

Care Management Systems Supports Clinical OI

AS OPERATIONS IMPROVEMENT SHIFTS INTO HIGH GEAR, with increased emphasis on clinical costs savings and revenue enhancement, Lehigh Valley Hospital and Health Network (LVHHN) is banking on the care management systems (CMS) staff to play a key role in the success of this network priority.

To bolster OI efforts in patient care areas, the former quality assurance, resource utilization management (QA/RUM) department was reorganized last year and its role expanded. Today, the staff focuses on supporting clinicians' OI efforts, case management and maximizing revenue from patient care, according to William Frailey, M.D., vice president, CMS.

Members of the department were well-prepared for these responsibilities. They had previously contributed to the success of several OI and work redesign efforts, including the restructuring of the OR and the development of clinical pathways for several diagnoses.

This "internal consulting group for the hospital," as Frailey calls his staff, consists of a corps of clinical resource managers, who report to Sue Lawrence, administrator. A team of clinical process development coordinators is led by Terry Capuano, R.N., administrator. Other staff include senior management engineers and core facilitators.



Deb Lowry (seated) reviews patients' progress with colleagues (left to right) Denise Rohrbach, Connie Malick and Patty Werdann.

"The clinical process development coordinators are the research and development staff, and the clinical resource managers are the operations branch," Frailey said.

The four clinical process development coordinators assist care givers with their OI projects. These joint

efforts target changing care processes while maintaining quality of care standards. Many projects focus on decreasing lengths of stay and medication and other resource use. The coordinators provide data retrieval and analysis, process development, group facilitation and project support from start to finish.

After 20 years in various training and project management roles with human resource development, Ruth Davis accepted a position as a clinical process development coordinator. Since December, she's been successfully transferring many skills to

this role and is enthused about helping LVHHN respond to the changing health care environment.

"I work with groups of people — doctors, nurses, pharmacists, researchers, senior management engineers — on small and large projects. We study ways to lower the cost of delivering care but not at the expense of quality," Davis said. Measuring outcomes through patient satisfaction surveys, mortality and morbidity reports and re-admission statistics is the flip side of the OI coin, she adds.

Please turn to p. 3 ▶

Check It Out! It's A New CheckUp

IT'S A NEW CHECKUP, AND IT'S JUST WHAT EMPLOYEES SAY THEY WANT IN AN EMPLOYEE NEWSLETTER. In surveys and focus groups, the people who work at LVHHN told public affairs of their requirements for information about their work place.

It has to be timely, interesting, visually appealing and easy to read. It has to include information that they need to know to do their job. It should be for and about the people who work here.

So public affairs has designed a new *CheckUp* with some old features and some new ones. A new size, a new "look" and the addition of color add interest and allow for shorter articles and more photos. Benefit information will be prominently featured, as will educational opportunities, Round of Applause and Bulletin

Board. If there are important organizational developments, employees can be sure to read about them in *CheckUp*. "People" news will be highlighted, and updates on changes in services, facilities, construction schedules and departments will be "regulars" in the new publication.

CheckUp This Month will be published the Monday before the department head meeting, which is the third Thursday of the month. It will be supplemented by *CheckUp This Week*, a news sheet published every Friday with the most current information on many of the same topics, although in less detail.

Watch for a survey in six months to see if *CheckUp* is meeting your needs. In the meantime, call Rob Stevens, editor, at ext. 3011, with opinions and suggestions. ■

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Education

HR Development Information

CPR Certification

CPR certification will be held in two parts, and attendance is required at both. Part I will be held Friday, March 8, from 9 a.m. to noon in Room 900, School of Nursing, 17th & Chew. Part II will be held Friday, March 15, from 9 a.m. to noon, same location.

To register, complete and return the appropriate form located on the monthly HRD calendar outside Room 900, School of Nursing, 17th & Chew, or outside the AV Services area, Cedar Crest & I-78, or call ext. 3053.

CPR Recertification

CPR recertification will be held in the 24-hour period beginning at 10 a.m. on Wednesday, Feb. 28, at 17th & Chew, School of Nursing, Auditorium, 1st floor.

Symposium Series

The Center for Educational Development and Support has announced the next topics of the regional symposium series to be held in the auditorium at Cedar Crest & I-78. For more information or to register, call ext. 1210.

Sixth Annual Critical Care Symposium Friday, Feb. 23 – Topics include “Outcomes Prediction in the Intensive Care Unit,” “Emerging Pathogens in the Intensive Care Unit,” “Sedation Issues in the Intensive Care Unit” and “Adjunctive Ventilator Management for ARDS.”

Fourth Annual Psychiatric Symposium “Violence and the Health Care Professional,” will be held on Friday, March 1. Topics include “Assessment, Prediction, and Prevention of Violence by Psychiatric Patients,” “Management of the Aggressive Patient in Outpatient Therapy,” “Countertransference to Violence” and “Risk Management Aspects of the Violent Patient: Tarasoff and Beyond.”

TOHU Nurse Gives Home Care from the Heart

IT IS A RAINY DAY IN JANUARY AND BILL BROWN (NOT HIS REAL NAME) IS IN HIS NEW BETHLEHEM APARTMENT. His belongings are still in boxes that clutter the small space. On the edge of one box, a telephone balances uneasily. Across the room, a large wooden cross leans against the wall, waiting to be hung.

