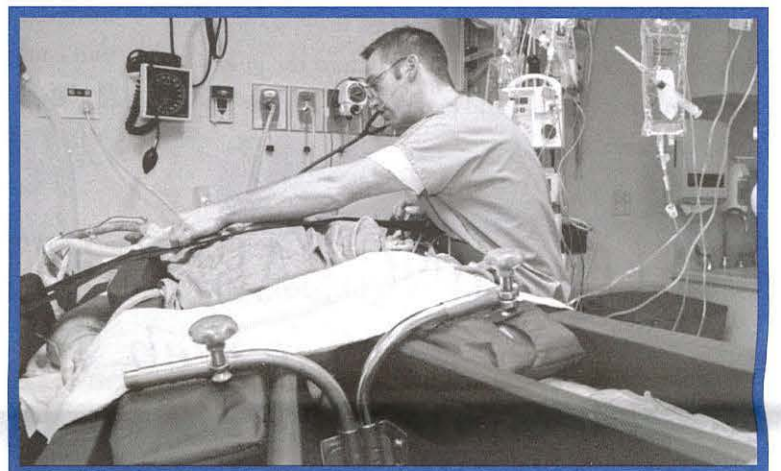
Preemie Stephen Oswald gets comfy in his new digs at the Center for Mother and Baby Care after the move.



breathes a sigh of relief as he snuggles safely in his new digs. Stephen (above), son of Alburto, and daughter, Lisa and Richard, are with their families.



"How much is your life worth?" asks Rose Davis. To her, it's traveling from home in Maine to LVHHN so her husband, Joseph, can get life-saving treatment. "Because of places like this, my children got to grow up with a father," she said. Here, resident Michael Bain, M.D. (right), talks with Davis while her husband rests in the new surgical intensive care unit.



(Above) Jerry Stoudt, R.N., cares for a car accident victim during the first day in the new trauma/neuro unit. The patient, in an chemically-induced paralysis, is on a rotating bed to drain fluid from his lungs and deliver oxygen. His prognosis is excellent: a full recovery.



Patient Donald Koch recuperates in the surgical intensive care unit with great care from Diane Gotthard, R.N. (left), and Vicki Trexler, R.N. Along with these nurses, having a window in his brand new room adds brightness to his day. "In the old unit, patients couldn't tell the difference between day and night," Trexler said. "This helps them feel like they're a part of the world."



Narrative by Pamela Maurer
Photos by Amico Studios

First Baby Christens Center for Mother and Baby Care

Mom Kathy Pierfy of Williams Township says her son Theodore had "suspicious timing" when he chose to enter the world at 10:28 a.m. on Jan. 14.

Some might say the little one wanted to be born *in style*. Arriving a few days earlier than expected, Theo did just that: He made history as the first baby born at the new Jaiendl Family Pavilion's Center for Mother and Baby Care.

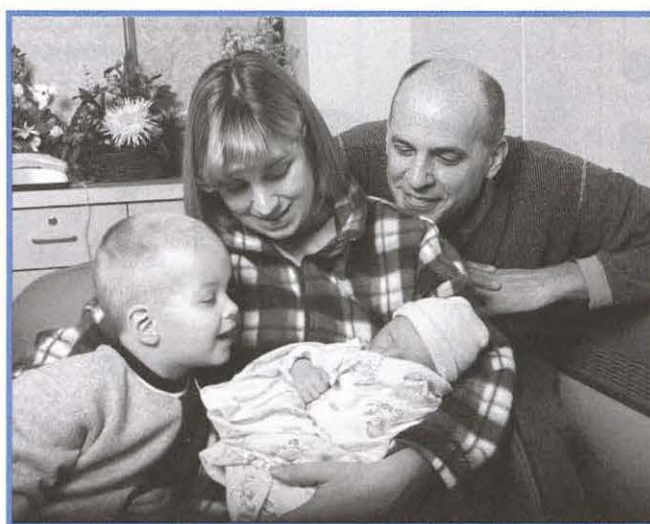
It almost didn't happen that way. Earlier that morning it looked more like little Theo would be the last baby born at 17th & Chew. When Kathy Pierfy's labor pains began at 4 a.m., she and her husband, Tony, drove from their Williams Township home to the downtown hospital—but only to be sent back home.

