

# CheckUp

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## *Operations Improvement: LVHHN's New Year's Resolution*

Operations improvement (OI) shifts into high gear this year to improve Lehigh Valley Hospital and Health Network's (LVHHN) cost competitiveness in obtaining managed care contracts. According to Lou Liebhaber, COO, while the first three years of OI have brought LVHHN some \$35 million in savings and enhanced work processes, we're still behind the competition.

"While we have been reducing our costs since 1993," Liebhaber continues, "the other local hospitals have, too. So we're still more expensive and, while we're known as a quality provider, we must work harder to be more competitive from a cost perspective."

Most OI projects in the past have been in support and administrative areas, Liebhaber said. At least 30 percent of OI's \$21.5 million goal this fiscal year must come from clinical areas. To encourage expanded participation, a new incentive program to reward OI efforts is being developed and will be launched in the spring. But Liebhaber asks employees not to wait until then to start looking for opportunities.

"I'd like all 5,000 employees and physicians at LVHHN to make commitment to OI a New Year's resolution," Liebhaber added. "Many people have contributed to the OI effort, so there are good examples to follow and lessons to learn. Everyone's participation is critical to our future success in OI and all other institutional priorities—member satisfaction, PennCARE<sup>SM</sup> and the functional plan."

(Editor's note: The projects described below are only a fraction of the noteworthy OI efforts throughout Lehigh Valley Hospital and Health Network. Because of time and space limits, we are able to spotlight four projects in this issue,

though many more have been recognized and are worthy of publication. Look for additional OI success stories in future issues of **CheckUp This Month**, which will debut in February.)

### **Pharmacy's Prescription for OI Success**

The pharmacy staff finds that looking at the "big picture" of patient care helps them discover opportunities for OI, says Fred Pane, R.P.H., director. "We don't only consider drug costs, but also look at how length of stay, admissions and outcomes are affected by use of certain medications."

When Ribavirin, a drug commonly used to treat lower respiratory infections (RSV) in children, jumped from about \$300 per dose to \$1,000 in 1994, clinical pharmacist Rich Townsend, M.S., R.P.H., spotted an opportunity to collaborate with pediatricians in examining the cost benefits of this treatment and design an OI project.

"At the same time as the price rose, the American Academy of Pediatrics had changed its guidelines on the use of Ribavirin from 'suggest' to 'recommend,'" Townsend explained. "Consequently, the use of the drug increased dramatically and so did the cost of treatment, because a hospital stay is necessary during treatment."

An extensive literature review on Ribavirin use yielded a clue for Townsend to pursue and the search proved fruitful. "We couldn't find a clear benefit justifying use of the drug in all patients with RSV," Townsend said.

Between April and October 1994, Townsend and John VanBrakle, M.D., chair of pediatrics, consulted with LVHHN pediatricians about the project and discussed the alternative therapies for RSV and the potential cost savings.

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As a result, since October, 1994, Ribavirin use has been monitored, resulting in far fewer children being treated with the drug. Over \$140,000 is saved each year in drug costs alone. In addition, treatment costs have fallen since most patients with RSV can be treated as outpatients.

"A multidisciplinary approach is the key to success in OI. You have to have the buy-in of the medical staff," Townsend said. "Also, we should look at things that cost a lot, are done often and may have an unclear or negative outcome, such as drug toxicity or prolonged length of stay."

### **Price Breaks Bring Savings**

Renegotiating a contract with DePuy Inc., LVHHN's major supplier of orthopedic implants, will save more than \$300,000 annually in addition to setting the stage for achieving further product standardizations, work efficiencies and savings, says Stu Paxton, vice president. The network spends more than \$3 million per year on these items.

Last year, he organized a team of physicians, OR administrators and materiel management staff with the goal of reducing what the hospital pays DePuy. A key focus was to build on past efforts to standardize and reduce costs led by Peter Keblish, M.D., orthopedics chief, and OR staff. Armed with this information and keen negotiating skills, the team was able to achieve a 24 percent discount on all DePuy items.

"Our goal was to save money on these prostheses while maintaining the same quality. We were paying almost list price to DePuy and saw a chance to obtain price breaks. We had assessed the marketplace and knew that ortho suppliers were giving big discounts," Paxton said.

