

CheckUp

this month



VOL. 12, NO. 5 • MAY 20, 1999

June 1-12 LVHHN PLANS EMPLOYEE SATISFACTION SURVEY

One thing that Nordstroms, Wegmans, Disney and many other very successful organizations have in common is their commitment to both customer satisfaction and employee satisfaction.

As LVHHN shifts its Service Excellence initiative into high gear this year, the level of staff satisfaction throughout the network will be measured through an employee satisfaction survey conducted from June 1-12.

"The best providers of excellent customer service in the world know that satisfied employees will result in satisfied customers," said Elliot Sussman, M.D., LVHHN's president and chief executive officer. "We want our employees to help us identify issues, concerns and areas where we can work together to make LVHHN both the employer of choice and the health provider of choice in our region."

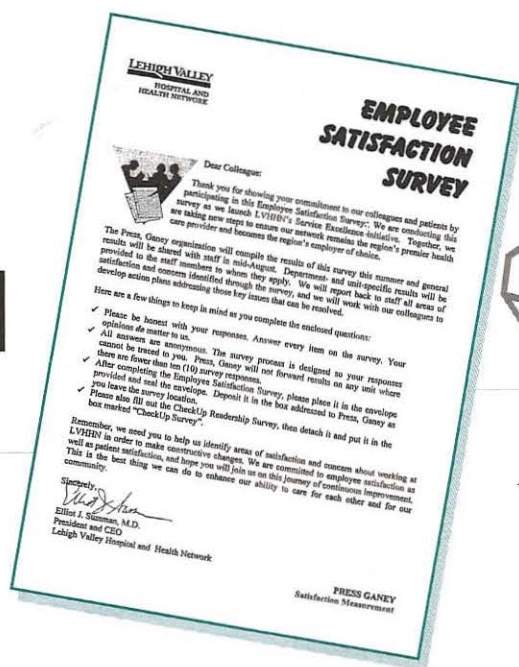
The senior-management-sponsored survey will be a multiple-choice questionnaire that asks employees to rate items such as the work environment, the characteristics of their job, LVHHN policies and procedures, management style and communications, compensation and benefits, and the employees' commitment to organization. Participants also will be asked to list the best thing about working for LVHHN and the one thing about their job they wish were different.

The survey will take about a half-hour to complete, according to Mary Kay Gooch, vice president of human resources, who is leading a planning and implementation team for the survey. She stresses the importance of providing thoughtful and truthful responses to the questionnaire.

"All answers will be anonymous, so employees are assured there will be no way to connect their answers to them," Gooch explained. "We are asking for honest opinions, which will ensure that an accurate assessment is developed."

"We will report back to staff all areas of satisfaction and concern identified through the surveys, and we will work with all of our colleagues to develop action plans to address those key issues that can be resolved," she continued. Staff will also be informed when changes in practices and policies result from the survey, which will be repeated every 18-24 months.

LVHHN is teaming up with the Press Ganey organization (who also tabulates the patient satisfaction questionnaires) to design and conduct the survey, taking advantage of a



Pick up a Pencil
& Raise your Voice

EMPLOYEE SATISFACTION SURVEY SCHEDULE

Please plan to spend one hour at one of the sessions below to complete the Employee Satisfaction and CheckUp Readership surveys.

JUNE 1

LOCATION	TIME
CC Auditorium	1-6 p.m.
17 Auditorium	1-5 p.m.
MHC 1st fl. Conf.	2-5 p.m.
2166S12 1st fl. Conf.	1-5 p.m.
2024LS Cafeteria	3-5 p.m.

JUNE 2

CC Auditorium	4-11 a.m.
CC Auditorium	4-6 p.m.
17 Auditorium	4-9 a.m.
17 Auditorium	Noon-7 p.m.
MHC 1st fl. Conf.	4-10 a.m.

JUNE 3

CC Auditorium	6-10 p.m.
17 Auditorium	8 a.m.-3 p.m.
1770 2nd fl. Conf.	Noon-4 p.m.
2166S12 1st fl. Conf.	8 a.m.-Noon
2024LS Cafeteria	3-5 p.m.

JUNE 7

CC Auditorium	4 a.m.-4 p.m.
MHC 1st fl. Conf.	4 a.m.-10 p.m.

JUNE 9

CC Auditorium	6-9 a.m.
CC Auditorium	2-6 p.m.
MHC 1st fl. Conf.	8 a.m.-Noon
1770 2nd fl. Conf.	Noon-4 p.m.
2024LS Cafeteria	3-5 p.m.

JUNE 10

17 Auditorium	4 a.m.-5 p.m.
MHC 1st fl. Conf.	11 a.m.-6 p.m.
1770 2nd fl. Conf.	3-5 p.m.
2166S12 1st fl. Conf.	Noon-5 p.m.

JUNE 12

CC Auditorium	4-6 a.m.
CC Auditorium	9-11 a.m.
CC Auditorium	7-9 p.m.

Good Shepherd to Buy Muhlenberg Rehab Center, Create Long-Term Hospital Unit at Cedar Crest

Leaders from Good Shepherd (GS) and Lehigh Valley Hospital and Health Network (LVHHN) announced May 6 they have signed a letter of intent that will ultimately enable Good Shepherd to expand the scope of rehabilitation services available throughout the region.

The agreement, announced by GS President and CEO Sally Gammon and LVHHN President and CEO Elliot J. Sussman, M.D., has two parts. First, Good Shepherd will purchase Muhlenberg Rehabilitation Center (MRC) in Bethlehem from LVHHN.



Kathryn P. Taylor, LVHHN board chairman (left), and Nelvin Vas, Good Shepherd board chairman, discuss the agreement between the two organizations following the news conference announcing it.

Second, Good Shepherd will lease space from Lehigh Valley Hospital to establish, own and operate a long-term acute care hospital unit at LVH's Cedar Crest & I-78 site.

"LVHHN and Good Shepherd, organizations with long-standing roots in the Lehigh Valley, share key values of service and high-quality care, and a great deal of mutual respect," Sussman said. "We have been working together

since last spring to create expanded post-acute health care services that improve the quality of life for the people of our community."

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LEHIGH VALLEY
HOSPITAL AND
HEALTH NETWORK

Senior Quarters at MHC Offers A Place to Live ...and Much More

When John Feight decided he was "tired of living alone," he had a number of options. "I looked at a lot of different places, some in Bethlehem and Allentown, some as far away as Lancaster," the healthy 82-year-old man explained. "I wanted to find a place that would suit my purposes....to allow me to maintain my independence and privacy, where I could come and go as I please."

Senior Quarters at Muhlenberg Hospital Center, a new assisted-living facility on Macada Road in Bethlehem, proved to be the perfect answer to his needs. "I'm the first resident, I even helped cut the ribbon at the grand opening. It has everything I want. It's affordable...and the people are terrific...couldn't be more helpful or pleasant," John said.

The numerous amenities of Senior Quarters include luxurious private studio apartments, one-bedroom and two-bedroom suites. Three delicious meals are served daily—selected from a constantly changing menu, prepared by the resident chef and served in a restaurant-style dining room. Social and recreational activities include an in-house billiard room and excursions to entertainment, shopping and lifestyle necessities around the Valley. There is the opportunity for interaction between residents, so friendships are established and relationships formed.