Brown has been home for just a few days since he was discharged from Lehigh Valley Hospital after open heart surgery. He lives alone, does not have family support and there is little chance he'll soon be unpacking the boxes or hanging up the cross. But at the moment he is smiling because he is with Reia Barber, R.N., a cardiothoracic nurse from the transitional open heart unit (TOHU).

Barber is checking his incisions, taking his blood pressure, making sure he's taken his medicine and listening patiently to him. She discusses his diet with him and checks his breathing.

“Okay, Bill, that left lung doesn't sound any better,” she says.

“I'm trying to cough, but nothing comes up,” he says.

“Are you doing your deep breathing exercises?” she asks.

When he smiles sheepishly, she begins to explain slowly, patiently, why it is so important to do those exercises.

She is always patient, always listening, always focused on his needs.

Since last June when TOHU began its open heart home care program in partnership with Lehigh Valley Home Care, Barber has visited surgery patients after they are discharged from the hospital. The program, which began as a six-month pilot, enables open heart patients and their families to deal with the stress and anxiety of adjusting to the quick transition from hospital to home.

Barber demonstrated that she is a professional nurse who has not just survived, but thrived in the transition from inpatient open heart care to open heart home care.

With this program, Barber, too, has made the transition from working inside the hospital to working outside its walls. She's the only cardiothoracic nurse making open-heart home care visits, visiting 30 to 35 patients a month and traveling up to 175 miles a day throughout the Lehigh Valley and Northampton, Bucks, Luzerne and Montgomery counties. She typically visits each patient once and, if additional care is needed, she

refers the patient to Lehigh Valley Home Care, which plays an important role in supporting the open heart program.

With Brown, however, Barber transcended her job description. She demonstrated in his case that she is a professional nurse who has not just survived, but thrived in the transition from inpatient care to open heart home care. She embodies the patient centered care philosophy.

The day after Brown was discharged, Barber found him alone with unpacked boxes, a broken refrigerator, rotten food and unfilled prescriptions. She spent two hours taking care of his immediate needs and calling several numbers before she reached one of his daughters. The daughter assured Barber that her father would be cared for.

Despite those assurances, Barber decided to

check in on her patient the next day. He still was alone, his prescriptions yet unfilled and his health looked like it was worsening. With the help of the landlord, who used his own money to fill the prescriptions, Barber took control. She took care of Brown's immediate health needs and then arranged for Meals on Wheels to begin delivering food and for home care to begin other services and care. “This speaks well of her ability to bring her nursing experi-



Reia Barber, R.N., discusses Martha Kordalski's after care plans with her the day before Kordalski's discharge.

ence and her hospital experience into the home,” said Mary Gallagher-Sabo, cardiothoracic clinical coordinator. Barber has worked at Lehigh Valley Hospital and Health Network for 15 years, the last two in TOHU.

Barber's supervisor, Terry Capuano, R.N., agreed. “I wasn't surprised at all to hear about her experience with Mr. Brown. Reia is just wonderful. She regularly alters her schedule to meet the needs of her patients.”

“Open heart patients usually are home in four to six days, and families are often overwhelmed with all the information they receive,” Gallagher-Sabo said of Barber's more routine visits. “In her home visits, Reia is able to reinforce and in some cases, re-educate the patient on post-discharge instructions. She has a very calming effect, and families feel a sense of relief.”

“The program provides a continuum of care that plays an important role in a physician's decision to discharge a patient,” Gallagher-Sabo said. “The home care program has added a ‘medical safety net’ between the hospital and the patient's first physician office visit. The result is an increase in the quality of care and a decrease in the hospital length of stay.” ■

Hospital And Home Care Accredited

WHEN THE JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS (JCAHO) CONCLUDED ITS SURVEY OF LEHIGH VALLEY HOSPITAL in

November 1994, the result was an overwhelmingly positive accreditation. The survey team however, noted two areas needing improvement which meant the hospital would not receive a commendation, the highest rating awarded by JCAHO.

The hospital challenged these findings, and thanks to the diligent efforts of the LVH JCAHO steering committee, the two deficiencies were recently cleared from our record.

The Commission did not change its findings, however, and we did not receive the commendation.

The hospital steering committee was led by George Ellis, director respiratory therapy and included Nancy Bickford, Gale Brunst, Deb Bubba, William Frailey, M.D., Mike Gilson, Joanne Gimpert, Mary Kay Gooch, Zelda Greene, Denise Holub, Emma Hooks, Sue Lawrence, Pam Oldt, Kathy Marth, Sue Reinke, Sue Steward, Nancy Stevens and Tony Tarantino. According to Ellis, a hospital of our size rarely gets a commendation. He is quick to point out that the positive accreditation results are a reflection of the support and effort of all employees during the site visit.

Lehigh Valley Home Care also scored high on accreditation from JCAHO, ranking in the top four percent of all home care providers in the U.S. William Dunstan, administrator, Lehigh Valley Home Care was pleased by the score. "The high score we received from the JCAHO survey is just one more indicator of the quality care we deliver each year to over 3,000 patients throughout six counties. I am proud of the good work that our employees do and of the positive contributions that we make in the lives of our patients and their families day after day," Dunstan said.



