

CheckUp

this month

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Board and Senior Management Ponder LVHN's Future Challenges

REDUCING COSTS AND IMPROVING QUALITY OF CARE ARE CRITICAL TO LVHN'S SUCCESS, NOW AND IN THE FUTURE, CONCLUDED THE network's trustees and senior management during a recent day-long retreat, said Elliot Sussman, M.D., president and CEO.

"We're facing many important challenges, but right now cost pressures and clinical outcomes must be our top priorities. We have to be relentless in pursuing them," Sussman explained. "Others across the country have done it, and we must also."

The two groups gathered on March 13 for the annual retreat that serves as an information and brainstorming forum.

"It's part of our effort to protect our mission, to plan our strategy so our mission doesn't change," Sussman added.

A computer simulation program containing actual data from LVHN and other Valley hospitals helped the participants process the discussion issues. They divided into four groups to examine the potential impact of the following factors on LVHN's future: costs, quality, transition from inpatient to outpatient care and a combination of the first three.

"We asked a lot of 'what if' questions, using such scenarios

as competition, buying physician practices, improving quality and increasing our advertising," Sussman said. "I asked them to stretch their thinking." Sussman said both groups of participants brought "enormous enthusiasm" to the forum. "They said it was a good use of their time."

"We're facing many important challenges, but right now cost pressures and clinical outcomes must be our top priorities."

—Elliot Sussman, M.D.

Kathryn Taylor, board chairman, agreed:

"The retreat created an opportunity for physicians, management and trustees to interact and appreciate the different perspectives we bring to our common mission. We all came away with a heightened appreciation for the complexities we face in delivering the highest quality patient care in an environment of restricted resources and external challenges. The board appreciates the resources we have in the talented physicians and managers who are leading LVHN today."

"I think the board recognized the difficult decisions that have been made about where to invest money, and how to reduce costs and care for more patients," said Chief Operating Officer Lou Liebhaber. "They support the tough decisions made by management and the medical staff." ■

by Rob Stevens

ED Physicians Improve on Press, Ganey

MOST PEOPLE DON'T PUT A TRIP TO THE EMERGENCY ROOM AT THE TOP OF THEIR LIST OF FAVORITE PASTIMES. HOWEVER, RESEARCH shows that patients and their family members who must visit an ER highly value convenience, courtesy and information about the patient's treatment course.

By providing the kind of service customers want, LVH's emergency department (ED) scored its highest overall mark ever, increasing from 81.5 to 82.1 on all shifts on a Press, Ganey report for the period November 1997 through January 1998.

Much of the improvement in the report focuses on physician behavior, including "Doctors' concern for comfort," "Doctors' courtesy" and "Waiting time to see doctor." The physicians' overall score rose from 81.7 to 83.6, a significant increase according to the report.

Michael Weinstock, M.D., LVHN's chairman of emergency medicine, attributes the improved customer satisfaction to a shared sense of belonging among the physicians, linked to a departmental identity, a set of goals, well-defined leadership and a sense of institutional imperatives.

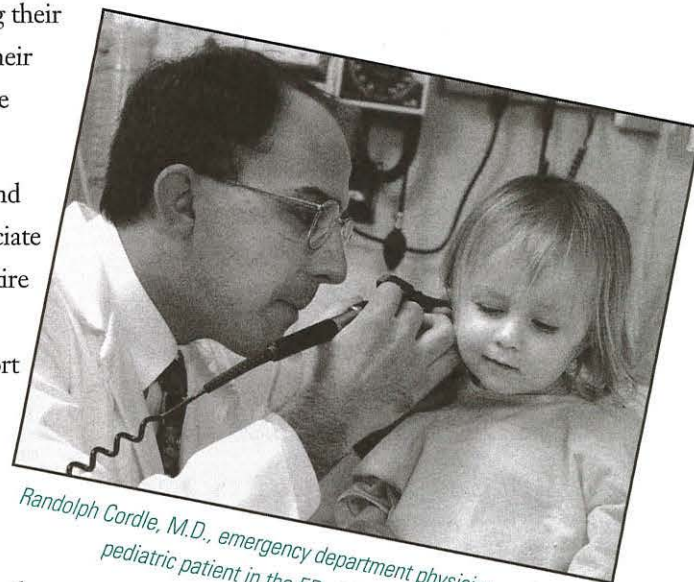
"I also think the physicians are enjoying their practice more as they are recognized for their expertise and value to the organization," he added.

Calling the achievement "incredible" and "a real change," Alex Rosenau, D.O., associate vice chair of the ED, gave credit to the entire ED staff for the improvement. "This is a tribute to the physicians, nurses and support staff for pulling together," he said.

ED services director Betty Brennan, R.N., says changes in the interaction between the nurses and physicians under Weinstock's leadership are also reflected in the score, which showed an increase for nursing as well.

"Dr. Weinstock set the standard for behavior in the ED," she said. "There's more collaboration at all levels from strategic planning to daily activities." ■

by Rob Stevens



Randolph Cordle, M.D., emergency department physician, examines a pediatric patient in the ED at Cedar Crest & I-78.

LEHIGH VALLEY
HEALTH NETWORK

LVHN Enrolls People in Unique Trial

LEHIGH VALLEY HEALTH NETWORK RESEARCHERS ARE LAUNCHING A CLINICAL TRIAL TO SEE IF IT'S POSSIBLE TO REVERSE ATHEROSCLEROSIS.

Led by John Castaldo, M.D., director of neuroscience research, and Jane Nester, director, Center for Health Promotion and Disease Prevention, the LOVAR (Lowering of Vascular Atherosclerotic Risk) trial's goal is to see if a strict program of lifestyle changes and risk-factor reduction can lower the chances of heart attack, stroke and limb loss due to vascular disease.