Key to the effort's success was the support of Keblish and Chuck Hoover, M.D., surgery chair. According to Paxton, both doctors wanted assurance that quality would not be compromised by the new agreement. They recognized the benefits of a team effort.

The team plans to reduce spending further this year by standardizing the broad spectrum of

orthopedics products by buying all supplies from as few vendors as possible, Paxton says.

They have met with orthopedics division leadership to agree on clinical and non-clinical requirements so the approach in the marketplace will be unified.

"We also expect further cost savings through better inventory management, more space availability and fewer training sessions for new products," Paxton said.

Paxton advises employees setting out on the quest for OI to "set informed goals, look outside the organization and have patience and trust in the process."

"Look for short- and long-term gains, especially where price is concerned. Price isn't everything. You also have to seek win-win outcomes for the physicians, vendors and the hospital. Your efforts will be more successful if all stakeholders are involved and informed, and agree on the goals from the start."

### **Multi-tasking Pays Off**

Teamwork and constant communication with staff were vital to decentralizing phlebotomy (blood drawing) responsibilities last year, says Kim Kemp, phlebotomy supervisor. The result of the six-month project is a savings that will pay for the hospital's pneumatic tube system in three years, a cost of almost \$1 million.

The OI effort grew from the multi-tasking approach to patient centered care, Kemp explains.

"Forty-three unit trainers (nurses specially trained in phlebotomy) taught all of our staff nurses in just five months. Today, we have 3,000 nursing staff members who draw blood as part of their daily activities. They're doing a great job!"

The work redesign displaced 34 phlebotomists (12.5 FTEs), but all found jobs within LVHHN. Five staff phlebotomists remain in the department, says Kemp, to help with the "hard sticks" (difficult blood draws) at the two sites.

What did Kemp and her colleagues learn from this project? "Keep your staff—especially



those who will be displaced—informed during every step of the process. Be sure they know what decisions they'll need to make, skills they may need to learn and, if necessary, job options they'll need to consider. Also, it's important to encourage mutual respect for everyone involved in the process."

### Redesigning Financial Services

One part of a department-wide finance effort in OI focused on financial services. The challenge to redesign work processes in financial services was accepted as an organizational requirement in early 1993, when OI was a new concept at LVHHN, said Ed O'Dea, controller. "To accomplish this, we needed the support of everyone in the department to accept the need to change how each of us works," he said.

The next seven months in financial services involved regular face-to-face communications between department staff and management, benchmarking with other hospital finance departments and evaluating activities and positions.

"We were shocked to find we had 40 percent more employees in the department than the benchmark hospitals," O'Dea said. "So we aggressively challenged the work we were doing and how we were working."

Redundancies, inefficiencies and unneeded work were uncovered through these efforts. Many work processes were changed or discontinued, and most other activities were simplified through automation or other methods.

The OI project reduced financial services' operating costs by nearly \$1 million by FY95, 38 percent less than in FY92. The staff size decreased by 47 percent during this period and has declined even further as the department continues to find new opportunities to improve and take advantage of natural attrition as it occurs.

"OI is a way of thinking that focuses on continuing to improve how we work," O'Dea said. "We found that a key to success was to deal aggressively and honestly with issues of value and, at the same time, be sensitive to people who may be displaced through the process."

### Lessons Learned from OI Efforts

Here are some tips that were learned from the OI projects discussed in this article. They may be helpful when planning and implementing your own OI effort:

- 1 Look for projects that will shorten lengths of stay or reduce unnecessary admissions.
- 2 Form a multidisciplinary team of people at all levels who are the most able to contribute to the effort.
- 3 Solicit OI ideas regularly, especially in department meetings, conversations with colleagues and discussions with doctors.
- 4 If the project involves patient care, seek the participation and support of the appropriate clinical leadership from the start.
- 5 Before beginning a project, decide what information is needed and get it before proceeding.
- 6 Ask why the work you're doing now needs to continue, how can it be done faster, better and less costly, and what will happen if it is discontinued.
- 7 When dealing with outside suppliers, look for savings through volume discounts and standardized purchasing.
- 8 Look at items and processes that are expensive and done frequently.
- 9 Remember that change takes time, and some people will resist your efforts. Work with staff on change issues.
- 10 Benchmark. Find out which organization is best at the process you wish to improve and talk with them about how they work. Look both inside and outside the health care industry for benchmark organizations.
- 11 Keep everyone informed during the process. Ask them for their ideas for projects, and show them their role is important to the effort's success.
- 12 Make someone responsible for each step of the OI process.
- 13 Be up front with employees who may be displaced. Inform them and offer assistance as soon as possible, so they will have time and resources to help plan their next career move.