A very different circumstance faced Alvera West and her son last year. They were looking for a place that would provide the medical attention Alvera needed for her somewhat fragile diabetic condition. A retired



John and Alvera Feight met and were married at Senior Quarters.

nurse, Alvera chose Senior Quarters because of the quality of care she felt she would receive there. "Everyone seemed so concerned about all of my needs and the facility was so beautiful and clean...it just seemed right. At first I was content to keep to myself. But the more I met people here, the more I began to think of them as friends, became more involved in many of the activities and started to feel like my life was my own," she said.

One advantage of Senior Quarters is the variety of options it provides for its residents, notes Dan

Frost, administrator for Senior Quarters at Muhlenberg Hospital Center: "We can provide supportive, enhanced or comprehensive levels of assistance for our residents based on their personal needs. For this reason it appeals to a wide audience."

However, a relationship was not what either John or Alvera was looking for. Both widowers for over five years, they were content in their single lifestyle.

It was one of the planned trips that changed their lives forever. Last December, they both decided to take part in a trip to a local church for a Christmas concert. Never having formally met at Senior Quarters (although she admits noticing him across the dining room), they ended up sitting next to each other at the concert and struck up a conversation. "She was just so easy to talk to," John recalled, "and we had such similar beliefs."

"Our family values were the same. I just knew there was something there," Alvera added. "Then, when we got back home, we realized we lived on the same floor! We started spending more time together and then John got sick. In helping take care of him, I found him to be so kind and considerate and attentive, I just knew it was something special."

And it was. Four months later, following some serious "checking out" by both families, John and Alvera married in the lobby of Senior Quarters, in front of their children, their new friends at Senior Quarters, both staff and residents, and 55 friends of the bride and groom. It was perfect, Alvera notes: "We

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Employee Satisfaction Survey

Continued from page 1

special promotional offer. Because of this arrangement, and because LVHHN will typeset and photocopy the questionnaire in house, the survey will come at little or no cost to the network.

Plans are under way to conduct surveys round-the-clock at every major LVHHN site. If members of a clinical unit aren't able to come to a location to complete their surveys, arrangements will be made for the questionnaires to be brought to them. The

annual *CheckUp* readership survey will be conducted at the same time as the employee satisfaction survey and will take about 10-15 minutes to complete.

Every completed survey will be sealed in an envelope by the respondent, and all surveys will be sent for compiling directly to Press Ganey's headquarters in South Bend, Ind., the same day they're filled out. Results will be provided by Press Ganey in early to mid-August, at which time general responses will be published in *CheckUp* and on the intranet, Gooch explained. "We will make unit- or department-specific

results available only to the individuals working in those areas, but will share 'global' results openly within the network." ■

by Rob Stevens

For more information about the upcoming employee satisfaction survey, call Mary Kay Gooch at 317-4795.

Good Shepherd to Buy MRC

Continued from page 1

"Through this agreement, Good Shepherd has expanded its ability to provide expert care to more people at different levels of medical complexity across the Lehigh Valley and beyond," Gammon said.

Ronald Macaulay, LVHHN's senior vice president for business development, emphasized that care for MRC's long-term residents will continue uninterrupted throughout the transition to new owners. "Also, we anticipate that MRC employees will continue in their current or substantially similar positions with substantially similar benefits," he said.

The long-term acute care hospital unit that Good Shepherd will own and operate at LVH is the first in the region and is often referred to as a "hospital within a hospital." Typically, patients have just undergone major complicated surgery or are recovering from a very serious illness or injury, and require rehabilitation services and/or continued extensive nursing care. The average time a patient spends in a long-term acute care

hospital unit is 25 days. The plan is for the 28-bed service to be located on a vacant unit at LVH, CC&I-78, and to welcome admissions from all area and regional hospitals.

LTACH FACTS

- LTACHs provide long-term, non-traditional acute hospital care.
- LTACH care usually follows major illness or surgery.
- Some care provided in LTACHs is rehabilitative.
- By federal regulation, the average length of stay in an LTACH is 25 days.
- The 28-bed LTACH being established by Good Shepherd at LVH is the first in the greater Lehigh Valley.

"The long-term acute care hospital unit is a highly appropriate level of care for many of our patients who have passed the crisis stage in their recovery," said

Mary Kinneman, senior vice president, patient care services. "The availability of that unit will help relieve some of the capacity issues we experience while still maintaining the patient in an appropriate level of care."

She emphasized there will be no reductions in staff at LVH as a direct result of the development of the long-term acute care hospital unit by Good Shepherd, since it will be created on a vacant unit.

Muhlenberg Rehabilitation Center became part of Lehigh Valley Hospital and Health Network following the merger of Lehigh Valley Hospital and Muhlenberg Hospital Center in November 1998. Good Shepherd will purchase the rehabilitation center for \$6.45 million, when the agreement is finalized no later than Sept. 30, 1999. There is no merger between Good Shepherd and LVHHN as part of this agreement; each organization remains independent of the other. ■

by Mary Alice Czerwonka

Press Ganey Reports Some Good News, Areas to Improve

People who were LVH inpatients during the first three months of this year are more likely to endorse the hospital than patients admitted there from October through December of 1998, according to the latest quarterly Press Ganey report.

The hospital's score for "likelihood of recommending the hospital," a key patient satisfaction item and the customer satisfaction component of the Shared Success Plan, rose from 87.6 to 88.2 during the January through March period. The item's corresponding percentile rank increased from 50 to 77, passing the 68th minimum percentile for achieving the SSP at LVH this year.

"Our scores show that our patients are more satisfied and that we're moving in the right direction," said Mary Kinneman, senior vice president of patient care services. "Now, we need to continue moving up."

Unfortunately, several other patient satisfaction items didn't fare as well in the latest report. LVH's "overall hospital score" dipped by two-tenths of a point, and the room rating fell one-half point. Kinneman noted that the hospital's overall score to a great extent depends on patients' ratings of room cleanliness, temperature, noise and pleasantness of decor. "The 'cleanliness' score declined by more than a point, which pulled down the overall score," she said.

Kinneman hopes several plans in the works will reverse declining ratings for rooms at LVH.

A hospital-wide "bed team" strategy is being planned by patient care services and general services, so rooms are cleaned and beds prepared for the next patient as soon as a bed becomes available.

High inpatient census and the rapid "turnover" of

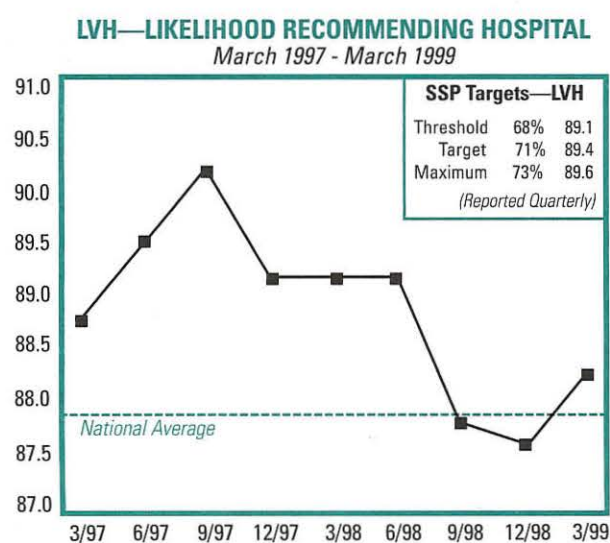
beds are considered the root causes of the cleanliness problem. Also, some patients taken off the unit for testing might think their room wasn't cleaned, because they didn't see the cleaning being done. To address this, support partners have been asked to discuss with patients any concerns the patients may have about their room's cleanliness.