Several hours later, she was in the new Center for Mother and Baby Care with no clue that Theo would be the first infant to grace the new digs. "I heard somebody say 'Guess what, this is the first epidural!' and I thought 'Hey, at least that's something!'" she said. "The next thing I knew the gloves and gowns were flying, and people were all over the delivery room."

Ten minutes later, Theo made his grand arrival. "The staff was really into it," Kathy Pierfy said, especially her labor and delivery nurse, Karen Schleicher, R.N., who assisted obstetrician Zirka Halibey, M.D., with the birth.

"I kept hoping that I would deliver the first baby," Schleicher said. "Each and every birth is unique, but I'll always remember this one. It was remarkable."

And after delivery, having a private room where Theo could "room-in" and receive personalized care from the same staff was among the greatest perks, said Kathy Pierfy—who delivered her firstborn, Phillip, at 17th & Chew.



Big brother Phillip 2 (left), mom Kathy and dad Tony cuddle little Theo, born at 8-pounds, 8-ounces, in the home-like comfort of a private room. Theo, who made his grand arrival on his grandmother's birthday, Jan. 14, was the first baby born in the new Center for Mother and Baby Care.

"The rooms are beautiful, but it's the people that make this place," she said. "Whether our nurses were giving Theo a bath or our pediatrician was providing a checkup, the staff made us a part of the experience and educated us about what was happening. It was a wonderful experience." ■

by Pamela Maurer

WELCOMING BABIES INTO THE WORLD (Wide Web, That Is!)



The Johnstons are having a "family moment" in the new Center for Mother and Baby Care, cozy at the computer with their gurgling baby girl, Alison, just a day after her birth.

"Mom, can you hear her?" Paul Johnston says to a camera above the monitor. The new grandma just types in her reply: "Yes, I can hear her little chirp!"

Located halfway across the world in Stockholm, Sweden, grandma can see her too, and so can grandpa, sitting at his computer in Tanzania, Africa. Without **BabyPressConference.com**, it would be several months before either grandparent, who both work overseas, would be able to see their granddaughter in Allentown.



Mom Tammy Johnston with newborn Alison (left) and dad Paul Johnston with 3-year-old Matthew (right) hold a "Baby Press Conference" from LVH to grandparents in Sweden and Africa. Using the latest video and audio technology, Baby Press Conference allows them to see and hear the Johnstons. The grandparents just type in questions for the Johnstons to answer "on the air."

LVHHN is only one of four hospitals nationwide to offer these free, 30-minute "netcasts," which were launched with the opening of the new center.

"Alison is the first little girl in the family," Paul Johnston said. "We wanted to share the experience together with my parents, and Baby Press Conference allowed us to do that. We were hoping to deliver at the new center just for that reason."

Traditionally, dads would spend hours on the phone, running up calling card bills and missing out on valuable bonding to share news with friends and family. In fact, half-hour phone calls to Africa and Sweden would have cost the Johnstons about \$160.

"Families just don't live down the street anymore, and this gives everybody a chance to see the newborn in those first couple days," said Beth Kushner-Giovenco, R.N., patient care coordinator for the mother-baby unit. "Real live footage is something you can't duplicate in pictures."

An added benefit: After the netcast, viewers can shop for gifts right on the **BabyPressConference.com** web site and its Babies "R" Us baby registry. Family and friends unable to view the live netcast can view an archived copy. Plus, parents get a free web site upon registration, where they can create a living diary with photos and updates.

"It's amazing to think that even a year ago this technology wasn't available," Kushner-Giovenco said. "It's a new generation of care, a new millennium and a new way of looking at things. And for our families, it's absolutely priceless." ■

by Pamela Maurer

Want to Know More? Registering for Baby Press Conference is as easy as clicking a mouse. Call **610-402-CARE** for details or log on to **www.BabyPressConference.com**.

Change is Something to Talk About

You don't have to look too far within LVHHN for proof that "the only constant is change." New job responsibilities, department relocations and financial challenges seem routine these days. And those are only the work-related issues. So how does all this change affect the individual?