The trial will enroll 50 people in this first pilot year. "Ultimately, we plan to include 500 people over a six-year period," Castaldo said. Funding will come from the Dorothy Rider Pool Healthcare Trust, Lehigh Valley Hospital, pharmaceutical companies and community agencies.

Both the experimental LOVAR group and a community standard group will be carefully monitored and guided toward lowering stroke and heart attack risk, Castaldo explained. "But the program will be more rigorous for the experimental group: more vigorous exercise, for example, and more attention to diet, blood pressure, sugar and cholesterol."

Men and women ages 40 to 79 with a demonstrated risk of stroke or heart attack are eligible for participation. The first phase of LOVAR is still seeking subjects.

For more information, call 402-9390. ■

Hospice Slates Events on Bereavement

Lehigh Valley Hospice will hold two events this spring aimed at increasing knowledge and sensitivity to bereavement-related issues.

APRIL 22

Living with Grief: Who We Are, How We Grieve

A teleconference to be broadcast live, 1:30-4 p.m., in the Anderson Wing Auditorium, Cedar Crest & I-78.

The fifth annual Hospice Foundation of America teleconference features a panel of bereavement professionals who will discuss the grieving process.

MAY 5

Helping Children & Adolescents Cope with Grief, and Helping the Bereaved: Practical Ideas for Family, Friends & Caregivers

8 a.m. to 3:30 p.m. at the Bachman, Kulik & Reinsmith Funeral Home, 17th and Hamilton streets, Allentown.

Alan D. Wolfelt, Ph.D., will discuss the art of "companioning" bereaved children and teens. He will explain his technique of perceiving the child as the expert of his or her experience, and how one can "walk with" bereaved children.

The fee, which includes lunch and handouts, is \$30 before April 27 and \$40 after April 27.

To register for either event, or for more information, contact Anne Huey at ext. 7400. ■

In Memory of Monika, Another May Get a Chance

Fund in Her Name Will Benefit Bone Marrow Transplant Program

MONIKA STERN WAS A TYPICAL TEENAGER. CRAZY ABOUT BOYS. LOVED TO SHOP WITH HER mom Debra, a nurse on 6S at 17th & Chew, and hang out with her girlfriends. Leukemia didn't change that about her.

"If something happens to me," she once told her mother, "get all my clothes and let my friends take what they want first."

But Monika, her mother explains, was much more than that. She prayed the rosary every day and always tried to do her homework — no matter how sick she was. Even when she was in the hospital, battling her own fears, she would go from room-to-room comforting other cancer patients — some decades older than her, others just children.

"President Clinton should come here and visit all these sick children," Monika said from her bed in the Children's Hospital of Philadelphia when the president was in town two months ago.

If President Clinton were to visit today, Monika wouldn't be there. On Feb. 25, a month after her 18th birthday and 40 days after a bone marrow transplant, she lost her battle with acute myelogenous leukemia. "Monika cared about everybody she came in contact with," Debra Stern said. "She was very willing to reach out. She really wanted to help people with cancer and make others more aware."

In a sense, she still is.

Monika has inspired a memorial fund, which will benefit patients and their families in the bone marrow transplant program planned for the John and Dorothy Morgan Cancer Center. "People should know who Monika was and what she went through," said Karen Kulp, a unit clerk on 6S, who started the fund. "It puts a human face on the seriousness of cancer."

"Monika should have been able to experience her senior prom, graduation, college, getting married, having children," said her father Joseph Stern. "But that was all cut short, and it's devastating. Monika wouldn't want families to go through what we're



going through, and if this fund can help one person, she would be happy about that."

Donations in Monika's name go into a general fund for the transplant program, and when it totals \$5,000, The Monika Stern Memorial Fund will be official. At least \$4,000 has been contributed so far.

About \$1,100 of that was raised from bake sales and raffles organized by Phyllis Stoudt, a unit clerk on 6S, and about \$200 from The

Wood Company, which donated half of its soft drink revenues during one bake sale.

"Everybody on our unit has really become so involved in this," Stoudt said. "And the support at the bake sale was amazing. People were lining up before we could even set up the tables. They were buying just a brownie or a cupcake and leaving \$20."

It wasn't the first time there was such an outpouring. In November, the cancer center held a bone marrow drive in hopes of finding a match for Monika, as well as others with leukemia. Hearing Monika's story, more than 800 people swarmed the cancer center and patiently waited in line for at least an hour to be tested.

Through a national registry, a compatible donor was found and Monika underwent a successful transplant. Her heart, so compassionate and giving to others, however, was too weakened from chemotherapy to rebound.

Today, Debra and Joseph, and their children, Matthew, 15, Adam 12, and Hannah, 23 months, keep each other going. Hannah, especially, is their joy. They adopted her from China last year to fulfill Monika's wish for a baby sister.

"We do cry every day; we do grieve every day," Joseph Stern said. "But I know there's still hope."

I just remember the last words Monika said to me: 'I love you, Daddy. It's all right.' ■

by Pamela Maurer

Donations may be sent to The Monika Stern Memorial Fund, Lehigh Valley Hospital, Development Department, 1243 S. Cedar Crest Blvd., Allentown, Pa. 18103.

ABOUT OUR PEOPLE...

Mary Ann Gergits, R.N., M.S.N., C.C.R.C., research team leader, department of medicine, will present her poster, "How to Start As a New Clinical Research Coordinator" at the National Meeting of the Association of Clinical Research Professionals, April 22-24, Anaheim, Calif. Her co-author is Cynthia Rothenberger, R.N., M.S.N.

The staff of the pharmacy and pediatrics departments will present a poster on their project to reduce adverse drug events or injuries related to the use of drugs at the American Society of Hospital Pharmacists' annual meeting, June 2, Baltimore, Maryland. Authors from the pharmacy are: Mary Beth Karoly, R.Ph.; Patricia Consorti, R.Ph.; Lisa Domanski; Lynn Kuster, R.Ph.; and Della Steward-Croft. Nursing's authors are Cindy Max, R.N.; Maryann Godshall, R.N.; Loretta Gogel, R.N.; Susan Dreher, R.N. and Linda Durishin, organizational development, spearheaded the collaboration.