MHC's Press Ganey

ratings also slipped during the months December 1998 through February of this year. The "likelihood of recommending the hospital" score fell from 86.6 to 85.5, with corresponding drop from the 33rd percentile to the 23rd. The hospital's overall score declined 1.4 points, from 83.1 in November to 81.7.

"LVH's patient satisfaction scores have increased over the past four years, due to a concerted effort to enhance our focus on what is important to the patient and through the implementation of the PRIDE initiative," Kinneman said. "Over the past few months, MHC staff has started to plan to implement the

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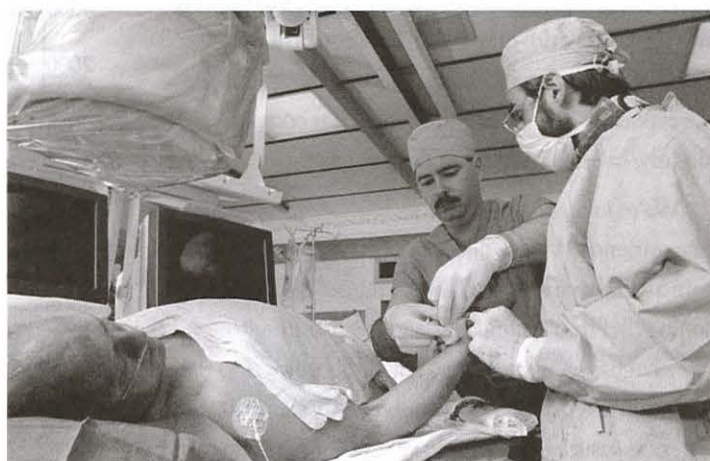
CARDIOLOGISTS TAKE NEW APPROACH TO CATHETERIZATION

Cardiologists at LVH recently added a new approach to heart catheterization. Bryan Kluck, D.O., a member of the Heart Care Group, has begun placing a cardiac catheter into some patients' hearts through the wrist, or radial artery, making it more comfortable for them and, in some cases, decreasing how long they stay in the hospital. The traditional insertion site for this procedure has been the groin, or femoral, artery.

Catheterization and angioplasty patients who have back problems, obstructive lung conditions or groin arteries that are diseased or scarred from previous procedures will benefit the most from the "transradial" cardiac procedures, according to Kluck.

"Instead of having to lie on their backs for up to eight hours after the procedure, which can be uncomfortable or painful for these patients, they sit comfortably during the recovery period, which is also much shorter," Kluck explained.

Patients who undergo the conventional catheterization or angioplasty must lie still to prevent bleeding at the insertion site.



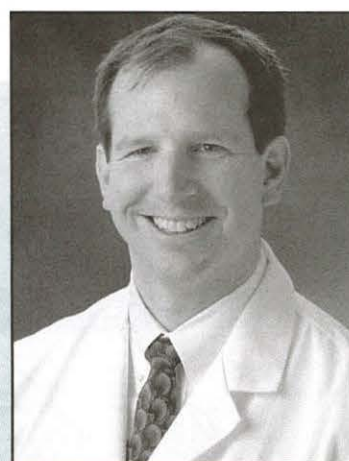
Curt Trap, R.N. (center), and cardiologist Bryan Kluck, D.O., apply a dressing to the catheter insertion site on a patient's wrist, following transradial catheterization. Kluck recently began inserting cardiac catheters into the radial artery of some patients, a technique that is more comfortable for patients and speeds up recovery time.

Transradial catheterization and angioplasty patients only require a pressure dressing on the wrist for 30-60 minutes following their procedure.

Men seem to be the best candidates for the new approach, because their radial arteries are larger than women's, Kluck said. And, while the patient still must lie still during the procedure, that's the only time he's flat on his back in the catheterization lab.

This new approach can be more convenient and comfortable for patients, and may also reduce costs to the hospital, Kluck added, particularly if the angioplasty

PennCARE Names New Executive Medical Director



Kenneth D. Coburn, M.D., M.P.H., of Elkins Park, Pa., recently joined PennCARE as its senior vice president/executive medical director/chief quality officer of the PennCARE health care system. He replaces Louis I. Hochheiser, M.D., who left the organization in February.

Coburn most recently was associate medical director with the office of disease management at the University of Pennsylvania Health System. Prior to that, he was medical director of quality improvement at Health Partners in Philadelphia, and director of the AIDS Center at Montefiore Medical Center in the Bronx.

As PennCARE's senior physician executive, Coburn has responsibility for the design, development and integration of high-quality, cost-effective clinical programs throughout the network, with a particular focus on clinical quality improvement, outcomes management, care management and evaluation.

PennCARE, established in 1995, is an integrated health care delivery system comprising 11 hospitals and their medical staffs: Abington Memorial Hospital, Doylestown Hospital, Easton Hospital, Gaden Huetten Memorial Hospital, Grand View Hospital, Hazleton General Hospital, Hazleton-St. Joseph Medical Center, Lehigh Valley Hospital, Muhlenberg Hospital Center, North Penn Hospital and Pocono Medical Center. The network was formed to negotiate managed care arrangements and facilitate the provision of medical services to patients by its health care provider members.

"This is a very committed group of people, moving their organizations to achieve the goal of improving the community's health," Coburn said.

Coburn received his doctor of medicine and a master's in public health from Columbia University, and completed his residency at Columbia-Presbyterian Medical Center, and a fellowship in infectious diseases at Montefiore Medical Center, both in New York. ■

by Mary Alice Czerwonka

patient can go home the same day as the procedure. Furthermore, he continued, "In all likelihood, we'll soon be able to offer the transradial option to many of the patients we treat in the cath lab."

Kluck learned the transradial technique earlier last month from Gerard Barbeau, M.D., chief of cardiology at Laval Hospital in Quebec, Canada. Barbeau claims 98 percent of all catheterizations and angioplasties performed in Quebec are transradial procedures. "This technique has helped Laval Hospital significantly lower their expenses for cardiac care," Kluck reported. ■

by Rob Stevens



Lou Liebhaver, COO

Lou Liebhaver

Issues & Initiatives

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

FY99's Accomplishments & Concerns Highlighted at the Employee Forums

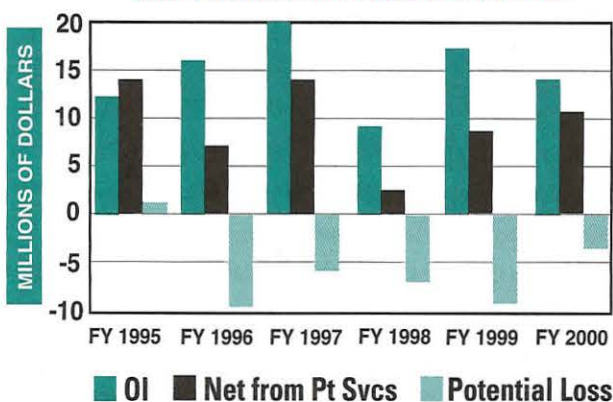
The recent round of employee forums throughout the network was a great opportunity to meet with staff and discuss where we've been in the past year, where we are currently and where we're headed. The discussions were informative and constructive, and they showed how much you care about the work you do, about our colleagues and about the patients we treat. I'd like to relate the highlights of the forums in this month's Issues & Initiatives.

Because of the hard work we've done over the years at LVH, MHC, LVHS and LVPG, we are better positioned than most health care organizations to continue caring for our community and providing employment to our staff. We have encountered and overcome many threats to our well-being. Other health care organizations across the country have not fared as well as LVHHN because they were not prepared, and this has resulted in painful layoffs. Together, we should celebrate our successes, just as we shared the responsibilities to achieve them.