"Newness—whether good or bad—tends to cause stress," said Robin Chase-Sittig, program manager, LVHHN's Preferred EAP (Employee Assistance Program). "New surroundings and losing traditions can affect you emotionally and physically if the change isn't acknowledged and addressed."

The easiest and healthiest way to deal with the stress of change is to talk about it with someone you trust, Chase-Sittig continued. "Discuss your feelings with a family member or co-worker, or make an appointment with a counselor at Preferred EAP. Don't be embarrassed to talk about your discomfort. It's normal."

Doing something pleasurable like reading a book, getting exercise or seeing a movie can do wonders for people under stress, she added. "Try to carve out some quality time, when you do something just for you."

Ignoring or denying the realities of change can affect your ability to work effectively, sometimes snowballing into physical problems, like sleeplessness, loss of appetite or even depression.

But that doesn't have to happen. "People can deal with change most of the time," Chase-Sittig said. "It's cumulative change that causes the most stress."

Good or bad, change is really something to talk about. ■

by Rob Stevens

Need to talk to a professional? Call Preferred EAP at **610-433-8550** for a free, confidential appointment.

Sharon Keiser Shines in Many Hearts

On most days, the open heart unit (OHU) bustles with activity. Yet, despite the harried pace of the unit, technical partner Sharon Keiser faithfully makes her daily visit to the waiting room where she begins her day. "Sharon is passionate about connecting with her patients and families," said Mary Jean Osborne, director of OHU/TOHU (transitional open heart unit). This passion will forever shine bright in one family's hearts.

Barbara, a 45-year-old mother of two from New York, sat helplessly in the waiting room fearing the loss of Jim, a special friend from California. Barbara knew this feeling only too well after losing her husband 10 years ago under similar circumstances.

Barbara, Jim and the kids were headed west to start a new life together when Jim suddenly developed chest pain and pulled off the road near LVH. He was admitted and declared an emergency candidate for open heart surgery. It was in the waiting room that

this very distraught, lonely and frightened woman met Keiser.

According to the OHU reward and recognition committee, "Sharon's enormous capacity for empathy and caring was immediately engaged." Childcare arrangements were made, hotel accommodations secured, meal vouchers and telephone cards for Barbara were obtained, and even a temporary home for the family's pet rabbit was found. But Kaiser didn't stop there.

She rearranged her work schedule to maintain contact with Barbara, supported flexible visiting hours, and fostered Barbara's desire to assist in Jim's physical care. She even gave Barbara her home phone number.

Jim was discharged a week later and flew home. Barbara and her children continued their cross-country road trip and eventually joined him in California.



Sharon Keiser

"It is obvious that Sharon reaps her greatest rewards from her ability to touch the human spirit," Osborne said. "She is an integral component of a very patient-focused team of caregivers."

The committee couldn't agree more. "Sharon's stellar

efforts for this family, and many like it, highlight her steadfast dedication, devotion and commitment to keeping the LVHHN promise of PRIDE. She is a bright star in the evening sky, a beacon of advocacy, support and caring for all to follow—a remarkable face of humanity." ■

by Marion Varec

MHC Techs Scan Costs, Score Savings

Muhlenberg Hospital Center technicians Ross Applebaum and Sandra Bobryk didn't need the incentive of Working Wonders to look for cost savings opportunities, but both agree it's a great employee program.

"The Working Wonders program encourages employees to look at ways to improve processes and save money, and provides them with recognition for doing so," Applebaum said.

A newcomer to LVHHN and lead technician in nuclear medicine, Applebaum drew upon his 25 years of experience to examine and improve processes in his department.

Applebaum found that reducing the amount of radioactive material his department purchases for daily nuclear scans and storage for emergencies, and by mixing the material in-house as needed, saves the hospital \$10,256 annually.

Applebaum was rewarded \$365 for his efforts, but says money wasn't the object.

"My nature is to look at things to see how they can be improved," Applebaum said. "It just happened to tie in well with the Working Wonders program."

Bobryk, lead MRI technician at MHC, shares his modesty.



Ross Applebaum

"I am here to do for the hospital," said Bobryk, who worked at LVH in the '80s. "I basically did the same thing in past jobs as long as we didn't affect quality."