Patrick Simonson, director, ambulatory care, Lehigh Valley Health Services, was awarded the Early-Career Healthcare Executive Regents Award at the American College of Healthcare Executives' (ACHE) membership meeting, Feb. 10. The honor is given to a member of ACHE who demonstrates leadership and innovative management, develops and promotes growth of his organization, and participates in hospital, health association and civic activities. ■

Merger Nets Sizable Savings at MHC

POOLING RESOURCES IS ONE WAY THE MERGER OF LVH AND MHC IS BRINGING COST SAVINGS TO THE network. Evidence of this surfaced recently in the use of engineering staff from 17th and Cedar Crest at MHC, which will bring a yearly savings of nearly \$90,000.

Historically, MHC hired outside contractors for maintenance and repairs on heating, ventilation and air-conditioning systems. To reduce these expenses, Steve Lukow and Barry Trust, employees of engineering at 17th, were reassigned on a full-time basis to MHC's department.

According to MHC's facilities management Director Keith Snidtker, "Steve and Barry filled open positions in our department, bringing talent and expertise we were unable to find in our interview process."

In addition, Jim Zernhelt, foreman of HVAC at Cedar Crest, will periodically supervise work at MHC, and Rich Gehman, plumbing foreman from



Steve Lukow and Barry Trust examine HVAC equipment at MHC.

17th, will service MHC's plumbing needs three days a week.

"I am pleased with the forward-thinking of our managers that a solution like this reflects," said Stu Paxton, vice president of MHC operations. "It shows the efficiencies of working together." ■

by Melissa Wright



Changing Care of Newborns Saves \$250,000

WHEN A HEALTHY BABY IS ONLY HOURS OLD, THE LAST THING IT NEEDS IS TO BE WHISKED AWAY FROM ITS MOTHER FOR tests and an examination that can be done in the mother's room. And most moms feel the same about relinquishing their newborns for several hours.

Using this common sense approach to patient care and a good dose of medical know-how, a team from the NICU and the mother-baby unit (MBU) improved how they care for their patients. This change achieved a \$250,000 OI savings through the reassignment of six R.N.s from the observation nursery to the MBU and the dissolving of 4.5 FTE vacancies in the nursery.

Closing the observation nursery (ON) is a process improvement for newborns, which keeps them in the comfort of their mother's arms as much as possible, according to Jeanne Camara, administrator for women's inpatient care.

"The babies are getting the same level of care as in the ON, with the healthy ones going directly from labor-delivery to the MBU, and the premies to the NICU," Camara explained.

The move is also consistent with LVH's institution-wide redesign of patient care practices. "This change operationalizes the principles of PRIDE/patient-centered care and our organizational requirements," added Mary Agnes Fox, patient care services administrator.

The process improvement keeps mothers and babies together, and bolsters the staffing of qualified nurses on the MBU by relocating those displaced from the ON, said John VanBrakle, M.D. chairman of pediatrics.

"The change will put the nurses who are caring for babies together with those caring for mothers," he said. "All will benefit." ■

by Rob Stevens

LVH Has Region's Strongest Outcomes for Heart and Cancer Care

Patients tell their success stories in new advertisements.

A LITTLE BOY IS ON THE STEPS OF HIS FRONT PORCH, EAGERLY WAITING FOR HIS DAD TO COME HOME FROM THE hospital. Finally, he sees his father's car pull into the driveway. The boy bursts into a wide grin and runs to hug his father.

This is the scene in one of LVH's new television commercials, a scene that our doctors, nurses and support staff strive for every day in real life.

More people chose LVH for cancer care and heart care than any other hospital in the region. But it's not just how many patients we see that makes a difference. It's how many we send home to their families.

Several of these patients are sharing their success stories with the region through new print and radio ads.

"We have the strongest results in the Lehigh Valley for treating heart and cancer patients," said John Stavros, senior vice president of marketing. "We are building on our existing advertising campaign, featuring these superior results and our success stories."

Fred Fried is one of them. He was the first person to undergo radioactive seed implants for prostate cancer at the John and Dorothy Morgan Cancer Center.

"I'm a pioneer; I guess I am," he says in a radio ad. The day after the procedure, Fried was busy in his woodworking shop and today, he enjoys a better quality of life than he could using traditional methods. "I'm blessed that they caught this early," Fried says in a print ad. "There are angels everywhere up

there at Lehigh Valley Hospital."

Father Daniel Gambet is another success. He had his second bypass operation at LVH.

As a board member of the hospital, he's in a good position to know the quality of LVH and the outstanding results in heart surgery. "I can say to anyone who faces this," says Father Gambet in an ad, "you can't find a better hospital than Lehigh Valley — anywhere."

Freda Rifes, Eric Smith, Ed Korn, Lucille Ragazzo....and others. They, too, are living proof of LVH's quality care, grateful to be here to tell our community their stories.

And behind each story, of course, is a strong medical, nursing and support staff with the latest ideas, leading edge technology and the widest range of services and options. People will learn that LVH is one of the few licensed hospitals to teach Heartport — a minimally invasive surgery for diseased valves, and is above the national average for early diagnosis and survival of breast and prostate cancer.

"Through the campaign, consumers can also request supplemental pieces that provide information on cancer and heart disease prevention and our programs and services," Stavros said.

As this next phase of the LVH campaign breaks, Muhlenberg Hospital Center will kick off its print advertising campaign, focusing on outpatient programs.

"We will show people that not only do we provide excellent care," Stavros said, "but we strive to send them home to their families well and are very proud of the results." ■

by Pamela Maurer



Lou Liebhaber, COO

Lou Liebhaber

Issues & Initiatives

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

CLINICAL OI TEAMS QUESTION ROUTINE COSTLY PRACTICES

EXPENSE REDUCTION. QUALITY IMPROVEMENT. THEY'VE BECOME THE MANTRA OF CHANGE AT LEHIGH Valley Health Network. But they're not just words.