Beverly Snyder, R.N., was recently appointed assistant for regulatory affairs, legal services department.

While it may seem as if one JCAHO survey was just completed, the next survey year, 1997, is just around the corner. To facilitate the survey process, Beverly Snyder, R.N., was recently

appointed assistant for regulatory affairs, legal services department. In her new position, Snyder will be responsible for coordinating and assisting all departments in meeting their JCAHO requirements and will be helped by the risk management team.

Employed at Lehigh Valley Hospital since 1978, Snyder has held positions as staff nurse, associate head nurse and clinical

nurse facilitator in the emergency department at Cedar Crest & I-78. She is currently completing her master's degree in health services administration.

Positive accreditation results are a reflection of the support and effort of all employees during the site visit.

Snyder is well aware of the arduous task that lies ahead in preparing for the next JCAHO survey, but she is looking forward to meeting the challenges. "By creating a specific position responsible for coordinating JCAHO requirements, plus the leg work that has already been done by previous steering committees, my job will certainly be easier," Snyder said. She also stressed the need for all employees to take responsibility for being prepared for the 1997 site visit. One of several new initiatives designed to help employees better understand surveyor requirements is a year long teleconference schedule printed at the right. Included in each session are phone-in question-and-answer sessions and examples of compliance strategies. Please make a note of the dates and times of the teleconferences. ■

Care Management Systems

Continued from p. 1

Her efforts will soon center on ob-gyn savings, in collaboration with Drs. James Balducci and Vincent Lucente, and Jody Porter, R.N.

Clinical resource managers are assigned to patient care units to help ease the patient through the continuum of care and coordinate the use of hospital resources. They are on call 24 hours a day, including in-house call on Saturdays. Before each admission, they precertify the plan for care—including the forecasted length-of-stay—and verify insurance coverage. During the inpatient stay, the managers focus on assuring that the prescribed treatment process, or clinical pathway, is followed, that quality care is provided and a timely

discharge results. Updating the insurance company about patient conditions is a regular task. They also arrange post-discharge medical and support services to ensure effective aftercare.

Deb Lowry, clinical resource manager on 5C at Cedar Crest, says she and her colleagues are advocates for the patient and hospital. "We make sure tests are ordered, that there are no delays. Our blended role of utilization review and discharge planning makes sense. I think it's the wave of the future," she said.

To contact CMS with OI ideas, or to offer or request help with OI projects, call Frailey, Capuano or Lawrence at ext. 8604. ■

JCAHO Teleconferences

Here is a list of nine informative teleconferences that LVHNN is pleased to offer through The Joint Commission Satellite Network. The teleconferences will help employees better understand what the surveyors will be looking for during their visit. Included in each session are active phone-in question-and-answer sessions and examples of compliance strategies.

A Guide to the 1996 Management of the Environment of Care Standards

Tuesday, Feb. 27, 1-2:30 p.m.

Auditorium, Cedar Crest & I-78

Restraint and Seclusion:

A New Approach for Hospitals

Tuesday, March 19, 1-2:30 p.m.

Auditorium, Cedar Crest & I-78

Competence Assessment:

Your Questions Answered

Tuesday, April 16, 1-2:30 p.m.

Auditorium, Cedar Crest & I-78

Patient Rights and Organizational Ethics, Education and Continuum of Care: Key Issues and Topics

Tuesday, May 14, 1-2:30 p.m.

Classroom 1, Cedar Crest & I-78

Assessment of Patients and Care of Patients: Key Issues and Topics

Tuesday, June 11, 1-2:30 p.m.

Classroom 2, Cedar Crest & I-78

Complying with the Medical Staff

Standards: Credentialing and Privileging

Tuesday, July 30, 1-2:30 p.m.

Auditorium, Cedar Crest & I-78

Management of Information:

The Medical Record and More

Tuesday, Aug. 27, 1-2:30 p.m.

Auditorium, Cedar Crest & I-78

Anesthesia and Conscious Sedation: Issues and Answers

Wednesday, Sept. 11, 1-2:30 p.m.

Auditorium, Cedar Crest & I-78

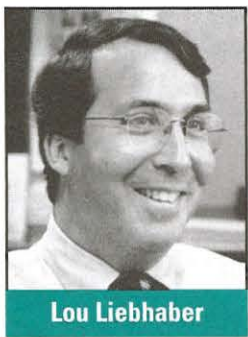
Optimizing Human Resources:

Maintaining Quality in an

Era of Diminishing Resources

Tuesday, Oct. 8, 1-2:30 p.m.

Classroom 1, Cedar Crest & I-78



Issues & Initiatives

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

Operations Improvement: Shifting Into High Gear

As you know, OI is currently our highest institutional priority. It is imperative that we reach our \$20 million goal this fiscal year, and this cannot happen without widespread participation. Since coming to LVHHN, I've been asked many questions about OI. I hope the following information helps guide your thinking as you seek OI opportunities. If you have additional questions, please call me or send them via e-mail. Thank you.