## ISSUE: Improving the Effectiveness and Efficiency of our Work

You don't have to look too far these days to see signs of the dramatic transition that health care is undergoing. In the papers, on the evening news, in the halls of Lehigh Valley Hospital and Health Network (LVHHN) and in the boardroom of most corporations, almost everyone seems to be talking about reducing the high cost of medical care.

Managed care is a response to the pressure from the government and business to reduce spending on health care. Last year, in only a four-month period in Northeastern Pennsylvania, there was a 58 percent increase in the number of Medicare enrollees who chose to switch from traditional Medicare coverage to managed care. The days of issuing a "blank check" to cover medical care are over; cost is the deciding factor in the purchase of health care. While quality may appear to be an afterthought in the managed care arena, LVHHN continues to place equal emphasis on it. But from the purchaser's viewpoint, quality is pretty much assumed, and until we can develop quality outcome measures that prove out network's value over another's, we can't challenge that assumption. So, for now, cost is the key issue.

*Here's an example to illustrate this idea:*

If I go to the store to buy a pair of jeans, why would I pay \$23 if I can get the same brand and style at a different store for \$20? The government and businesses are purchasing managed care plans based on cost, and LVHHN is finding that the competition in many cases is winning the contracts in this price-driven industry. Our costs are 20-25 percent higher than the other local hospitals, and purchasers won't pay this premium for our services. So we have a lot of work ahead of us.

Currently, U.S. Healthcare (only one of about 20 managed care companies in the Valley) holds contracts with AT&T, The Wood Company and other large and small employers that cover 100,000 people in the Lehigh Valley; that's one out of every seven people. By comparison, Valley Preferred, offered by LVHHN and the Lehigh Valley Physician-Hospital Organization, today lists 30,000 covered lives and is the third largest health plan

in the area. We're doing well, just not well enough.

Managed care is real and it's here to stay. Again, lowering our costs and improving our care are the keys to our future.

The way to do better is not simply to do more by "running faster." We must examine what we do and how we do it, and gauge its value. And we have many dedicated employees who are willing to support our need and desire to change.

A thoughtful approach to patient care is helping us increase our quality as we reduce our costs. Last fall, the staff on the seventh floor at Cedar Crest reduced patient transports by 2,400 by making physical therapy a bedside activity. This improvement not only is better for the patient, it also puts less demand on staff and reduces costs. Also, no one lost a job because of the change. What a winning approach to work redesign!

In pediatrics, reducing the use of an extremely expensive drug to treat respiratory infections, along with proper diagnosis and treatment planning, has lowered admissions rates and the cost of care while maintaining quality outcomes.

There are good lessons to learn from these examples. Some critical questions that can lead to improvements in the patient care process are: What is the best setting for patient care? What is the best sequencing of tests? We can learn from others' experiences regardless of the work process that's involved.



- Louis Liebhaber

## "Lessons" from page 3

- 14 Review OI projects after initial success to find further opportunities for improvements.
- 15 Always maintain or enhance quality while cutting costs or increasing revenue.
- 16 Measure cost and quality before, during and after each project. Adjust the process if necessary to enhance results. ■



# ISSUES & INITIATIVES

## INITIATIVE: Operations Improvement

Lehigh Valley Hospital and Health Network's operations improvement (OI) initiative started three-and-a-half years ago when we saw that the future of health care would center around competition in the areas of cost and quality. As you know, OI is one of our institutional priorities, along with member satisfaction, PennCARE<sup>SM</sup> and the functional plan. They are the stepping stones on the path to our future; all are connected and the success of the whole depends on each of the parts.

The good news is that since 1993, we have reduced our costs by more than \$35 million. The sobering news is that other local hospitals have also been lowering their costs so we still have about the same gap to close to be more competitive. We've felt the disappointment of losing managed care contracts because of this and it can't continue if we are to remain a vibrant, successful health network.