Participants at the forums identified many of this year's significant accomplishments throughout LVHHN, with the following being cited the most often:

- Building progress on the Jaindl Pavilion and the \$6 million gift from the Jaindl Family
- Announcement of the Children's Hospital of Philadelphia program at MHC
- Positive financial outcomes of LVHHN, including OI
- National recognition of our programs through U.S. News & World Report and HCIA
- High patient census at both hospitals
- JCAHO accreditation with commendation
- Announcement of consolidation of inpatient psychiatry services at MHC
- Merger progress between LVHHN and MHC
- Trexlertown Health Center opening
- Planning of the cancer program for MHC

LVH FINANCIAL PERFORMANCE



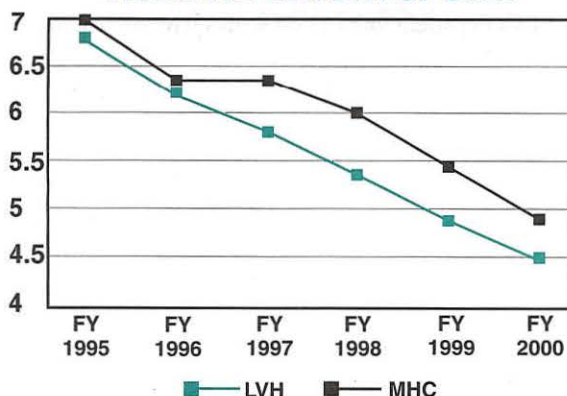
Although this chart displays only information pertaining to LVH, it represents the critical role of expense reduction to the entire network. The dark green bar represents each year's OI achievement beside the net from patient services in black. The light green bar shows what would have been each year's results if OI had not been achieved.

Just as important as celebrating our successes is recognizing and addressing the concerns that we face in the growing complexities of the health care environment. These were the top concerns voiced by participants in the forums:

- Staffing
- I/S problems
- MHC merger
- Press Ganey scores

STAFFING was by far the most often-mentioned challenge of the year. Staff are feeling stressed-out from the intensified work pace stemming from the high census, shorter lengths of stay and staffing vacancies. Employee turnover in some areas has hurt the stability of the patient care teams there. Our biggest challenge continues to be our ability to remove unnecessary work from our processes. We haven't done that well, and that adds to everyone's burden.

AVERAGE LENGTH OF STAY

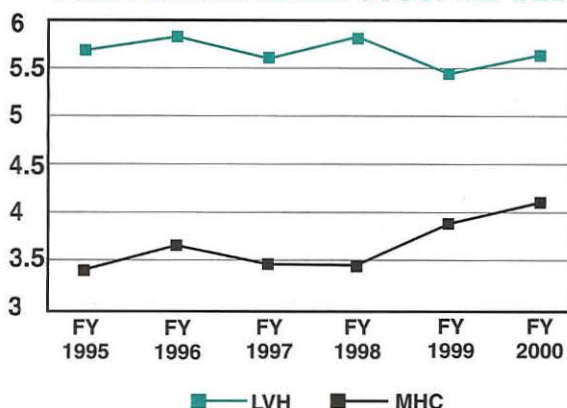


Shorter lengths-of-stay and higher inpatient volumes result in increased clinical activity.

These are legitimate concerns. Our census during the first two-and-one-half months of this year (January through mid-March) was much higher than we expected. Since April the census has come down slightly, but it is still higher than normal.

We're taking several actions to deal with this phenomenon: We've filled most vacancies in patient care areas, have enlarged the float pool to provide some relief to our clinicians and are planning to launch a hospital-wide "bed team" to respond to the rapid turnover of beds due to shorter lengths of stay. These measures should help relieve some of the overwhelmed feelings that our colleagues experience on the patient care units.

FTEs PER ADJUSTED OCCUPIED BED



Staffing in patient care areas remains relatively unchanged.

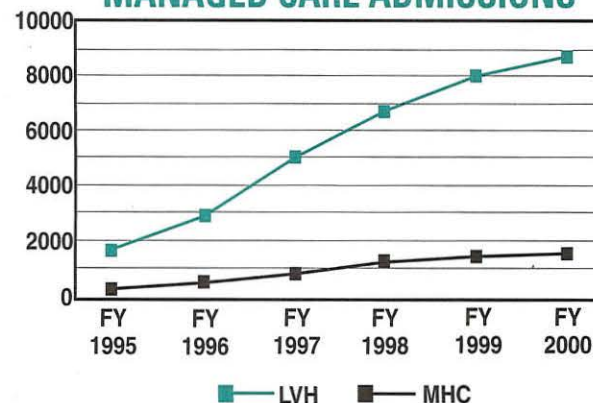
NETWORK COMPUTER PROBLEMS have surfaced too frequently over the past year. These happen because the capacity of our system simply cannot keep up with the demands on it. The network was installed in 1992, designed to handle 2,000 work stations. Today, it's trying to accommodate 10,000 work stations throughout LVHHN.

The good news is, by the end of September, we expect to install an entirely new network, which will keep the system up 99.9 percent of the time and make it faster.

Aside from the new network, I/S has already rolled out Windows NT and a new E-mail system in many departments at LVHHN. These programs, along with a new security system that will require users to sign on only once, are expected to be installed network-wide by August.

THE LVHHN-MHC MERGER was listed at many forums as both a success and a concern. Both hospitals and the network are stronger today because of their combined value and strength in the marketplace. Unfortunately, the flip side is, in some cases, the occasional disruption of work routines, expectations and aspirations because of the consolidation.

MANAGED CARE ADMISSIONS



Increasing managed care inpatient volumes bring lower payments for care.

Sometimes these take the form of a new supervisor or coworker, different wages or benefits, an increased work pace or a feeling of unimportance.

We must continue to raise these concerns with our supervisors, Stu Paxton and myself. We must, just as importantly, continue to share the goal of strengthening and improving our work processes and, thus, the outlook for our shared futures. Letting these differences escalate into internal strife will surely divide us and cause us to weaken in our resolve and ability to thrive in the increasingly managed care environment.

PRESS GANEY SCORES continue to be impressive in areas like the ambulatory surgery unit, the John and Dorothy Morgan Cancer Center, and the emergency departments at MHC and LVH.

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CheckUp this month

FY99's Accomplishments/Concerns

Continued from page 4

Unfortunately, the results on the inpatient side have been disappointing lately. It's difficult to deliver excellent customer service within the high-pressure environment we find ourselves. But we must seek ways to do just this despite the pressures brought on by full beds and shorter stays.

The answer must begin with each of us. I suggest we examine the processes in our work area that can be changed to reduce the stress on ourselves and our colleagues, and improve the patient experience. We can start by keeping ourselves accountable for our own attitude at work, being especially aware of how we convey our feelings in words and actions to our colleagues and our patients.

The pressures in our chosen profession are only getting more intense...that's a fact of life. We at LVHHN distinguish ourselves through finding ways to be caring, compassionate and concerned despite the increasingly rocky landscape across our industry. Together, we are taking steps to ensure our network remains the region's premier health care provider and becomes the region's employer of choice. ■

Next month Lou answers questions from the employee forums.



Loretta Gogel, R.N.

April's Service Star Caring for More than 20 Years

Nearly 12 years ago, an ill child from Bolivia stayed in the pediatrics unit, where Loretta Gogel, R.N., cared for her. Today the girl is 19, still writing Gogel letters and sending her photos from across the world.