She recently changed vendors of optical disks that are used to store digital data for all types of MRI exams performed at the facility. Her department used to pay about \$36 per disk, buying about 100 per year. Now, by buying the disks from a

small California company for \$28 each, Bobryk is saving LVHHN almost \$1,200 annually.



Sandra Bobryk

"Working with a big company doesn't always mean they're better," Bobryk said. "If you can find the cheapest price without affecting quality—use them." No matter how big or small, Applebaum

and Bobryk continue to look at ways to save the network money. Bobryk's next idea could save LVHHN \$40,000.

If approved, she will donate her reward to the department for employee education and equipment.

"People are not rewarded enough and they deserve it," Bobryk said. "Sometimes they need to see this a little more and feel they are appreciated."

Working Wonders—more than an idea. ■

by Marion Varec

Upcoming Events

■ Depression Study

Are you or someone you know experiencing signs of depression? If so, participating in a clinical study may be the answer for you. As part of a national study, LVH is currently enrolling adults with symptoms of depression in a clinical trial for an investigational drug. After a free, confidential depression screening and medical evaluation, qualified participants will receive the drug and study-related medical attention for one year. There is no placebo. Participants must be medically stable otherwise. Laurence P. Karper, M.D., medical director, Behavioral Health Emergency Services, is the principle investigator for the study.

For a depression questionnaire and to learn more about the study, call 610-402-CARE.

■ TRAUMA 2000: A Continuum of Care

Thurs. & Fri., MARCH 2 & 3
Allentown Hilton

Sessions for trauma care providers including physicians nurses and social workers will feature presentations on geriatric trauma, pediatric injuries, youth gang violence, disaster operations and other important topics. There will also be an all-day track for pre-hospital providers on cyber trauma cases and LVHHN's METI patient simulator.

Keynote Speaker: Michael Rhodes, M.D., chairman of the department of surgery of the Christiana Care Health System, Delaware.

Register at the door or by contacting Donna Stout in the Center of Educational Development and Support at 610-402-1700.

■ An Evening of Artful Elegance

Fri., MARCH 31
Brookside Country Club, Macungie
6:30 p.m. Hors d'oeuvres, desserts & cash bar
7:30 p.m. Auction

Presented by Heisman Fine Arts Gallery Inc., the auction will benefit Friends of Nursing, a philanthropic foundation established to promote recognition and excellence in nursing practice, education and research.

Issues & Initiatives

Continued from page 1

to our community. If we face continued declines in revenues and want to continue providing top-quality services, our only choice is to find new, creative ways to reduce expenses.

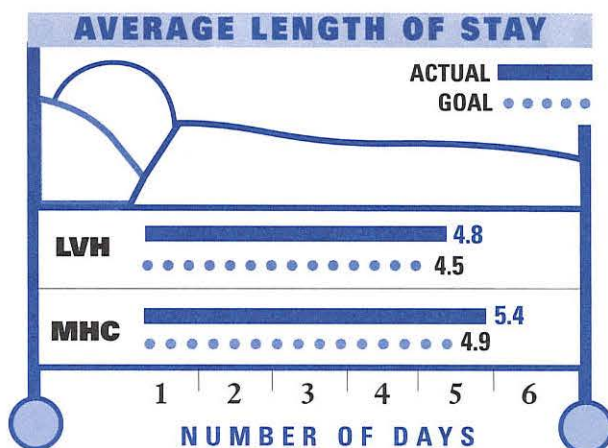
Over the past six years, we have reduced \$80 million from LVHHN's operating costs. Hospitals around the country have been doing the same or paying a huge price, including bankruptcy.

Unfortunately, government, businesses and other payers have been cutting payments for care twice as fast as we've been cutting our costs. Imagine the hardship you'd feel if your income was cut by \$2 for each dollar you reduced from your personal bills. You'd be heading for personal financial disaster.

While we've generally kept a healthy bottom line over the past six years, we can't keep reducing staffing in essential patient care areas. We've lowered our length of stay, but found that we've been providing the same amount of tests, medication and treatments in a shorter period. That's right, we've been spending more money in less time!