Each week, we see evidence of growing enthusiasm and momentum throughout LVH in clinical operations improvement. And we're seeing results that add up to real savings. Members of our 11 project teams are aggressively researching ways to manage care with the same efficiency as the identified benchmark institutions. They're learning innovative practices from these contacts, with input from clinical, support and administrative areas in and outside their specialties.

Our teams are looking at the fundamentals first, discovering how to do things less expensively by changing routine practices. We are fortunate to have many extraordinary colleagues who bring a real passion to what they're doing to reduce patient expenses while achieving quality outcomes.

Some Progress Notes

Our Chief of Trauma Mike Pasquale, M.D., uses the phrase "pushing the envelope" to describe his team's approach to the cutting costs of treating multiple-trauma victims. The group has already trimmed the lengths of stay for ICU patients by more than one-half day and by more than a full day in the transitional trauma unit, according to Dr. Pasquale, the team's leader. They also have implemented 20 clinical protocols that will decrease unnecessary diagnostic radiology practices and substitute lower-cost medication for high-price drugs.

Dr. Pasquale and his colleagues are also tracking long-term patient outcomes associated with these expense reductions. "We want to assure that our patients don't have any complications related to our cost-cutting efforts," he said.

Our colleagues in psychiatry have reduced inpatient stays from 9.3 days to their 7.9-day OI target since January, says project leader Susan Wiley, M.D., vice chair of psychiatry. They've done this by giving as much care as appropriate in outpatient settings, including psychotherapy, diagnostic tests and electroconvulsive therapy (ECT). And they're working hard to monitor admissions and continue trimming LOS.

"When we have to hospitalize someone, we treat only the acute psychiatric condition for which the patient is admitted," she explains.

This break from the past practice of giving routine medical care to a patient on the unit requires an adjustment of expectations and behavior by both patients and physicians, notes Donna Stevens, program director, adult inpatient program. "We are encouraging everyone involved to keep in mind that a brief, focused stay is critical to cost efficiency on the units," she says.

Success in the health care environment now and in the future will require this kind of forward-thinking. We have little control over the environment, only our own ability to anticipate and plan for the challenges it provides. As you may have read in the article on the recent board and SMC retreat on page 1 of this issue of *CheckUp This Month*, we need to be relentless in our efforts to address cost pressures and clinical outcomes.

Another front where we're making progress is in the care of patients with congestive heart failure. Traditionally, this condition was quite costly to hospitals, because it requires frequent admissions. Now, we are changing how these patients are treated, with a focus on keeping them out of the hospital and able to enjoy a higher quality of life.

This is possible because of a partnership between the physician, home care staff and the hospital. Now more patients learn from their physicians and home care staff to manage their condition, and, if they need medical attention, they receive it in their doctor's office.

Primary care physicians benefit from this practice change, because managed care rewards them for quality care and cost control. Hospitals avoid unwarranted admissions, which tend to be frequent and long-lasting with CHF patients, and the patients spend more time healthy and at home.

Committed to Our Staff

One of the byproducts of fewer admissions and shorter hospital stays is the need for smaller inpatient staffs at LVH. Our benchmark data shows LVH's FTE per patient day ratio is higher than average for hospitals of our size and services. That means we must reduce our staff by about 400-500 positions by this time next year.

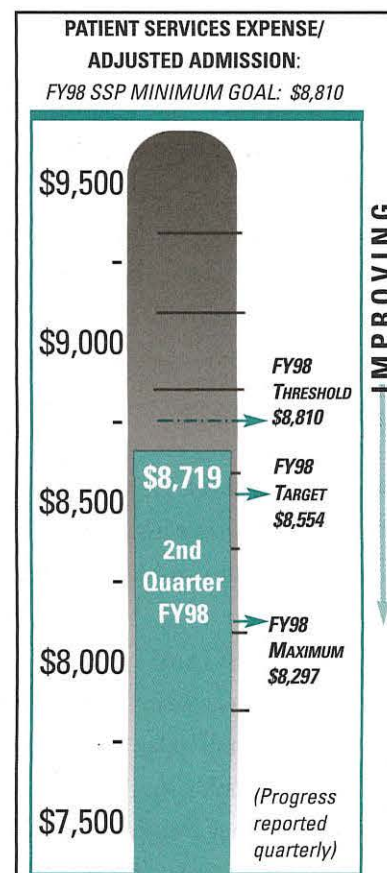
Consistent with our commitment to fairness in this process, we're trying to do this gradually, relying on natural attrition. However, we must fill some vacancies that occur, especially to maintain quality or replace an employee who provided a unique service.

That means some employees will become displaced, especially if their department ranks above the 25th percentile. And we are committed to working with them to help them find a job in our network.

These people are encouraged to look at vacancies that arise in LVPG, LVHS and MHC, and in LVH departments at or below the 25th percentile, where positions will be filled. Displaced staff will go to the front of the line for these positions, and will be retrained and helped to obtain licensure or certification to perform the work, if this can happen within a reasonable time frame.

We have also asked our business partners—Owens & Minor, the Wood Company, and Morris and Crothall—to place qualified, displaced staff from LVH in vacancies in their organizations.

These are the most taxing times ever in our industry, and you can see from the examples above—and throughout LVHN that we are rising to the challenges of remaining the leading provider in our region. We must continue facing these issues as a team, and maintain concern and dignity for each other as we serve our community each day. ■



JENN'S HOUSE—
Richard and Patricia Dillman
get comfortable in their
home away from home.



MARCH'S SERVICE STAR HANDLES CHALLENGING SITUATION WITH PRIDE

Star performers need, as the old saying goes: "the will of General Patton and the patience of a saint." That's what Anita Ambler, R.N., exemplified as she dealt with a demanding patient earlier this year.