"She says she wants to go into medicine because of Loretta," said Cindy Max, director of the pediatrics unit. "I just have a million stories I could tell about Loretta and her patients."

From arranging nail-painting parties to buying special gifts and driving families to Philadelphia for chemotherapy treatments, Gogel's actions are genuine and inspiring. In her words, "I've dedicated my life to pediatrics. It's my love."

Her enthusiasm began she was 13 and a volunteer at LVH. "When I hit my 1,500 hours of volunteering, they didn't want to let me go and I didn't want to leave," she said. "So I made sure I came back."

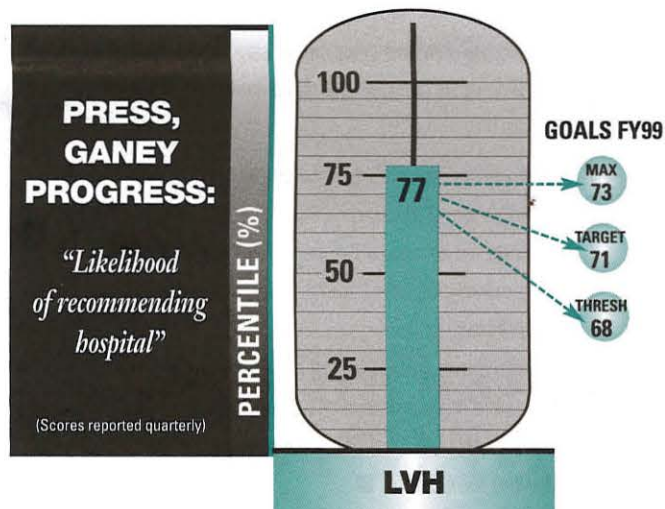
She started in 1980 as a nurse's aide on peds, became an R.N. and is now working toward a bachelor's degree at Kutztown University. Recently, a homework assignment in her community outreach class became a personal project. "The family she was caring for was having difficulty meeting even their most basic needs," Max said. "Loretta gave them her own vacuum cleaner and for Easter, she made them a basket filled with an assortment of soaps, basic hygiene products and toys for the children. She did it in such a kind way that didn't make them feel needy."

In addition to April's Service Star Award, Gogel recently earned two Friends of Nursing Awards. In fact, going above and beyond the call of duty is typical for the pediatrics unit staff. Gogel joins Francine Sneska, R.N., and technical partner Patricia Moore as Service Star recipients. "It's so much more than a job for them," Max said. "They all just kill themselves for their families. It's a wonderful staff." ■

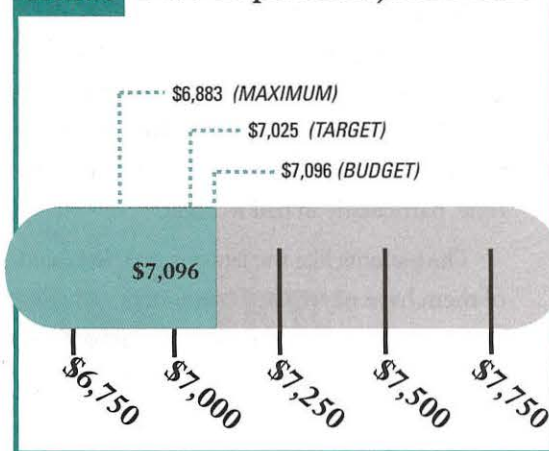
by Pamela Maurer

LVH SHARED SUCCESS PLAN PROGRESS

(AS OF MARCH 1999)



LVHHN FY99 Expense/Adjusted Case



SSP GOALS IN VIEW

It's almost that time of year again to determine if LVH and MHC will meet their respective Success Sharing Plan (SSP) goals and qualify their employees for a payout. For LVH, the SSP cycle ends June 30, and for MHC, it's August 31, because MHC is on a different quarterly Press Ganey cycle.

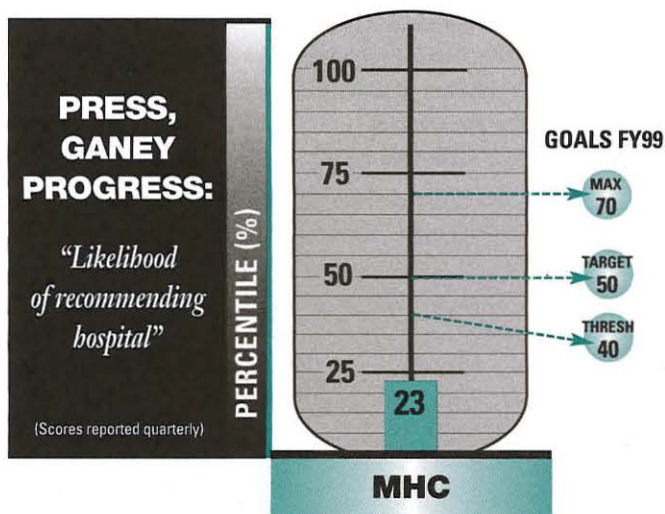
"This is a good time for staff at both hospitals to renew their commitment to patient satisfaction and expense management," said Lou Liebhaber, LVHHN's chief operating officer. "LVH can achieve its SSP goals if employees stay on the path to improvement reflected in the last quarterly Press Ganey report. MHC has further to go to reach our patient satisfaction scores, but they have time to make improvements." Both hospitals' outpatient scores continue to reflect very high levels of patient satisfaction, Liebhaber added.

SSP payouts are possible if a hospital reaches a predetermined minimum target for the Press Ganey item "likelihood of recommending the hospital," and a financial goal expressed as "expense per adjusted case," which reflects expense management activities.

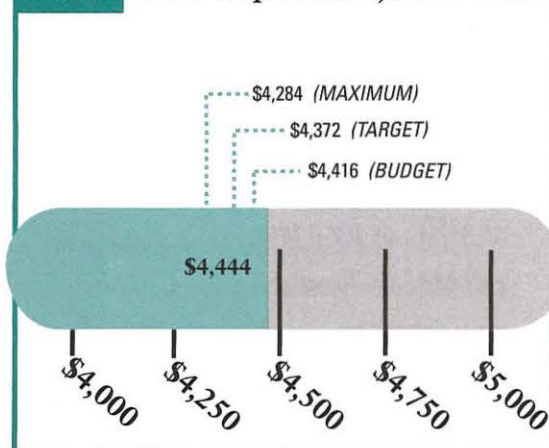
LVH achieved its Press Ganey and financial SSP goals last year, the first year of the incentive program. As a result, full-time staff there received a payout check around Thanksgiving. This is the first year for MHC's SSP program.

MHC SHARED SUCCESS PLAN PROGRESS

(AS OF FEBRUARY 1999)



MHC FY99 Expense/Adjusted Case



COMPUTERIZED DOCUMENTATION SYSTEM ENABLES HOME CARE TO SHIFT RESOURCES TO THE HOME

A home health nurse visits a patient receiving antibiotics intravenously and finds the patient's temperature has risen four points over the past several hours. The nurse contacts the patient's physician, who orders a blood test and approves a medication change.