We need to find more areas for OI. Fiscal year 1996's goal for OI is a cost savings of \$20 million. Currently we're behind in our year-to-date target by \$2.5 million. And for the next five years, we have to find \$15 million annually. Remember, these savings will keep us competitive in the market place and help us survive.

*What can you do about it?* While many areas at LVHHN have contributed to the OI effort in the past three-and-a-half years, we haven't successfully involved all 5,000 employees and physicians.

A new, institution-wide effort will be launched in the coming months to encourage, analyze, reward and recognize OI projects. Please don't wait until then to look for opportunities in your work unit. And don't assume that someone else will do it.

We are **ALL** critical to our future success. At least 30 percent of OI savings this year and in the future must come from clinical areas. We've saved money from renegotiating contracts with vendors. While these activities will continue to some degree, they can't bring all of the necessary cost reductions.

Work processes need to be examined and, if possible, redesigned to save money and improve

outcomes. Physicians and patient care staff are in the best positions to identify and seize OI opportunities. This priority will receive support from the newly formed care management systems department, formerly QA/RUM, under Dr. Bill Frailey's leadership. This department focuses on helping clinical areas identify, analyze, develop, implement and monitor OI projects.

The time to act is NOW. I'm asking all employees and physicians to renew their commitment to OI this new year. Look for processes to improve, costs to reduce. Collaborate with each other. Think creatively "outside the box." We see a small window of opportunity through which to anticipate needed change. If that window closes too soon, we'll have our backs against the wall. There won't be time for retraining, attrition and the "soft" landings we saw in the past few years.

We will continue to stress training and taking on new methods of doing our work to both improve our quality and reduce our costs. We assume that we continue to have the best people in the region working alongside us. We must also recognize that since the vast majority of our costs are for salaries and fringe benefits, cost reductions will eventually impact the number of staff we employ.

Since 1993, there have been 400 positions reduced at the hospital; 200 new ones were created in the Health Services Division. It doesn't look like we'll be able to continue this trend of reassignment to this extent. Our best medicine will be able to continue to anticipate change and prepare for it.

In short, the consequences of OI shortfalls could continue to snowball. We'll lose contracts, see our patient base erode, and be forced to cut back on services and manpower. Ultimately, we'll lack capital to modernize our facilities and information systems.

All is not doom and gloom. We're the biggest, strongest health provider in the Lehigh Valley. We're poised to build on our successes and strengths through the commitment of our employees and physicians.

While our admissions have dropped in the past three months, all other Allentown hospitals are



## *Innovative Partnership Funds Medical Education*

An innovative partnership between a local couple and Lehigh Valley Hospital could become a model for medical education funding for the future. Partners in this program are Dr. and Mrs. C.D. Schaeffer and the department of obstetrics and gynecology. The result is the Frances C. Schaeffer Memorial Lecture Series.

Frances C. Schaeffer, M.D., the area's first board-certified OB/GYN, served as the hospital's first female chief of OB/GYN for 18 years from 1952 to 1970 and was the hospital's first female chief of staff. In memory of Frances, her brother C.D. Schaeffer, M.D. and his wife Sallie made a generous contribution to establish the lecture series which will

bring prominent speakers in the field of obstetrics and gynecology to the Lehigh Valley.

The inaugural lecture, held on Dec. 15, featured John O. Delancey, M.D. from the University of Michigan, an authority in pelvic anatomy and Robert M. Rogers, M.D. from the University of Pennsylvania School of Medicine, a leader in laparoscopic anatomy. Vincent R. Lucente, M.D., Lehigh Valley Hospital's chief of gynecology and pelvic reconstructive surgery, organized the program and served as the moderator.

In addition to serving as the chief of OB/GYN, Frances Schaeffer established Lehigh Valley Hospital's OB/GYN residency program and was considered a pioneer in the field of medical education. Dr. and Mrs. C.D. Schaeffer are continuing this tradition. It is through the support of the Schaeffer's and others like them, that high quality medical education will continue, ultimately improving the health status of our community. ■

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### ■ *Support for Our Hospital Family* ■

*Many fellow employees have family members that are serving in the military as part of the peace keeping mission in Bosnia. Being separated from loved ones is hard, and with that in mind, a support group is forming to help co-workers deal with stress during this uneasy time.*

*If you or someone you know has family members stationed in Bosnia, please contact Nancy Eckert, ex. 9830 or Missy Trumbo, ext. 8343 for more information.*

### **"Initiative: OI" from page 5**

running at only a 50 percent occupancy rate. LVHHN leads the Valley hospitals in patient discharges, births and heart surgeries, and our outpatient services continue to grow substantially. In addition, we are a good neighbor, surpassing all other providers yearly in delivering free care.