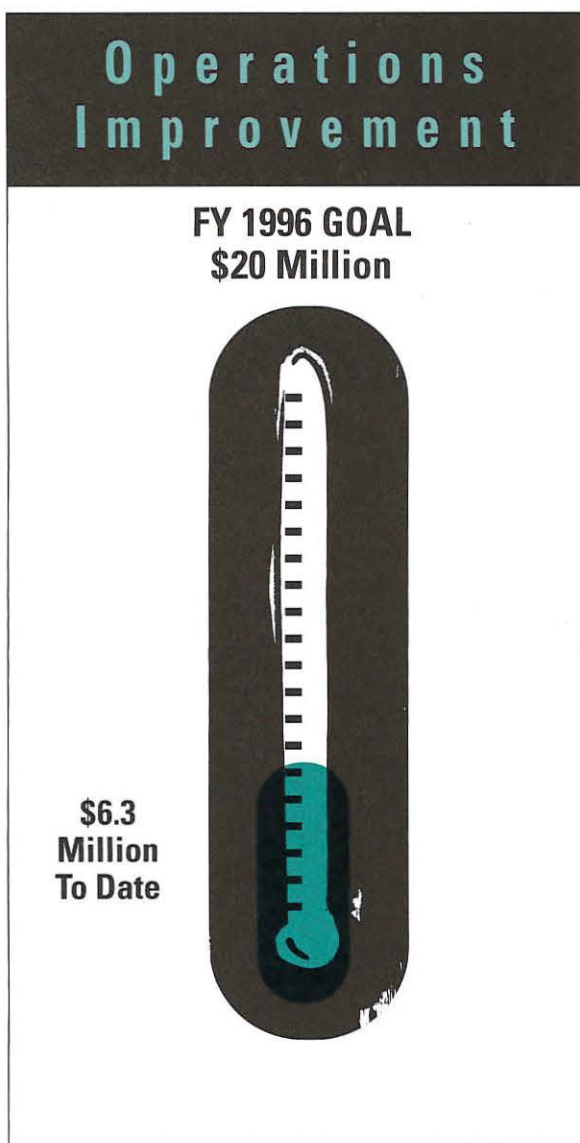
Lou Liebhaber
Chief Operating Officer

Q. Why should I spend work time on OI?

A. So Lehigh Valley Hospital and Health Network can thrive. We need to remain a cost-effective provider of quality care. This depends on lowering our costs in the current price-driven marketplace.

Q. What is this year's OI goal, and how are we doing?

A. Our fiscal year 1996 goal is \$20 million. Currently, we achieved 75 percent of our year-to-date target. These amounts are shown on the figure below.



This gauge will appear in each issue of *CheckUp This Month* to show LVHHN's progress in working towards our FY '96 operations improvement goal.

Q. How do I look for an OI project?

A. We've all felt frustrated at some time about how something could be done better. Try this exercise. Complete this sentence: "If I could, I would change daily tasks that could be done better, faster or cheaper for your customer and eliminating waste."

Q. What questions should I ask to help identify OI opportunities?

A. The following list is not exhaustive, just a start. Ask yourself: **Q. What questions should I ask to help identify OI opportunities?**
 A. The following list is not exhaustive, just a start. Ask yourself:
 ■ Am I doing what I do every day, what about what I do would puzzle me?
 ■ Do I do directly relevant to why I'm here?
 ■ Am I doing what I do?
 ■ Have I talked with colleagues in other organizations?
 ■ Do I spend most of my time on this?
 ■ How can I do this better?
 ■ What pen if this (step, process) was not done?
 ■ Have I talked with leaders in my field or industry are adapting to the advantage of network resources to redesign how we do it?
 ■ Can the products we use be standardized to obtain better results?
 ■ What were they thinking of when they (fill in the blank)?

Q. Whom do I talk to about a project?

A. LVHHN hasn't been very organized to support that support. The following resources exist to assist you: development coordinators and senior management in your department, reporting to Bill Frailey, M.D.; and clinical facilitators who focus on OI and PCC team process.

If you have an idea, take it to your supervisor, write a proposal. We're also preparing an OI work guide to help with projects. These details will be announced soon.

Q. Why aren't we given practical, step-by-step OI projects?

A. They will be distributed in March when the information is ready.

Q. Is OI only concerned with saving money?

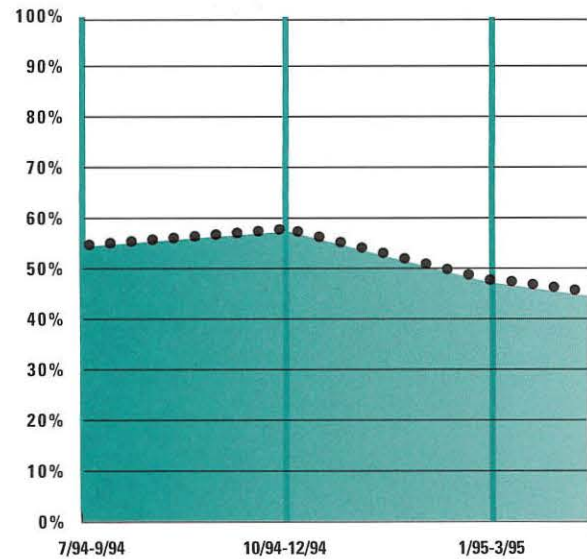
A. No. While the focus is on staying cost competitive, we also maintain or enhance quality and customer service.

Q. How can we ensure OI won't negatively affect quality?

A. Everything we do must have quality patient care as a goal. Examples here and at competitors' institutions of excellence.