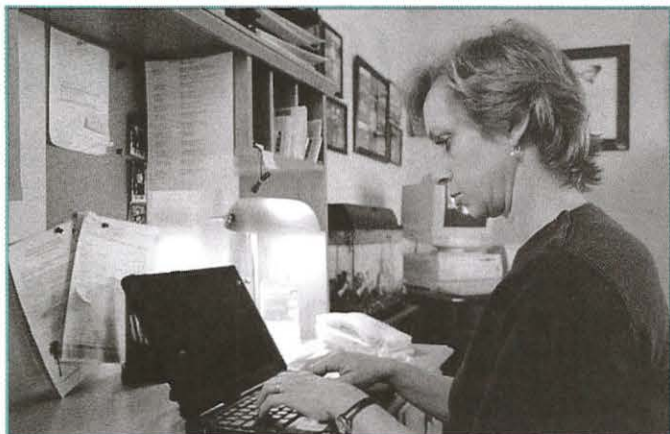
The next dose of the IV medication will need to be administered by an on-call nurse later in the evening. The day nurse uses her laptop computer to document the medication change and to provide a complete assessment of the patient's condition. After the nurse completes her visits for the day, she uses the phone in her home to transmit the information into the computer in the Tamaqua home care office.

That evening, the on-call nurse uses her home phone to transfer the patient information into her laptop. Upon reviewing the patient's chart, she notices the medication change and prepares to monitor any potential side effects, minimizing complications.

The above scenario describes how the computerized patient documentation system of Lehigh Valley Home Care and Lehigh Valley Hospice is an effective tool for nurses providing high-quality care efficiently.

Each morning, the nurses use their laptop computers to connect with the office computer from their homes via telephone lines. They transfer the documentation for the patients they will see that day to their laptops. The information includes the patient's treatment plan, diagnosis and medications. Following patient visits, the nurses document patient notes in the laptop while still at the patients' homes. At the end of the day, they transmit the information to the main computer in the home health office.

"You have a lot more patient information at your fingertips going into the patient's home," says Tamaqua hospice nurse Cheryl Reis. "This allows us to provide better care because we do not have to spend time gathering information on paper. The computerized system is particularly helpful if you're covering for another nurse who is off or if you're on call." The patient's medical information includes the physician's name and phone number, as well as complete information on medications, including interactions, potential side effects and teaching instructions.



Sandy Tkach, R.N., home care nurse, enters nurse-patient information from her home office.

Last July, Reis was one of the first nurses in her patient care unit to learn the new system and accepted the challenge of training the other 15 nurses. Reis, a nurse in the Tamaqua patient care unit, admits she was leery at first about the new system and using the laptop. The

learning process was very time consuming, but it was worth the effort, she said. The system reduces the amount of paper she needs to carry into the home and decreases travel time to the office, enabling her to spend more time with her patients.

With the computerized documentation system, the Home Care staff is able to telecommute, which helps reduce the amount of travel. Instead of daily, now the telecommuting staff goes to the office only about twice a week to sign documents and attend team meetings with therapists and other staff members to discuss patient issues. The ability to telecommute has enabled Home Care's recent consolidation of offices. For example, one office in Palmerton and another in Tamaqua recently consolidated to a new location in Tamaqua.

Marie Kurchak, Tamaqua office patient care unit leader, said now much less office space is needed, enabling Home Care to substantially save on rent and utility expenses. "We have nurses who live in Schnecksville," Reis said. "Our service area extends 40 to 50 miles in each direction from the office so not having to return to the office can save a lot of time, particularly in bad weather."

The patients like the laptops, too, Reis said. Many of them have never used computers and are very inquisitive. "They feel we give them better care and are happy about that," she said.

Home Care is continuing to improve its computer system with an upgrade that will determine the most efficient way to geographically assign patients to nurses to further reduce travel time.

"Our patient information system has allowed us to shift our resources to where the human touch means the most in the home of our patients," Kurchak said. ■

by Mary DeHaven

Senior Quarters at MHC

Continued from page 2

love the staff here—they are all so caring and supportive and helped make our day so special."

To show their appreciation for everything, the Feights presented Frost with a plaque that thanks the staff and residents for their help in making the Feights' day so special. Hanging in the lobby where they married, the plaque is a reminder to everyone at Senior Quarters that the key to a long healthy life is making the most of it...and being ready for a few surprises. ■

by Melissa Wright

*For more information regarding the services of Senior Quarters * at MHC, or for a tour, call Michele Tyson at 610-317-0700.*

Speech therapist Kathleen Kowker of Affinity (right) shows student Leah Hontz the way to position her mouth correctly to form a sound.

**MAY IS
NATIONAL
BETTER
SPEECH AND
HEARING
MONTH**



Care Management Council to Coordinate Work of LVPHO and LVH

A Care Management Council has been established at Lehigh Valley Hospital, combining the efforts of the hospital's care management systems and patient care departments with the Lehigh Valley Physician Hospital Organization (LVPHO), the regional health care management and delivery organization formed five years ago by Lehigh Valley Hospital and the Greater Lehigh Valley Independent Practice Association (GLVIPA). The care management process collects and analyzes data about patient care, creates clinical pathways, protocols and guidelines, and then communicates that data to physicians and LVH staff to ensure that patients receive quality care at a reasonable cost.

"It takes both doctors and hospitals to make care management work," said Gregory Kile, LVPHO executive director. "Unless we all work together, our future will be threatened because payers—from managed care companies to Medicare—are tightening their purse strings."

"Eighty percent of medical costs are determined by the stroke of doctors' pens," said John Jaffe, M.D., executive medical director, LVPHO. "When it came to care management, the PHO had physician support, the energy and the ideas, but not the resources. The hospital had the resources but not the complete buy-in of the providers of the care. This structure will ensure physician involvement."

"Traditionally, doctors have not been particularly concerned about costs," Jaffe said. "Their focus has been solely on the patient. Despite this, however, most physicians have supported the hospital's efforts in clinical operations improvement."

"It's amazing what doctors have already done to reduce health care costs, such as reducing length of stay," Jaffe said. "This often has resulted in a loss of income to them because of the way the reimbursement system compensates physicians."

With the increase of managed care, however, incentives are changing as controlling costs become a higher priority for insurers.

Representing its physician members, LVPHO will play a leadership role in the Care Management Council, serving as the center for all the care management responsibilities. This structure will give physicians a stronger voice in the care management decision-making process, Jaffe said. A new LVPHO Care Management Committee will assist the council through educational measures, such as clinical pathways and protocols, as well as provide feedback to the council. Its members will represent the GLVIPA. ■

by Mary DeHaven

Speech Therapists throughout LVH/NH remind parents of the importance of early detection of speech and language delays.

Pediatric Rehabilitative Services department will hold a pediatric hearing screening at the Banko Center on May 26 (10 a.m. - 6 p.m.).

Parents of children receiving services through their schools should consider speech therapy through LVH/NH this summer. For more information about pediatric speech and language services, contact outpatient rehabilitation services at 610-861-2251 or Affinity at 610-402-9200.

Oldest Practicing Doc Reminisces



Fred Fister, M.D.,
as an intern in 1937.

One hundred years ago this month, Allentown Hospital opened its doors for the first time. It was the ultimate "Celebration of Community," an opportunity to make a difference in the lives of families, neighbors and friends and create possibilities of cures for future generations.

The small hospital that once treated 18 patients a day has grown to touch millions of people, not just within the hospital walls but in the community's schools, businesses and homes throughout the region. Many people are a part of the transformation and have stories and dreams to share. This issue of CheckUp begins an eight-part series of articles featuring the reminiscence and visions of doctors, employees and friends of Lehigh Valley Hospital and Health Network.

When Fred Fister, M.D., was born at home in Kutztown, this infant already had an affinity for Allentown Hospital, hours away by horse and buggy. It was May 23, 1911, exactly 12 years to the day that Allentown Hospital treated its first patient—an Easton bricklayer who had fallen 60 feet from a scaffolding.