The 25-year-old male had just arrived in the post anesthesia care unit (PACU) from the operating room. He was demanding to the point that mere mortals would have called on co-workers for support, but Ambler didn't. Instead, she kept her composure and handled the situation with PRIDE.

"She continually used supportive and empathetic language when trying to accommodate this patient's urgent needs," recalls Catherine Ehrig, also an R.N. on PACU. "Not once did Anita's tone of voice change as his voice continued to rise."

As challenging as the situation was, Ambler facilitated a smooth transfer of the patient to the staging area of the ambulatory surgical unit. It was not only this episode, but Ambler's consistent professionalism and compassion that earned her March's Service Star Award.

"Her conversations with our patients after surgery always display the utmost concern and empathy," Ehrig said. "She takes time to get to know patients and relates to them in a genuinely interested way. Anita is an impressive role model for us all."

Other nominees were Jonelle Gilkeson, resource utilization; Joann Rex, R.N., 4C; Linda Hoskins, volunteer services; Michael Kemmerer, engineering; Radiology, 3-11 p.m. shift. ■

by Pamela Maurer

Jenn's House —

Home Away from Home for Patients' Families

HELEN CLABOUGH, GARBED IN SWEATS AND WEARING ROLLERS IN HER HAIR, OPENS THE DOOR FOR A NEW VISITOR AT the row home. "Hello!" she says with a smile. "Come on in."

It's not her home, but she feels like it is. She watches her favorite TV shows there, does her laundry there and even bakes and cooks. Everybody around the house calls her "grandma."

"You know, I'm the first grandmother that's been here," she says proudly. "My daughter had triplets, two girls and a boy — Nicole, Ashley and Michael."

Grandma's real home is in Scranton. For the last month, she has been staying at Jenn's House — the first hospital hospitality house in the Lehigh Valley — with her daughter and son-in-law, so they can be close to the triplets in NICU at 17th & Chew.

Richard and Patricia Dillman officially opened Jenn's House last month, in memory of their daughter, Jennifer Joy. The location allows families of patients who live far from Lehigh Valley Hospital (LVH) to stay close to their loved ones without the expense of a hotel.

The property at 347 N. West St. — behind 17th & Chew — is provided by LVH. Guests pay only \$20 a room per night, which primarily accommodates families of trauma patients, high-risk pregnant mothers on bed rest and newborns in the neonatal intensive care unit.

"We can walk over to the hospital every day to see the babies instead of driving an hour and a half," said Clabough, sitting in a chair in the reading room, a framed photo of Jenn on the wall above. "And if we ever need anything, somebody is always here."

The Dillmans understand families' needs. In 1991, their daughter died as a result of a bus accident en route to a baton competition with Salisbury High School. While she was in a coma at Hershey Medical Center for nine days, the Dillmans stayed at The Ronald McDonald House, where they were close to the hospital and received much-needed support.

"For seven years, we've been planning to open Jenn's House, and we're so happy we can finally provide a comfortable place for families," Patricia Dillman said. "At Jenn's House, we share a cup of coffee and talk, and we become family. It's a comfort zone you don't have in the waiting room or at a hotel. It's the house with a heart."

Jenn's House can accommodate up to four families, with priority given to those who live at least 25 miles away. Jenn's House has been taking in guests from as far away as Texas, Washington state, New Jersey and the Poconos. "There is a great need for this," Dillman said. "We're usually three-quarters full."

In addition to four bedrooms, the house has a living room, reading room, playroom, computer room, kitchen, laundry room, shared bathrooms and a fenced in backyard. Jim Young, LVH's project manager for Jenn's House, helped save some costs for renovations, working with contractors to donate materials.

"I wanted to help the Dillmans as much as I could," he said. "I went to Salisbury High School, and when the accident happened I knew the parents of many kids on the bus. The Dillmans are such nice people and being involved in this project became personal."

Personal — it's what Jenn's House is all about. "It's so pleasant," Clabough said. "And we've made a lot of good friends here — Patricia, Richard and the other guests. We'll always remember they were with us during this important time of our lives."

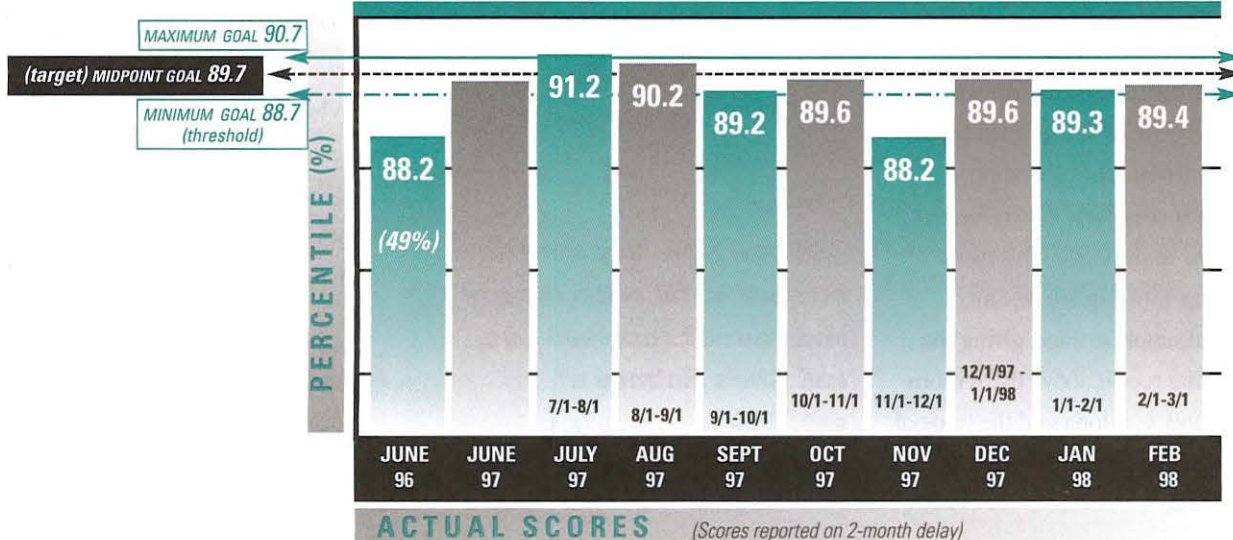
If you're caring for somebody from out of the area, remember they might be interested in staying at Jenn's House. Referrals can be made through either the clinical resource management department or pastoral care.