The latest Press, Ganey report gives us an overall score of 81.1. Our percentile rank rose from 23 in the previous period October through December, meaning that we are ahead of us in the report, compared with 77 in the previous period.

There have been great jumps in patient satisfaction from 80.7 to 88.8 for the same time period just now. We've also improved from 84.1 to 90.0. So we're improving our customer satisfaction.



The latest Press, Ganey report shows that our overall score rose from 23 to 42 between September and December.

time is wasted in our department or how to identify potential areas for improvement. (fill in the blank).” Everyone has examples of paper. For a start, focus on improving service to

Identify an opportunity?

Starting point: ■ If I watch objectively what I do at work and make me scratch my head? ■ Is what I am doing or re-doing work someone else should be doing? ■ How do other organizations about how they do their jobs? ■ How can we do it quicker, cheaper or better? ■ What would happen if we read any professional journals lately to see how they are changing environment? ■ How can we take advantage of new work, i.e., moving inpatient to outpatient? ■ How can we gain cost savings? ■ Why am I doing it this way? ■ (fill in the blank)? ■ If only...(fill in the blank)

...OI ideas, but we're committed to developing a list with clinical OI projects: clinical process improvement, clinical engineers in the care management systems, care coordinators and organizational development issues.

...who will help you refine it and prepare it for the incentive program and a list of resources to be included in March.

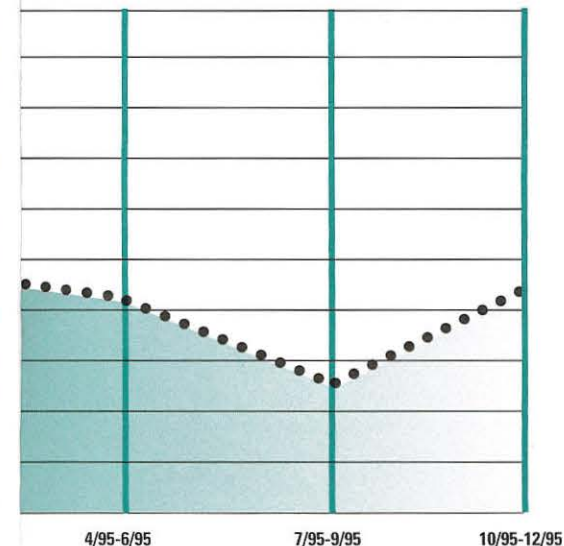
Step 2: Instructions for OI?

...incentive program is launched.

...ative, we must also look for opportunities to reduce costs, and increase revenue.

Impact on patient/customer satisfaction?

...re as its guiding philosophy. There are strong links between cost reduction linked to high patient satisfaction. Our overall rating of 81.9, compared to the previous quarter period July through September 1995, to 42 in the 100 of 100 comparable hospitals nationwide rank in the previous one. (see graph below) Our satisfaction on the PCC units. 7C's overall score rose to 80.6. 6B went from 82.7 to 89.9, and 6C from 81.5 to 89.9. Satisfaction as we reduce our costs.



our percentile rank for patient satisfaction from July through September and December 1995.

Q. Should I work alone or in a group?

A. It has been demonstrated that better ideas come from a group discussion.

Q. Where can we find time to do OI? We've lost staff and are "maxed out."

A. People naturally think about their jobs when not at work. I think more creatively when I'm relaxed. I'd advise you to think and talk about your ideas at lunch, on breaks, during work, driving home or any time of the day. Inspiration doesn't run on a schedule!

Q. Isn't patient care more important than OI?

A. They go hand in hand. Without the required funds, we won't be able to care for patients. LVHHN receives most of its funding from the state and federal governments. We need to use it wisely and not waste it.

Q. My department has already contributed to OI. Are we still obligated to suggest projects?

A. Yes. Keep trying to improve what you do. The competition is doing this all the time. If you're training for a marathon, your chances of winning are better if you train harder than your opponents.

Q. What role does my supervisor play in a project?

A. Supervisors must help stimulate, sponsor and support ideas. They help find time and inspire their staff. They can benchmark for the team and assist in refining and implementing projects. LVHHN is fortunate to have committed supervisors who understand our competitive position. Their roles are changing to focus more on eliminating barriers and supporting staff development.

Q. Where can I get a complete list of current and completed projects for reference?

A. The incentive program slated for introduction in March will provide a list of projects, a reference guide, a "how to" guide and resources to support OI efforts.

Q. Who decides if a suggestion is valid?

A. The OI incentive program will include routine assessment by your peers of the value of suggestions. Our efforts will focus on the most beneficial ideas; they'll receive our support in the development and implementation stages.

Q. How will I know if my suggestion is chosen?

A. You will receive timely notification of acceptance of an idea, or a request to refine a suggestion before implementation. I realize how important it is to you to get timely feedback for your efforts, and this will happen.

Q. Since an incentive program is being planned, why shouldn't I wait until then to propose a project? Will I get credit if I act now or should I wait?

A. If you're already working on a project, stay with it. If not, start keeping and prioritizing a list of ideas to contribute when the program debuts. This way you'll "hit the ground running."

Q. How can I motivate colleagues who resist change?

A. Focus on people who are committed and wish to help. There won't be time for those who aren't willing to contribute or for those who act as barriers.