Even growing up, Fister had a connection with hospitals and doctors, treating him for whooping cough, diphtheria and scarlet fever. "My mother decided, God bless her, to dress me in two pairs of pants and two coats to help fight the bugs," he said. "My clothing was so thick, I couldn't even put my arms down. I was at the doctor's all the time and I thought: 'This is pretty good stuff. I could make my own medicine.'"

And so he did. In 1935, the year Allentown Hospital saw its 100,000 patient, Fister came on as a junior intern. Today, at 88, he is the oldest and longest active member of the medical staff at LVHHN. Being a part of the organization for 64 of its 100 years, Fister has been through the good and bad times of health care and has taken on the challenge of change.

A family practice physician, Fister delivered many babies at home and went on to bring their children into the world. He cared for people when tuberculosis and polio were epidemics, years before vaccines and antibiotics.

Most disturbing to him was the parents' reactions when they learned their children had polio. "They would pull their necks up to see if it was stiff. That was a symptom of polio," he said. "They would just look at me and scream."

Just before World War II, Fister himself had a bout with TB, spending 2-1/2 years in bed getting pneumothorax treatments to collapse his lungs and praying the disease would simply reverse itself. "I didn't dare exercise or get stressed," he said. "It gave

me a hell of an opportunity to see what it was like on the other side. I really dedicated myself to taking care of people."

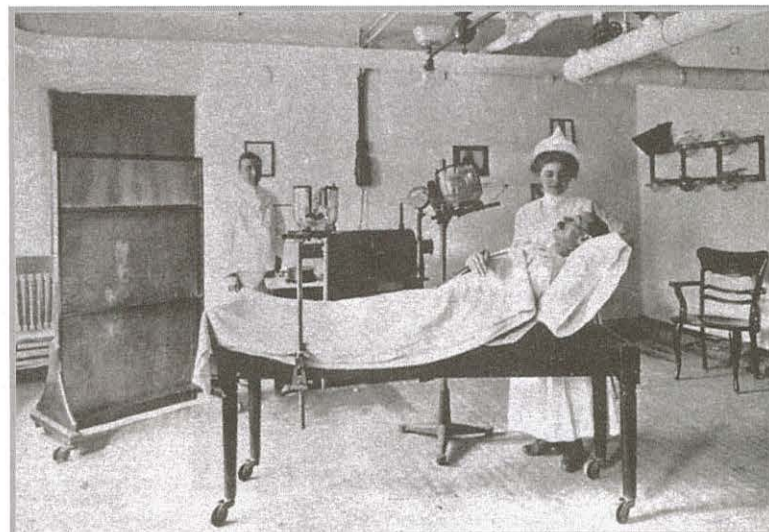
He would make house calls and visit the dying at Allentown Hospital, his 30-pound black bag in hand, filled with a stethoscope, pink-and-blue aspirins, tranquilizers and green liquid tonic that "tasted so bad, it forced the sick to eat to get the taste out of their mouths," he said.

In those days, 10,000 tablets cost him just \$10, and they went fast. "I was making 50 house calls a day, hopping over the fence from one house to another," Fister said. "And when it snowed, I actually got around in a horse-and-sleigh. When I tell the youngsters this, they shake their heads like it's a fishing story—you know, the fish just gets bigger and bigger."

Probably the biggest story of all time is the discovery of antibiotics and vaccines. "I'll tell ya, we thought we were going to heal everybody and nobody was going to die anymore," Fister said. "What a blessing it was."

Of course, other challenges were around the corner, and Fister and his colleagues Forrest Moyer, M.D.; C.D. Schaeffer, M.D.; Frances Schaeffer, M.D.; Dean Dimmick, M.D.; Cliff Trexler, M.D., and many others never hesitated to face them.

Fister helped establish a solid residency program, a 24-hour staff in the ER and the first specialized unit, the intensive care unit of today. He was there for the introduction of cardiac monitors and kidney dialysis, the original "high tech" advancements. "We were pioneering, even then," he said. "I was told by the big shots, 'Whatever you think you need to do, do it. One thing though, you'd better damn well be right.'"



This X-ray room was hi-tech back in 1912 at Allentown Hospital.

More than 30 years ago, Fister created home care, a move way ahead of the times. Today, he remains the medical director. "People would say, 'What are you trying to do, close the hospital?'" he said. "And I would tell them, 'Someday you'll be glad you have it.'"

He was right on. But still, he never even imaged the advances of today. "I envisioned intensive care and cardiology, not laparoscopic surgery, telemedicine, MRIs and CAT scans," Fister said. "It amazes me that you can make a diagnosis just by shooting a picture. They even call in from helicopters. Jeepers."

Don't think this doc isn't up with the times. Heck, he cruises around in a Jeep. So, as Fister reflects on the years, he offers this advice: "Change might not always seem like the best way, but it's the necessary way," he said. "The future is going to be good." ■

by Pamela Maurer

*Celebration of
Community
100 YEARS*



Powerful messages of the Clothesline Project empowered survivors of violence and mourned those who died.

THE CLOTHESLINE PROJECT: Victims of Violence Break the Silence

The lobby of the LVH's Health Center at Trexlertown was sparse and quiet on this particular afternoon, but the message was loud enough to leave ears ringing. Sprawled across the T-shirts like graffiti, the scribbles, the images, the fingerprint were created with such passion and emotion.

~ Open your eyes and see the pain in mine. WHY? ~

Designed by more than 300 local women survivors of violence, their family and friends, the T-shirts hung shoulder-to-shoulder on clotheslines at Moravian College, Lehigh University, Cedar Crest College and the Health Center at Trexlertown during April.

Please turn to page 8

MARK YOUR
CALENDAR!

4th Annual STAR CELEBRATION

OCTOBER 1 ☆ 6:30 p.m.

Holiday Inn Conference Center
I-78 & Route 100, Fogelsville

This event recognizes employees who have
10 years or more service, as well as staff,
departments and physicians who have
demonstrated exemplary accomplishments
and behavior at LVHNN.

Additional information will appear
in future issues of CheckUp.

MARK YOUR
CALENDAR!

MUHLENBERG BEHAVIORAL HEALTH

has relocated to

The Banko Family Community Center
2545 Schoenersville Road, Bethlehem

Phone number remains 610-866-9000
Fax number is now 610-317-5757

PLEASE ATTEND AN OPEN HOUSE IN THE NEW FACILITY

Thursday, June 17 • 3 - 6 p.m.

- Network with fellow professionals
- Meet our staff and learn about our diverse programs

Light refreshments will be served • RSVP 610-866-9000

Mental Health Art Exhibition

June 4-18, 1999

Muhlenberg Hospital Center
Kolb Lobby

Please join the Celebration of the Arts in Healing!

See original two-dimensional visual art works
(pencil, photography, paint, mixed media)
created by mental health treatment consumers
or their families who have discovered the healing
properties of artistic expression.