If you are interested in touring Jenn's House, call 433-3254 to schedule a visit. ■

by Pamela Maurer

LVH'S SUCCESS SHARING PLAN

PRESS, GANEY PROGRESS: "Likelihood of recommending hospital"





6C Nurse Trains for Marathon for Leukemia

Amy Kowalski will never forget Michael.

He was only 24 and a cancer patient on 6C. She was a nursing student there, her first experience in a hospital.

"Michael spent the whole summer in the hospital getting radiation and chemotherapy. He couldn't leave," Kowalski said. "We taped a big X on his window because he wanted his family and friends driving by to see his room."

It's three years later, and the tape is gone. An outline of the X remains on the window — a reminder to Kowalski, now an R.N. on 6C, while she cares for other cancer patients in Michael's old room.

"I saw him go from a healthy young man to an old man — skinny, no hair. It was awful; it was dramatic and slow," Kowalski said. "The big feeling that hit me was, 'Why did this happen to him, and why didn't this happen to me?' I still feel it when I see other patients pass away."

Some people run away from their emotional and physical challenges. Kowalski is going to run for them. When she learned about the Leukemia Society of America's marathon to benefit cancer research and patient programs, there was no question in her mind — she had to do it.

"I'm not a runner by any means," she said. "It just felt very right. I want to do this for all the patients on 6C and in memory of Michael and the others who have died."

She'll take on the 26.2 miles in Anchorage, Alaska, on June 20. Until a couple of month's ago, Kowalski had never even gone for a jog. But maybe, she thought then, she would have the endurance from her master's swim team training at the Easton YMCA. "Well, I went out and could hardly go a mile. I was tired. I was soaked with sweat," she said. "The next day I couldn't walk."

When Kowalski's patients are in pain, when they don't have the energy to walk, she encourages them, gives them hope. So, she keeps running every other day, building up her workouts — a mile, two miles, five miles...Last month, she ran a half-marathon.

Another challenge is raising the \$3,800 that the Leukemia Society requires. So far, she has gathered about \$1,000. The funds primarily support research for leukemia, lymphoma and related cancers, and programs to improve the quality of life of patients and their families.

"I'm doing something that's difficult, but I have the choice about it," Kowalski said. "Cancer patients have to put up with so much to survive, and they have no choice."

Like Michael.

He had no choice when he spent the Fourth of July on 6C while friends were probably barbecuing, swimming and lying in the grass, looking up at fireworks. From his window with the big X on it, Michael watched fireworks for his last time with Kowalski.

"I'll be thinking about him when I run that marathon," she said. "I'll never forget him."

Anybody who wishes to sponsor Kowalski can make a check out to Leukemia Society of America and send it to her at 6C, Cedar Crest & I-78. ■

by Pamela Maurer

Logistical Support Services Delivers Customer Satisfaction

LIKE MANY MANAGERS AT LVHN, RICK CARDONA'S LIFE IS FILLED WITH NUMBERS: MEETING TIMES, SUPPLY COSTS, OI TARGETS, and the like.

Cardona's eager to share a handful of numbers with you that will help illustrate the improvements in his newly designed department, logistical support services (LSS).

The most important one is a phone extension, says Cardona. "8575 is the only phone number you need to order clinical supplies and equipment. You don't have to call several numbers anymore."

By calling 8575, you can have goods ranging from ACE bandages to continuous motion machines to X-ray supplies delivered by staff from the new supply distribution service (SDS) warehouse. "It's our new single point of contact for clinical supplies that rings in the new customer service area (CSA)," Cardona adds.

The CSA, a glass booth equipped with phones, faxes and computers, was recently built outside of the receiving area on the first floor of the General Services Building.

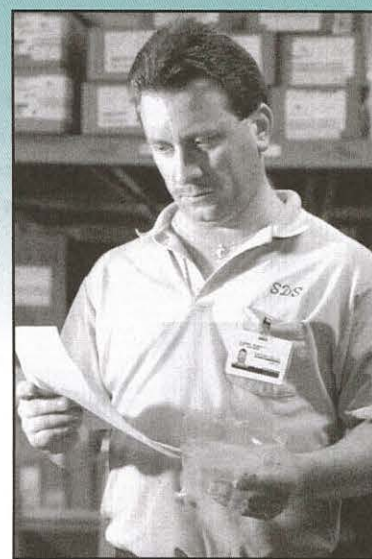
It's the "nerve center" for LSS, the domain of Betty Tonelis and Joan Arner, and several other staffers, who keep critical supplies flowing to care givers 24 hours a day. Tonelis and Arner together share a total of 50 years in supply management experience, a real asset to the department, Cardona says.

The two "customer service specialists" and their co-workers process orders for any of the 1,850 items in the nearby SDS warehouse, including IV and phlebotomy supplies, previously handled by pharmacy and the lab, respectively.

"The average day here, we get about 200 requests," said Tonelis, who filled orders in the warehouse at 17th & Chew for nearly 20 years before transferring to the Cedar Crest CSA.