Q. Are there savings/revenue minimums?

A. Consider anything. Develop your ideas through teamwork. Whether "the juice is worth the squeeze" will be determined later.

Q. Will I be recognized/rewarded for a suggestion that succeeds?

A. Yes. This will be an ongoing priority.

Q. Are all LVHHN departments obligated to participate in OI?

A. Absolutely!

Q. Can't some projects lead to layoffs or displacement?

A. Yes. Most of our costs are related to salaries and benefits. We can't reduce costs without affecting these items. The best way to cause as little pain as possible is to reduce costs quickly, and give displaced employees more time and support to find a position within or outside the network. In the last two years, we've cut our inpatient work force by 400 FTEs and created 200 new home care and hospice positions. Ninety percent of network jobs are filled by internal candidates. ■

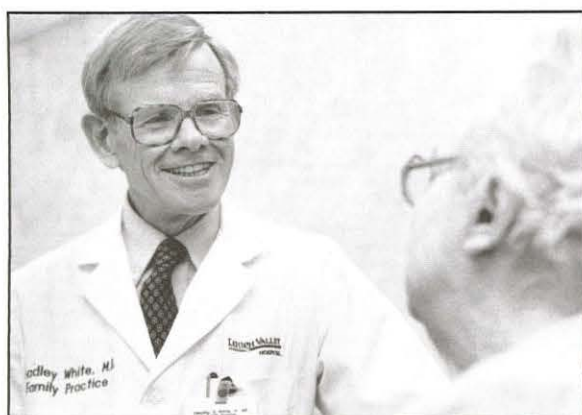
Partners In Progress

Public Affairs received many responses to the request for employees to say why they are proud to work for Lehigh Valley Hospital and Health Network. We will be publishing these quotes periodically to help you get to know some of your proud colleagues. Partners in Progress will become a regular feature in *CheckUp This Month*, with the March issue focusing on operations improvement. Let us know how and why you're committed to OI, and we'll print several responses and their authors' photos.

Send your ideas to Partners in Progress, Public Affairs, 1243 S. Cedar Crest Blvd., Suite 3115.



Michael Gee, escort, Cedar Crest & I-78: "The staff at Lehigh Valley Hospital is friendly and always willing to help. The best part of my job is realizing this atmosphere is helping the patients."



Headley S. White Jr., M.D., chairman, department of family practice: "I'm proud to be part of LVHNN because of its commitment to the community. Its quality staff, its openness to new ideas and new programs, and its willingness to change make it an organization that will always strive to be the best."

Ob-Gyn Residency Delivers Quality Education

AS AN INDICATION OF ITS OUTSTANDING QUALITY, Lehigh Valley Hospital and Health Network's residency program in obstetrics and gynecology has received accreditation for four years from the national Council for Graduate Medical Education, in conjunction with the Residency Review Committee.

According to Susan Knerr, the department's residency program coordinator, this is the highest level of accreditation. The approval is verbal and a full written report is to follow.

The ob-gyn residency is in the forefront of preparing its residents to practice in a changing health care environment, according to Stephen Klasko, M.D., interim department chair and residency program director. "When the residency committee did its site visit in October, we were able to demonstrate our ability to present a well-rounded, innovative program. Our approach promotes continuity of patient care and models private practice," Klasko said. "It also promotes collaboration with other departments on breast health, mental health, pediatrics and family practice issues."

Keys to Success

The residency educates 16 residents in a four-year program and is affiliated with Penn State's College of Medicine. Its teaching faculty includes 25 ob-gyn physicians, many of whom have academic appointments at Penn State. As another benefit of the Penn State affiliation, residents also have the opportunity to teach the 60 medical students who annually receive training at Lehigh Valley Hospital.

The residency program plays a key role in delivering comprehensive health care to women of all ages. Residents are responsible for the care of over 10,000 women each year. They provide outpatient care in the Center for Women's

Medicine, 17th & Chew, in consultation with the department's 32 board-certified ob-gyn physicians, and provide inpatient care for gynecologic surgery patients and obstetrics patients. Residents receive highly-specialized education from subspecialists in gynecologic oncology, maternal-fetal medicine (high-risk pregnancies), reproductive endocrinology and infertility, and urogynecology/reconstructive pelvic surgery. Ongoing research is also part of the resident's experience, culminating in the annual resident research day in June. The results of many of these projects have been published in prestigious national journals.

Under Klasko's leadership, and in collaboration with the departments of medicine and family practice, the ob-gyn residency has been expanded to address a variety of primary care issues. Internists and family practitioners regularly present lectures to the residents. Klasko has developed and presents a 12-part lecture series he calls the MBO program, Master of Business in Obstetrics, to explore clinical and management issues surrounding managed care. He will present a program focused on preparing ob-gyn residents for practice in the 21st century at an upcoming national conference.

The department's resident application process this year was a model of efficiency. Knerr, whose responsibility it is to coordinate resident applications, participated in a national pilot done on-disk and through the Internet, which saved time and paper. Medical students were supplied applications on-disk at their respective medical schools, and through the national Council on Resident Education in Obstetrics and Gynecology, applications were sent via the Internet to the students' residency programs of choice. ■

Hospital to Vaccinate Allentown Police Against Hepatitis

LAW ENFORCEMENT OFFICERS HAVE ALWAYS ACCEPTED THE THREAT OF PERSONAL HARM AS A PART OF THEIR JOB. But another threat to their safety is on the rise: exposure to infectious diseases. A joint effort of Lehigh Valley Hospital and Health Network and the City of Allentown will help address part of that fear for the city's police officers.