I believe 1996 will be successful for LVHHN as we sharpen our focus on the four institutional priorities, especially OI. Together, our efforts can produce changes that position our network as the leader among all other health providers in the region. Happy New Year! ■



Finishing touches were added to the lobby at Cedar Crest recently. Oil painting by a local artist, elegant silk floral designs, a warm quilt shadow box and a stately clock add to the contemporary flair.



# ABOUT OUR PEOPLE

## *Congratulations to...*

...*Mary Kay Gooch*, who was appointed vice president of human resources. Mary Kay has worked in several different capacities for the past seven years at Lehigh Valley Hospital and brings a wealth of experience to us. Since April 1995 Mary Kay has served as the acting vice president of human resources and demonstrated extraordinary skills and capacity to serve the needs of our organization. In these challenging times, we are fortunate to have a leader of such high caliber who has both intimate knowledge of LVHHN and the human resources profession.

...*James Dunleavy*, who recently passed his Certified Management Accountant exams to become a CMA. This certification is similar to a CPA but is focused on management issues as well as accounting. The certification is very difficult, requiring hundreds of hours of study and four and a half days of exams.

...*Linda Ford, R.N.C.* and *Mary Lynch, R.N.C.*, 6 South, adult psychiatry and *Grace Weber, R.N.C.*, adolescent psychiatry unit for receiving their ANA Certification in Mental Health and Psychiatry in November 1995.

...*Lenora Kroll, R.N.*, director, labor and delivery, and *Cindy Hertzog, R.N., C.F.N.*, ambulatory surgery unit, for graduating summa cum laude from Kutztown University in December. Both received their BSN degrees.

...*Lehigh Valley Hospital*, for recognition recently by the Allentown Police Department with a plaque in honor of our contribution to the acquisition of a bicycle for the local patrol.

...*Bonnie Kosman, M.S.N., R.N., C.D.E.*, director of patient care, Lehigh Valley Hospital for recently being selected to serve on the editorial board of "Hospice Management Advisor," a new 12-page professional newsletter focusing on the management aspects of hospice.

...*Debra Zarro, C.C.P.*, department of perfusion, who completed a two week trip in December to Croatia where she served as a perfusionist for Dr. Michael Sinclair and Croatian physicians at the General Hospital of Zagreb.

...the following pediatric nurses for becoming certified in pediatric nursing: *Loretta Gogel, R.N.*, patient care coordinator; *Mary Saylor, R.N.*,



**It's a veritable toyland in the playroom on the inpatient pediatrics unit thanks to the generous donation from patrons of three local Texaco stations. The "star and stocking" fundraiser netted approximately \$2100 which the staff of the stations used to purchase the toys pictured above. A special thank you to Jane Kaesler, Arlene Cannizzaro, Harold Stuck, Linda Stuck, David Smith, Ellen Cannizzaro and Lori Klosek of the Texaco stations on Cedar Crest Blvd., South 4th St. and Coopersburg. Fran Feathers, child life specialist and patient Kyle Camaioni and his dad, Guy, were also on hand to try out some of the toys!**

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**"Lollipop the Clown" entertains some of the 36 children who enjoyed the Recreation Committee's annual holiday party.**

*patient care coordinator; Maryann Godshall, R.N. partner; Lori Fulcomer, R.N. partner; and Ellen Warmkessel, R.N. partner. ■*

"Paving the Way for Life," an article written by a former employee, Gail Evans, is featured in January's edition of Fund Raising Management. The article details Lehigh Valley Hospital's very successful memorial brick campaign to benefit the John and Dorothy Morgan Cancer Center.



# *Celebrating a Century of Service*



## *The Allentown Auxiliary of Lehigh Valley Hospital* invites you to join their celebration...

It was back in 1896, at the request of the mayor of Allentown, that a pioneering group of 13 women came together to raise money to build the first hospital for the city.