This problem calls for a multi-part plan to identify sources of revenue and further cost reductions:

- Reduce length of stay and patient care costs.
- We'll work with our medical staff to change practice patterns that are not "best practices" and help carry out prompt, appropriate discharge plans.
- We also need to explain to our patients that they will be in the hospital for a limited stay and then be discharged or moved to another setting for their care.
- Reduce unproductive staff activities, such as having to interpret illegible handwriting and track down physicians to clarify medical orders.



- Renegotiate discounts with our 50 largest suppliers of products.
- Make tough choices about which items we use based on costs and scientifically proven value.
- Find ways to eliminate unnecessary work, redundant work and rework.
- Redouble our Working Wonders efforts. (See page 5 for this month's inspiring article.)
- Management will try to convince our insurers to pay us fairly for the care we give.
- Staff are encouraged to remind our physician colleagues that the best care for their patients is provided by LVHHN.
- We can all act as advocates for our network with our family, friends and neighbors.
- We can keep informed and involved in the special work teams engaged in our 60-day turnaround effort by reading "The Balance Sheet" on the intranet, and giving encouragement and advice to the group leaders.

The nation's economy has never been stronger, but 44 million people in the U.S. have no health insurance, senior citizens fear the rising cost of medicines and Medicare coverage, and hospitals are nearing financial disaster. This is no way to run a country, so we have to become part of the solution to a worsening problem. ■

JAINDL PAVILION INVESTMENT IN BEST CARE

There have been questions regarding how the building of the Fred Jaindl Family Pavilion affected LVHHN's finances, and, I'd like to explain the planning and paying for the project in personal terms.

Say you want to convert a porch at your home into an enclosed family room. To finance this project, you get a home equity loan for \$10,000, which you will pay off in monthly installments over four years.

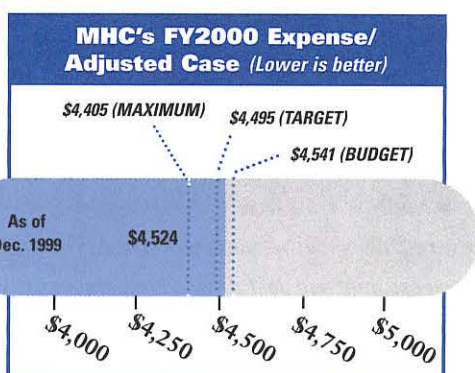
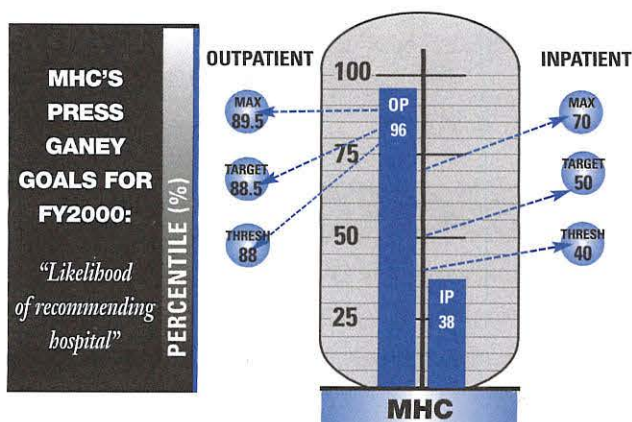
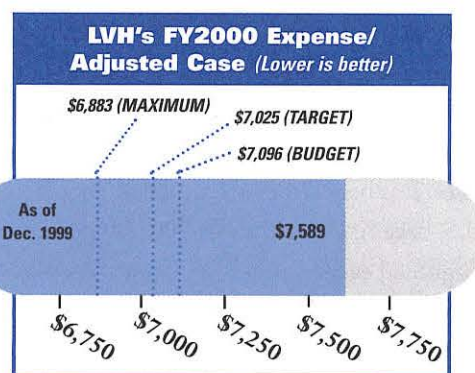
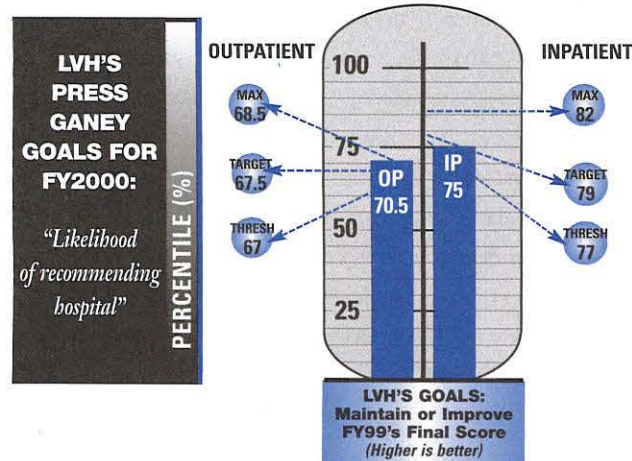
During the work on your family room, your life changes. Your income is reduced, or maybe you learn that there's a baby on the way. While this won't bring the work to a complete halt, you might change your plans and turn the family room into a nursery. But, once you've made the initial investment and begun the work, you have to complete it.