The expanded and redesigned SDS warehouse measures 5,800 square feet. During the 18 months of the redesign, LSS scored a one-time savings of some \$400,000 from inventory reduction and product standardization when several storage areas around the network were consolidated and relocated to this site, Cardona adds. This supply hub also serves 2024, 2166, 17th & Chew, and may be extended to Muhlenberg Hospital Center.

The distribution activities of the former SPD, as well as linen supply, the mailroom, the print shop and courier service were also relocated adjacent to the CSA. This move freed up 4,000 square feet for surgical supply storage, giving the operating rooms above them room to expand. Cardona said the value of this space has been estimated at \$140,000.



Russell Buskirk, supply distribution specialist, removes a single packaged item from a shelf in the SDS warehouse. According to Rick Cardona, director, logistical support services, clinical units asked to receive "eaches" instead of bulk packages of items, so these supplies are now stocked separately.

The supply distribution process was retooled to meet the needs reflected in the PEP (performance environment project) research conducted several years ago at LVH. "The clinical units asked us to start delivering 'eaches' instead of bulk packages of items. The new process responds to this request from our biggest customers," Cardona explains.

The design also supports the changes in delivering care at LVH. "We came up with a model to fit the PCC environment by providing seamless service to the units, most of whom order supplies more often since their storage space has been reduced," he said. Installing pneumatic tube access ports in the supply warehouse for quick delivery of IV lines, bandages and other light supplies to the units also improves customer service.

Owens & Minor, LVH's preferred supplier of med-surg goods, supports these enhancements by making deliveries only during night shift, according to Cardona. "That way, these items are stocked in our warehouse by 7 a.m., which improves our fill rates and reduces possible interruptions of care."

Expanding service hours and cross-training his staff to perform all tasks within LSS were essential to the department's ability to provide the right product

on time to the right location, adds Cardona.

But the new system isn't limited to in-house deliveries. The couriers drive 1100 miles a day to take supplies to the remote LVHN Home Care and Hospice offices.

The details his department is responsible for can be staggering, admits Cardona. But he quickly adds that his staff have been committed to the plan all along, even when relocating the warehouse in early December.

"All moving was done by logistical support services people, who dismantled and then reassembled even the shelves," he says.

Which is why, like many successful managers, Cardona ranks his staff high on his list of his priorities, right up there with his department's customers. ■

by Rob Stevens

Customer Satisfaction Survey Planned

The supply distribution services and supplier services departments want to hear from you. They're working together on a customer satisfaction questionnaire about their service and will mail one to the department they provide supplies to when the survey's completed.

Respondents are asked to rate 23 customer service items and answer three open-ended questions. Cardona emphasizes the importance of feedback from customers. "One of the most important aspects of any service is customer opinions. We need to hear from the departments to know how to improve our activities."

If you have any questions, or want to fill out a survey and haven't received one, call Chris Holmes at ext. 8571.

Blood Bank Uses Technology to Improve Operations

AT FIRST GLANCE IT SEEMS MORE BAFFLING THAN THE RUBIC'S CUBE: Improve quality while reducing costs. After some creative problem solving, however, Lehigh Valley Hospital's blood bank — assisted by strategic business partner, Ortho Diagnostic Systems Inc., a Johnson & Johnson Co. — has cracked at least part of the puzzle.

Challenged to do more work with less, the blood bank enlisted the help of Health Network Laboratories' old ally — state-of-the-art technology.

After an extensive evaluation, gel technology was implemented in March for routine transfusion medicine serologic testing, said Sharon Boley, manager of hospital operations for the lab. Gel testing is more automated than tube testing, the method the blood bank previously used. This change enables medical technologists to conduct other tests simultaneously, therefore improving productivity.

"Gel technology will provide us with an opportunity to redesign our work processes so we can operate at optimal efficiency and effectiveness," said Bala Carver, M.D., medical director of the blood bank. LVH was the first blood bank in Pennsylvania to use gel technology.

The tests ensure that blood and blood products used in transfusion medicine are compatible with the patient's blood. This technology has been used in Europe and Canada for 10 years, and became available in the United States in January 1995, after approval by the FDA, Boley said.

"This is the first significant change in technique since tube technology came out more than 30 years ago," Boley explained. "Although gel technology is generally considered more costly, with the assistance of supplier services, a long-term, exclusive contract was negotiated with Ortho, making the change cost neutral."



Cheryl Shegina, medical technologist in the blood bank, adds a patient's serum and reagent red cells to a gel card.

Making the switch from tube to gel technology was a bold move that was considered very carefully, said Kathleen Mundt, technical specialist in the blood bank. The laboratory studied testing alternatives, including gel and solid phase.

The gel testing procedure uses a card containing six capsules filled with gel. The technologist drops the patient's blood cells and serum or plasma into the top of the gel capsule. Next, the card is incubated for 15 minutes. Then, the technologist puts the card into a specially-designed centrifuge, which spins it for 10 minutes at a 90-degree angle. Depending upon the amount and type of antibodies present, the red

blood cells remain suspended on the top of the gel or sink in varying amounts. The technologist then reads the test results.

Advantages of gel over tube testing include:

- Fewer procedural steps minimize hands-on time
- Simpler interpretation, which reduces repeat and unnecessary testing
- Less biohazardous waste

Because the technique is simpler than using tubes, training time has been reduced by about 25 percent, Mundt said. About 28 people in the blood bank and the lab's night shift have been trained to use gel testing.

Also, gel technology facilitates further automation, Boley said. Ortho is developing a computerized system that will automatically read the results. Ortho has selected LVH as a test site. Until this is approved by the Federal Food and Drug Administration, technologists will continue to interpret the results manually.

Eventually, technology will totally automate the testing process, including the filling of the gel card, Boley said. ■

by Mary DeHaven



kidsfest '98

The cast of characters who volunteered in LVHN's booth at the kidsfest '98: (left to right) Joseph Arcadipane, D.M.D., dental resident; Jenny Ross, therapist assistant, Affinity; Katie Scaief, project coordinator, public affairs; Rob Behler, QA manager, revenue cycle; Mable Humphrey, R.N., Burn Center; Sheryl Hawk, manager, public affairs; and Laura Transue, coordinator.