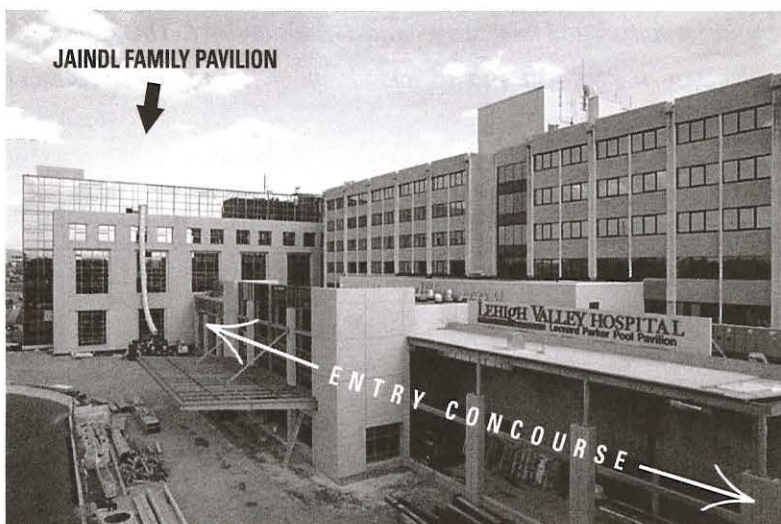
Please call Marianna at 402-9723 for
more information about the exhibition.

WALKWAY WORK

Pictured here is the Main Entry Concourse
under construction at the Cedar Crest site, which
will connect the Anderson Wing, the front of the
main hospital and the Fred Jaindl Family Pavilion.

Completion of this structure is set for mid-
summer. It will link to the Campus Connector
within the Jaindl Pavilion, continuing the
passageway to the 1210 Medical Office Building
and the John and Dorothy Morgan Cancer Center.

The five-story, 260,000-square-foot Jaindl
Family Pavilion is scheduled for full occupancy
in January 2000. However, the first floor
Diagnostic Care Center will open this July.



Clothesline Project

Continued from page 7

The Sexual Assault and Domestic Violence
Community Action Coalition—in cooperation with
the Crime Victims Council and Turning Point of the
Lehigh Valley—displayed the Clothesline Project to
commemorate Victims' Rights Week and Sexual
Assault Awareness Month.

"It gave victims an opportunity to break the
silence without having to get up in front of people
and express their emotion," said Frances Derhammer,
co-chair of the coalition and education coordinator of
LVH's Women's Health Services. "Instead of carrying
that pain around, it was hanging on the line. It's part
of the healing process."

~She didn't understand what was happening.
It was unreal. It takes years to heal.~

One of every three women will be raped, sexually
assaulted or abused at least once in her lifetime.
When people hear this, many never picture a face—
their mother, their sister or their daughter. The
impact of the clothesline was much more intense for
the 345 people who viewed it during the four days at
Trexlerstown.

"It brought up a lot of emotion for people," said
Suzanne Beck-Hummel, co-chair of the coalition and
director of the Crime Victims Council. "It's personal.
It adds power to the numbers."

White T-shirts represented victims who have been
murdered and all other colors celebrated survival.
"The purpose was to educate, to mourn those who
died and bear witness to a woman's courage to survive
and heal," Hummel said.

~I'm a woman, not your victim. OFF!~

The project began in 1991 after a member of
the Cape Cod Women's Agenda visited the Vietnam
Wall. She realized that 51,000 women died as a result
of domestic violence during the same time that
58,000 American soldiers were killed in Vietnam.
The Clothesline became the wall for victims of
violence, and today it has expanded nationally and
internationally.

If you know someone who has been a victim
of violence, please have them contact the Crime
Victims Council at 610-437-6611 or Turning
Point of Lehigh Valley at 610-437-3369. ■

by Pamela Maurer

Press Ganey Reports

Continued from page 3

PRIDE initiative, which will definitely improve our
Press Ganey outcomes."

Conditions linked to less-than-ideal Press Ganey
scores are also being addressed at LVH and MHC.
Caregivers should soon feel some relief when the
nursing float pool is enlarged, a move that is aimed
at improving employee and patient satisfaction. "This
will give us more scheduling flexibility, so required
overtime decreases or is eliminated when the census is
high," Kinneman explained. This continues to be an
issue at both LVH and MHC, where census has been
at or over capacity since January.

Nearly 100 clinical supervisors and staff from
throughout LVH and MHC patient care services
gathered last month to discuss the Press Ganey reports
and plan how they will work together and with staff to
improve scores on their units. Participants identified
two related priorities for improving customer service:
making a good impression and sharing responsibility
for "making it work."

"We should see better scores in June," Kinneman
noted. "But any significant progress will be reflected
on the next quarterly reports in August (for MHC)
and September (for LVH)."

Meanwhile, she asks all LVHNN staff to always
keep this in mind: "Our key customers are everyone
we meet in the hospital. It's the patient, the visitor and
the family member.

"We need to remember that and support our
customer service goals. Impressions and their impact
on satisfaction are made as much in the patient's
room as they are in the hallway, on the elevator and
in the cafeteria. We all play an important role in
increasing our score of 'likelihood of recommending
the hospital.' " ■

by Rob Stevens



SERVICE ANNIVERSARIES

Congratulations to the following employees on their May 1999 service anniversaries! Thank you for your continuing service to Lehigh Valley Hospital and Health Network.

Thirty Years of Service

Constance O. Saylor
Ambulatory Surgical Unit-Staging

Twenty-Five Years of Service

Paulette J. Hawkey
4S Medical/Surgical Unit

Earl C. Carver Jr.
Medical Library

Miriam M. Turnbach
ASU-PACU/OR

Donna L. Rose
ASU-PACU/OR

Donna O'Donnell
Medical Records

Frances A. Caruano
6S Adult Psychiatry Unit

Kathie L. Keim
Clinical Resource Management

Twenty Years of Service

Nanette J. Drumbore
Neonatal ICU

Alan T. Keller
Plant Engineering

Bonnie L. Wehr
Escort-Mailroom-Printshop

Karen L. Schleicher
Labor & Delivery

Susan M. Butz
Medical Records

Janette C. Tough
Cancer Center, Multi-Purpose Area

Fifteen Years of Service

Susan A. Dreher
Pediatric Unit

Suzanne L. Smith
Respiratory Therapy

Joanne Hatch
Operating Room

Judith M. Smith
Emergency Service-A

Lisa Emery
Registry Pool

Margie J. Snyder
Patient Care Services-3S

Ten Years of Service

Wendy H. Cramsey
Neonatal ICU

Shirley Hann
Registry Pool

Suzanne L. Jany
Breast Health Services-CC

Terry Koehler
Registry Pool

Barbara Donmoyer
Admitting Office

Susan M. Long
Progressive Coronary Care Unit

Steven Fogel
Care Management Systems

Ruth Lesko
Medical Records

Sonja D. Mendez
Hemodialysis Center

Five Years of Service

Teri A. Woodring
Home Care-Physical Therapy

Ilene Harrison
Psych Allied Therapies

Charlene Barron
MHC HC General & Admin

Juanita Miller
Registry Pool

Karen Longenbach
Patient Care Services-3S

Diane Messenlehner
SADM Group Health Claims

Michele Goncalves
Emergency Department

Cynthia A. Maugle
Operating Room

Michelle J. Lapp
Labor & Delivery

Colleen Mayk
Pediatric Unit

Michelle L. Christman
Home Care Muhlenberg Office

Kelly A. Clarke
3C Staging/Monitored Unit

Denise Wright
6N Adult Psychiatry Unit

Constance A. Brown
Progressive Coronary Care Unit

Katherine A. Adelmann
Patient Care Services-4S

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, editor, public affairs, 1770 Bathgate, using interoffice mail or e-mail. **CheckUp This Month** is an employee publication of Lehigh Valley Health Network's public affairs department. For additional information, call 317-4819. Lehigh Valley Health Network is an equal opportunity employer. M/F/D/V **Want to read CheckUp on-line? Open LVHNN's intranet page—www.LVH.com—and click on the CheckUp logo.**

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