We began planning the Jaindl building four years ago, a project that took over two years to build, and which we will be paying off over several decades. We have calculated that consolidating acute inpatient services at Cedar Crest will save us \$4 million per year, while we improve the setting for some of our key programs. And, though our financial situation changed recently, we couldn't stop working on the addition in midstream, though we did modify our plans for several floors.

Investing in new technology and facilities enables LVHHN to provide the best care for our patients and sharpen our competitive edge. The Jaindl Pavilion is proof of our continued commitment to the health of our community.

LVH's & MHC's SHARED SUCCESS PLAN PROGRESS

(AS OF DECEMBER 1999)



Better Quality Can Mean Lower Costs

A recent study found that an average U.S. hospital can save millions of dollars by preventing common complications of care, giving added reason for shorter inpatient stays:

- \$1.5 million per hospital can be saved if patients don't develop pressure sores from staying in bed.
- \$1 million per hospital can be saved by the prevention of post-operative wound infections.
- \$1.5 million per hospital can be saved when adverse drug reactions are avoided.

We are evaluating each of these problems in our hospitals to determine how they add to our costs of providing care. But we know that, based on the best performing hospitals throughout the nation, we can reduce our costs while maintaining our quality of care.

Be a STAR in the Fight Against Breast Cancer



Fifty-seven-year-old Dorothy Sechler of New Tripoli doesn't have breast cancer. But every day she swallows two little pills to "throw some hard punches" at the disease.

"Cancer claimed the lives of my husband, my sister and a close friend," she said. "I was angry at cancer and needed a way to fight back, a way to prevent this horrible disease."

Today, Sechler is one of thousands of women nationwide striving to do just that through the Study of Tamoxifen and Raloxifene (STAR).

The study, operated at several sites through LVHHN, examines whether the osteoporosis drug raloxifene is effective in preventing breast cancer in women at high risk for the disease and whether it offers benefits over tamoxifen, the proven drug. In the first Breast Cancer Prevention Trial, in which Sechler also participated through LVHHN, tamoxifen proved to cut the risk of getting breast cancer by about half.

"When I learned the news about tamoxifen, I felt proud knowing that I helped," Sechler said.

"My friend left two daughters when she died, and this could benefit them and their daughters they may have someday."

Being older than 35, postmenopausal, never having had children and undergoing two breast biopsies are among factors that put Sechler at risk for developing breast cancer and qualify her

to participate in STAR. During this five-year study, she is receiving either 20 mg of tamoxifen or 60 mg of raloxifene daily. Neither Sechler nor her physician know which pill she is receiving.

Before Sechler made a decision to participate in the study, LVHHN's STAR coordinator Deborah Kane, R.N., educated her about the risks, as she does all potential participants.

Although there are side effects associated with both medications, the risk of developing them is slim.

TAKING CONTROL of Your Breast Health

Whether or not you're interested in participating in a breast cancer prevention study, be sure to have regular mammograms if you are age 40 or older.

Call **610-402-CARE** to make an appointment at one of six Breast Health Services locations, now including Muhlenberg Hospital Center.

"With tamoxifen, there's less than three-tenths of a percent chance of developing endometrial cancer," said Gregory Harper, M.D., physician-in-chief at the John and Dorothy Morgan Cancer Center.

With tamoxifen and raloxifene, there is an increased chance of developing blood clots—about the same as women who are taking estrogen replacement therapy. "It's a concern if you're not involved in a normal level of activity—for example, if you're sitting on a plane for 14 hours or on bed rest for several days after a surgery," Kane said. "In those cases, we can temporarily stop the medication, without affecting the study."