In March of 1897, the group paid \$5,297.51 for a plot of land at the corner of 17th & Chew Streets. The hospital opened its doors two years later in May of 1899 and has continued to receive support from the auxiliary in many different and vital ways.

## *To celebrate this historic milestone,* two very special events are planned...



### **A Birthday Bash**

To commemorate the date of the group's first meeting, a birthday party will be held on Feb. 1 in the lobby at 17th & Chew.

Join us for cake and refreshments from 10 a.m. to 1 p.m.

Visit the renovated Alcove Shop. First 50 shoppers get a free gift!



### **Alcove Clearance Sale**

The Alcove Shop will hold their annual clearance sale on Friday, Jan. 19 from 9 a.m. to 3 p.m. in the 17th & Chew lobby. Bargains galore on a variety of merchandise and \$2 grab bags will be available at this popular sale. Plan to shop early for best selection.

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### **Alcove Shop to Close for Renovations**

The Alcove Shop at 17th & Chew is getting a facelift and will close for renovations on Monday, Jan. 22. Look for our grand re-opening on Saturday, Jan. 27.

*The Allentown Auxiliary of Lehigh Valley Hospital*  
invites you to join in its celebration of a

# **CENTURY OF SERVICE**

**Saturday, March 2, 1996 • 6 p.m.**

**The Allentown Hilton • Hamilton Mall at Ninth Street**  
with a special performance by Mark Russell

The celebration will highlight the rich history of the Allentown Auxiliary, include a special presentation of the Auxiliary's 100th anniversary gift to the hospital and feature the witty humor of political satirist Mark Russell.

**Cost per person: \$50**

**For more information and reservations, call (610) 402-CARE.**



# FROM OUR CUSTOMERS



Dear Friend of Central  
School,  
Thank you for the  
gloves and mittens.  
They fit great! We  
love them very  
much. We wish  
you a Merry  
Christmas and a  
Happy new year!  
Love  
Adrian

The response to the mitten donation and adopt-a-senior programs sponsored by the Professional Nurse Council was overwhelming! More than 700 pairs of mittens were donated to our small friends at Central School which meant that every single student got a new pair of mittens or gloves. Many cards of thanks were received from the very appreciative children such as "Adrian" and Melissa Fermin whose are featured here. Seventy-five seniors were adopted during the holidays by various departments through Lehigh Valley Hospital and Health Network. PNC thanks all those who make heartfelt donations and helped some of our neighbors have a more enjoyable holiday season.

## From a patient at the Helwig Diabetes Center:

"Dear Director of Diabetes Nurse Educator, I was a patient at the Helwig Diabetes Center on Oct. 12, which was my first visit. My second visit was Oct. 23 when I met one of the most wonderful, gracious, kind, very patient, smiling, greatest lady and nurse that I have ever met. She is helping to turn my life around with this diabetes. Her name is Mary Jane Frank, RN, CDE. With the instruction and information she helped me to understand, and has shown me many things I was doing wrong and helping me so well. I had to write to thank you for selecting a wonderful person like Mary Jane to work for you! May God bless all of you!"

- Ms. Joan M. Shannon

## From a letter received from Maryann Godshall, R.N., 4B pediatric unit:

"I would like to thank Deanna Kinneman and a special thanks to Steven Segarra for stopping on Sunday, Dec. 10 to help me at the main entrance to LVH, Cedar Crest & I-78 with a flat tire. Being the coldest day of the year with a -16° wind chill factor and 11:30 p.m., as other cars drove by, these two people are truly special for stopping. I want them both to know how much I appreciated their kindness. It is an honor to work with people like this at LVH."



Valley's First for '96 Born at LVH: Just 35 minutes into the new year, the valley's first baby debuted at Lehigh Valley Hospital. Peter Baddick, IV, son of Denise and Peter Baddick, III, M.D., of Tamaqua was born at 12:35 a.m. on Jan. 1 Baddick, a second year orthopedic surgery resident, assisted Joseph Greybush, M.D., the family's obstetrician, with the delivery. Young Peter is the family's second son and according to Denise will not be their last child. They would like to have a large family.



## HR Development Information

### ■ Hospital Orientation

The next hospital orientation will begin at 8 a.m. at CC&I-78 on Monday, Jan. 15. An optional tour of both sites will be held on Wednesday, Jan. 17 beginning at 1 p.m. at 17th & Chew and 2:30 p.m. at CC&I-78. Reservations are required for the tour. To register, call ext. 3049.