LVHNN has agreed to partially underwrite a program to vaccinate members of the Allentown police force and selected civilian employees against hepatitis B. On Feb. 19, the department of community health and health studies will begin to administer the three shot vaccine through the medical/surgical clinic at 17th & Chew. "This is exactly the type of program that shows our commitment to move beyond traditional hospital walls," said Mark Young, M.D., chair of the newly formed

department of community health and health studies.

Allentown Police Captain Michael Combs who is coordinating this program on behalf of the city has a personal reason for wanting the effort to succeed. During a routine disturbance call in 1981 Combs was bitten by a suspect and contracted hepatitis. Now, thanks to the hospital and city partnership, officers who choose to be vaccinated will not face the extreme exhaustion, general malaise and long recovery period Combs suffered because of hepatitis.

LVHNN will provide the vaccine at cost and will not charge to administer the shots. The vaccine is given in a series of three shots over the course of six months. According to James Burke, vice president, operations, the hospital will contribute approximately \$10,000 to this program. ■

Preventing Falls

As people age, changes in their vision, hearing, muscle strength, coordination and reflexes may make them more likely to fall. Older people are also more likely to have treatable disorders that may affect their balance. Compared to younger people, older people often take more medications that may cause dizziness or lightheadedness.

An injury from falling can limit a person's ability to lead an active, independent life. This is especially true for older people. Each year, many older men and women are disabled by falls. Yet, many injuries can be prevented by making some simple changes. To keep our patients safe from falls, here are some easy steps to follow:

- Assure that patients wear sturdy shoes, not slippers, when walking in hallways.
- Keep hallways and patient rooms well lighted and free from clutter.
- Use a night light or keep the bathroom light on at bedtime.
- Assure that the patient has a walker or cane to use in the hospital if that device is used at home.
- Be sure that the patient has his/her glasses on and hearing aid in place.

Here are some tips to give to patients and their families when they are ready to go home:

- Be sure stairwells have adequate lighting and are free from clutter.
- There should be handrails on both sides of the stairs; be sure they are tightly fastened.
- Mark the top and bottom steps with fluorescent or brightly colored tape.
- Grab bars should be located in and outside of tubs and showers and near toilets.
- Use non-skid mats, abrasive strips or carpet on all surfaces that may get wet. Assure that all rugs are well secured to the floor.
- Furniture and other objects should be arranged so that they are not in the way.
- Couches and chairs should be at the proper height to get in and out of easily.

It is important to remember that falls and accidents seldom "just happen" and many can be prevented. Each of us can take steps to make our home and work place safer and reduce the likelihood of falls.

Did You Know That...

...12 percent of the population utilizes 30 percent of all prescriptions?

...Two-thirds of elderly people use medication daily and, on average, five to 12 different medications per day?

...One-third of the elderly use one or more psychotropic medications (medications that affect the mind or mental function) per year?

...Less than five percent of the elderly take no medication?

Watch for more information about medication use by the elderly in upcoming editions of CheckUp This Month.

Winter Nutrition Tips

Winter is typically a season that keeps older people in their homes, but this winter has been especially brutal, making venturing outdoors impossible for most people, especially the elderly. An important tip for our older patients is to keep some backup supplies, dry, canned and frozen, in the house for those snow emergency days. Here are some great suggestions: Pasta, spaghetti sauce (be sure to check the sodium), Healthy Choice or Weight Watchers frozen dinners (all right for most low-fat or low-sodium diets) and Parmalat milk, which keeps on the shelf for months.

Less time in the sun can also lower Vitamin D levels and increase the risk of osteoporosis. To keep those Vitamin D levels up, remind patients to drink 4 cups of milk, and take a multi-vitamin or a vitamin D supplement (200-400 IU) daily. Don't forget to stress the importance of calcium. Recommendations are 1000-1500 mg. per day (one cup of milk or calcium fortified orange juice provides 300 mg.). ■

For more information on caring for the elderly, contact Jeanine DeLuca, R.N., ext 1628 or Lisa Lacko, R.N., ext. 1870.



Congratulations to Frances Doddy, admitting, 17th & Chew, for her winning entry in the "Guess the Tons" contest. Her guess of 6,500 tons (of snow) was the closest to the actual weight of 18,780 tons, without over estimating. It took 3,130 truck loads to remove 37,560,000 pounds of the white stuff during the "Blizzard of '96." Presenting Doddy with her t-shirt is Lance Connolly, director, general services, who said he felt as if he got to know each and every pound of the snow.



Benefits Update

VALIC, The Copeland Companies, Fidelity Investments and T. Rowe Price Investment Services, Inc. provide tax-deferred savings programs for LVHNN employees. Here are some answers to commonly asked questions about retirement and its effect on benefits.

Q: What is the "normal retirement age" for social security benefits?