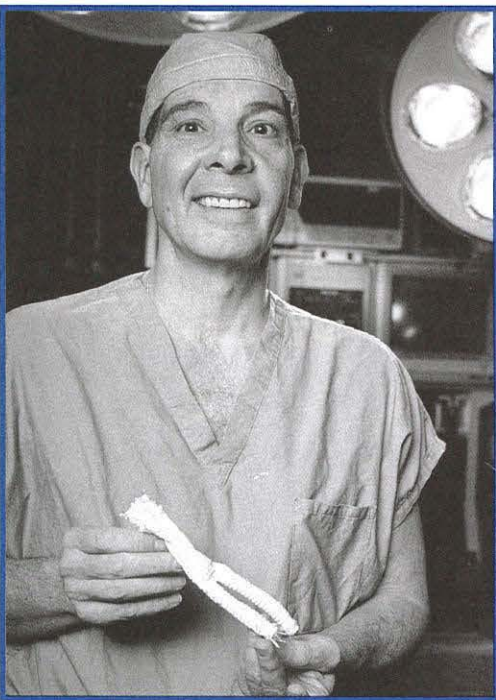
After discussion with her primary care physician, Sechler determined that "the benefits of participating in the study far outweigh the risks." In fact, if Sechler's taking raloxifene, she has an added benefit: protection against osteoporosis.

"Her well being is being monitored every step of the way through regular mammograms and gynecological exams," Kane said. "We work closely with each participant's primary care physician, who knows her health best." ■

by Pamela Maurer

Want to Know More?...

To have a risk assessment and learn if you qualify for STAR, call **610-402-CARE**.



Vascular surgeon Victor Celani, M.D., holds a new kind of graft used in minimally-invasive repairs of abdominal aortic aneurysms.

Robert Kolar is thankful that LVH is committed to medical innovation.

The 73-year-old Allentown man was the first person in the Lehigh Valley to have an abdominal aortic aneurysm (AAA) repaired with a new, less invasive surgical procedure.

LVH Doctors Pioneer Innovative Repair of Abdominal Aortic Aneurysm

On Dec. 23, 1999, Kolar underwent minimally invasive treatment of AAA, which is a major improvement over traditional repair of the condition. Vascular surgeons Victor Celani, M.D., and John Welkie, M.D., and interventional radiologist James Jaffe, M.D., performed the two-hour operation at Lehigh Valley Hospital.

AAA is an enlargement of the aorta, the body's main artery, resulting from a weakening of the vessel wall. If untreated, this enlargement can lead to aortic rupture, which results in death in 80 percent of all cases. It is believed that 1.5 million people in the U.S. have AAA, with about 200,000 new cases diagnosed each year.

The doctors positioned a Dacron tube, called an ANCURE Endograft, inside the aneurysm to exclude it from further blood flow. The graft was inserted through a small incision in Kolar's left groin artery using a new delivery device. Both the ANCURE Endograft and the delivery device are made by the Guidant Corp. They were approved by the Food

and Drug Administration in September, 1999.

Traditional repair requires an incision from the bottom of the sternum to the pubic bone and takes about 12 weeks for recovery following a week's hospital stay. Kolar left LVH 36 hours after his surgery and had returned to normal activity the next week.

"Minimally invasive repair of abdominal aortic aneurysms is the most exciting innovation in the treatment of this condition," Celani said. "This technique results in less pain and faster recuperation for the patient, which translate into better quality of life."

Celani added that only about 30 percent of AAA patients are currently eligible for the less invasive surgery, but he believes this number will increase quickly to 50-60 percent as the device and technique are improved.

"This is an amazing development that should revolutionize the treatment of abdominal aortic aneurysms in most patients within the next three to five years," he added. ■

by Rob Stevens

SERVICE ANNIVERSARIES

Congratulations to those employees celebrating February 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 Rob Stevens, managing editor, 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 610-317-4819. Lehigh Valley Hospital and Health Network is an equal opportunity employer. M/F/D/V **Want to read CheckUp on-line? Open LVHHN's intranet page—www.LVH.com—and click on the CheckUp logo.**

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