Nurses' Weeks Activities: "Nursing: Health Care with a Human Touch"

APRIL 27

Rabbi Kushner event

MAY 1

Nurse appreciation fair, 17th

MAY 4

Spend A Day With A Nurse

MAY 5

Research Day

MAY 7-8

Plant Sale, CC, 17th

MAY 8

Nurse appreciation fair, MHC

MAY 14

Friends of Nursing Gala

MAY 15

Nurse appreciation fair, CC

MAY 15-21

Friends of Nursing displays, MHC

MAY 22-28

Friends of Nursing displays, 17th

MAY 29-June 4

Friends of Nursing displays, CC

For more information, a brochure or to register for Research Day, call Jill Roseman, ext. 8257.

For information about any other event, call Susan Kunsman, ext. 1789.

See ad on page 8 for more Nurse Research Day information.

MARK YOUR CALENDAR!

Family Pediatricians

&

OBGYN Associates
of the Lehigh Valley

Invite you to an

OPEN HOUSE

at their new locations—

The Paragon Centre
1611 Pond Rd., behind Crest Shopping Plaza

Saturday, MAY 2
12 p.m. - 4 p.m.

Bring the family for fun and prizes!

More details in upcoming newspaper ads.

For more information, call
Deb Bubba at 402-2536
or Sue Krauss at 398-7700.

LEHIGH VALLEY
PHYSICIAN GROUP

SPRING INTO BETTER HEALTH!

*at May Daze's
Health Services Tent*

Saturday, MAY 16
Sunday, MAY 17
12 Noon - 4 p.m.

FREE

- **Blood Pressure Screening**
- **Body Composition Analysis**
- **Stroke Risk Assessment**
- **Posture Screening**
- **Seated Chair Massages**
- **Physician Referrals**
- **Non-Fasting Cholesterol Screening and lots more!**

**For more information,
call (610) 402-CARE today!**

Research Day Program

COLLABORATION IN HEALTH
SERVICES RESEARCH: NEXT STEPS

May 5, 1998
12:30 p.m. - 4:30 p.m.

Lehigh Valley Hospital, Cedar Crest & I-78
Auditorium

CALL (610) 402-8257 TO REGISTER.

Help Cure Cystic Fibrosis—

Take part in the
"Great Stride Walk to Cure Cystic Fibrosis"
Proceeds fund Cystic Fibrosis research.

This year's event is dedicated to the memory of
Hope Manley, who succumbed to cystic fibrosis on Feb. 13.
Hope was the daughter of Norm and Peggy Manley, LVHN employees.

Sunday, MAY 17
Lehigh Parkway, Allentown
Distance: 10 km (6.2 miles)

Registration: 10:30 a.m. Walk starts: 11:30 a.m.

Entertainment • Prizes • Refreshments!

Obtain pledge forms and additional information by calling:
LVH Vascular Lab, ext. 8628 — or —
Cystic Fibrosis Foundation, 820-0206 or 800-552-2199



FREE WORKSHOP!

**The New Tax and IRA Rules:
How Do They Affect Retirement
Planning?**

The Taxpayers Relief Act of 1997 and the new IRA options have had a big impact on Americans' retirement planning. Learn the latest, and how it affects you, from an expert speaker: Mike Guman, regional vice president, Oppenheimer & Co., Inc., and former LA Ram and Penn State Academic All-American.

TUESDAY, APRIL 28*
2 p.m. and 7 p.m.
The Masters of Shepherd Hills
1150 S. Krocks Road, Wescosville

** Due to scheduling conflicts, this date
has been changed from April 30 to
April 28.*

Registration is required due to limited seating.

Call Vitality Link at 1-888-584-PLUS or extension 2273.

Light refreshments and appetizers will be served.



SERVICE ANNIVERSARIES

Congratulations to the following employees on their April 1998 service anniversaries! Thank you for your continuing service to Lehigh Valley Health Network.

Twenty Years of Service

Frances Schankowitz
Patient Accounting
Susan F. Bergey
Outpatient Pediatrics
Evelyn J. Uhler
Nursing Float Pool Cluster J

Fifteen Years of Service

James D. Roth
Plant Engineering
Stuart S. Paxton
Materials Management Admin. - EX
Donna M. Carle
Endoscopy - G.I. Lab
Philip Boardl
Plant Engineering
Keith A. Young, Jr.
Supplier Services
Geraldine A. Thomas
Supplier Services

Ten Years of Service

Mary B. Centolanza
GICU
Dorothy Clune
Mental Health/Retardation
Catherine A. Hottenstein
Radiology - Diagnostic
Susan Friend
Radiation Oncology
Roxann M. Mann
3C Staging/Monitored Unit
Diana L. Nonnemacher
7B Medical/Surgical Unit
Cindy Kosman
LAB - Hospital Services
Joan A. Noll
Peritoneal Dialysis

Kelly A. Riegel
Hemodialysis Treatment
Richard J. Yanisch
Security
Ronald G. Reinhard
Security
Elaine A. Clauser
Escort/Mailroom/Printshop

Five Years of Service

Margaret Andel
Hospice-Skilled Nursing
Jody Millard
Organizational Development
Jennifer McDonnell
Hospice - Home Health Aide
Christine N. Crane
Hospice - Home Health Aide

Leslie A. Lanchantin
Financial Services
Diosa S. Koch
OR Centralized Scheduling
Alice A. Coulton
Operating Room
Abbe L. Werley
Alert Partnership
Victoria Harris
7B Medical/Surgical Unit
Ramona C. Velazquez
5C Medical/Surgical Unit

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, 1243 SCC-PA, 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 ext. 3000. Lehigh Valley Health Network is an equal opportunity employer. M/F/D/V

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