A: The normal retirement age is the age at which you can retire and collect full retirement benefits (assuming you have sufficient work credits). Recent changes in Social Security require employees to work longer to obtain the normal retirement age benefits. For example:

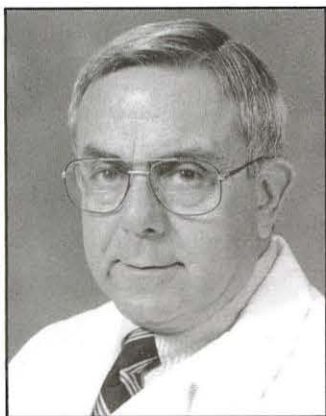
Those Born In:	Can Retire With Full Benefits At:
1937 and earlier	65 yrs.
1938	65 yrs., 2 mos.
1939	65 yrs., 4 mos.
1940	65 yrs., 6 mos.
1941	65 yrs., 8 mos.
1942	65 yrs., 10 mos.
1943 - 1954	66 yrs.
1955	66 yrs., 2 mos.
1956	66 yrs., 4 mos.
1957	66 yrs., 6 mos.
1958	66 yrs., 8 mos.
1959	66 yrs., 10 mos.
1960 - Present	67 yrs.

Q: What about early retirement and my social security benefits?

A: You can retire at age 62 with some benefits. However, you are only entitled to 80 percent of your "primary insurance amount." By waiting until age 65, you would get full social security benefits. For those born in 1938 or later, retiring at age 62 will mean fewer benefits. When the normal retirement age becomes 67, retirement at 62 will yield only 70 percent of benefits. The advantages of waiting until normal retirement age are clear.

Tax-deferred savings programs are available through payroll deduction. If you would like to start one and are an employee of the not-for-profit division, call Kevin Rhodes at VALIC, ext. 9486; Steve Lehman at The Copeland Companies, ext. 8001; or Fidelity Investments, 1-800-841-3363. Employees of the for-profit division should contact Charlotte Gross, ext. 7449 about deferred savings programs available through T. Rowe Price Investment Services, Inc.

About Our PEOPLE



Isidore Mihalakis, M.D., director of postmortem services, was recently appointed to the Coroner's Education Board by Governor Tom Ridge. The Coroner's Education Board conducts coroner education throughout the Commonwealth. Of the nine members, Mihalakis is the only one from the Lehigh Valley.



John Ziegler, D.D.S., was recently honored by fellow dentists, staff members and hospital administrators for his six years of service to Lehigh Valley Hospital and Health Network as chairman of dentistry. He received a certificate of appreciation and a clock for his dedication and service. Pictured are (L to R): Robert Laskowski, M.D., senior vice president, clinical services; Eric Marsh, D.M.D., current chairman of dentistry; Dr. & Mrs. Ziegler; and Elliot Sussman, M.D., president and CEO.



Elnac (Elliot Sussman, M.D., left) and Lou Liebhaber (right) added some light moments to a recent department head meeting.



Bulletin Board

Reading Is Fun, Ltd Book Fair

Books make the best gifts. If you're looking for an interesting book for yourself or a friend, come to the book sale sponsored by the Lehigh Valley Hospital Auxiliary, on Wednesday, Feb. 28, and Thursday, Feb. 29, from 7 a.m. to 4 p.m. in the Anderson Wing lobby, Cedar Crest & I-78. You'll be delighted by the large selection of interesting topics.



Top-Secret Leather Goods Sale

If you are in the market for a leather handbag, portfolio, wallet or other leather accessory, plan to come to the leather goods sale sponsored by the Lehigh Valley Hospital Auxiliary on Tuesday, April 30, from 7 a.m. to 4 p.m. in the Anderson Wing lobby. All items are high-quality domestic and imported leather.

Attention Blood Donors!

On Wednesday, Feb. 21, Miller Memorial Blood Center's bloodmobile will come to Lehigh Valley Hospital, 17th & Chew, from 7:30-10:30 a.m. The drive will be held in Room 900 of the School of Nursing. To schedule a time to donate, please contact the volunteer office at 17th & Chew at ext. 2264.



Bala Carver, M.D. (left), director, health network laboratory, thanks some of the many employees who answered the call to donate blood after a recent shortage as a result of the blizzard.

Spring Fling

Get ready for the event of the year!

The Lehigh Valley Hospital and Health Network Recreation Committee has been diligently planning the 1996 Spring Fling, and it promises to be the best one yet!

Although the recreation committee members have been sworn to secrecy, rumor has it that there will also be fabulous door prizes awarded throughout the evening such as two round-trip airline tickets to anywhere in the continental U.S., a computer, plus many more!! You won't want to miss this fun-filled evening. Tickets are \$15/person and can be purchased by sending a check made payable to LVH Recreation Committee to Barrie Borger, I/S, 2024 Lehigh Street; Sharon Bartz, neurosciences research, 1243 SCC; Kay Zelina, finance, P/A, 17 SON or Erma Dantonio, purchasing, CC. Only two tickets per person may be purchased and all money must be received by March 8. For more information call Sharon Bartz, ext. 9830.

Where

Holiday Inn, Fogelsville

When

Friday, March 15

Time

6 to 11 p.m.

Entrée

Choice of chicken or vegetarian lasagna

Entertainment

Dancing to the contemporary sounds of "Lucky 7"

If you've got news or a story idea for *CheckUp This Month*, send your suggestion by the first work day of the 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 Hospital and Health Network's public affairs department. For additional information, call ext. 3000.

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