### ■ CPR Certification

CPR Certification will be held in two parts and attendance is required at both. Part I will be held Friday, Mar. 8 from 9 a.m. to noon in room 900, School of Nursing, 17th & Chew. Part II will be held Friday, Mar. 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 at CC&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 CC&I-78. For more information or to register, call ext. 1210.

- *Seventh Annual Symposium in Geriatrics* will be held on Saturday, Jan. 27. Topics include: "Management of Hyperlipidemia in the Elderly: Treatment Trends and Controversies," "Update on Alzheimer's Disease," "Current Topics in Geriatrics," and "Through My Bifocals-Music Therapy."

- *Patient Centered Care: Redesigning Care Delivery* will be held on Friday, Feb. 2. Topics include: "Through the Patient's Eyes," "Incorporating the Patient's Perspective into Care Delivery Redesign," "Work Processes Redesign," "Preparing to Function in the 'New World'," and "Pioneers in Redesigning Care."

- *Sixth Annual Critical Care Symposium* will be held 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," "Adjunctive Ventilator Management for ARDS." ■



## New Traffic Pattern Deserves Attention

Please be aware that a new stop sign has been added on the Cedar Crest campus.

The new stop sign is at the rear of the campus at the intersection of the new access road and the road that runs between the main hospital and the engineering building. The stop applies only to traffic exiting the hospital on the road that runs between the two buildings.

Traffic on the new access road does not have a stop sign. ■

## The End of an Era

This is the last issue of *CheckUp* in this format. Look for the new, redesigned (with employee feedback) monthly version "*CheckUp This Month*" slated to debut in mid-February.

Keep on the lookout, too, for the new weekly version - "*CheckUp This Week*" - scheduled to debut shortly thereafter.

Thank you to all who have enjoyed and supported *CheckUp* in the past. We look forward to your support in the future.



# BENEFITS UPDATE

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## Attention Valley Preferred Health Plan Members!

All Valley Preferred Health Plan enrollees will continue to receive an Explanation of Benefits (EOB) from pharmacy services until your deductible has been satisfied beginning Jan. 1, 1996. If you will be purchasing prescriptions at Health Spectrum Pharmacy Services, you will still need to show the EOB as proof that your deductible has been met. Once your deductible has been met, Spectrum Administrators will no longer send you an EOB.

For those of you who have a health care Flexible Spending Account (FSA), you may submit either your EOB (before your deductible is met) or your receipt from the pharmacy to obtain reimbursement from your FSA. If you signed up for the automatic submission to your FSA, no additional paperwork is required.

If you have specific questions about your claims, call Spectrum Administrators at ext. 7410. If you have questions about your benefits, call your benefits counselor, Gerrienne Keiser, ext. 8839 or Maryjane Zanders, ext. 1230.

## New for 1996: Choice Plus Covers Wellness and WomanCare Programs

Good health does not just happen. It springs from thousands of choices we make every day. Now Choice Plus participants and their families will get a little extra help in making healthful decisions when they participate in and complete selected Lehigh Valley Hospital wellness and WomanCare programs. And they'll get reimbursed to do it!

*Here's how it works.* Choice Plus members and their families may receive up to \$275 per family per year in benefits for completing selected programs such as:

- Nutrition & weight control
- Fitness & exercise
- Smoking cessation
- Stress management
- Childbirth & parenting education programs
- Maternity fitness
- Health profiling

For more details on available programs and reimbursement, please refer to your benefits packet or call the Center for Health Promotion and Disease Prevention, ext. 5960 or WomanCare, ext. 2903. ■

# BULLETIN BOARD

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## ■ Recreation Committee News...

... It's time for the annual Spring Craft Bazaar on Thursday, March 14 and Friday, March 15 in the Anderson Wing lobby, CC&I-78. Any interested crafters should contact Sharon Bartz, ext. 9830.

... Plan your summer garden, buy your bulbs, or just enjoy one thousand tulips at The 1996 Philadelphia Flower Show. This year's show will be held at the new Philadelphia Convention Center and is titled "This Land Is Your Land...Philadelphia in Flower." Join our bus trip on Tuesday, Feb. 27 to explore the roots of horticulture in America. We will depart from the parking lot behind the MedEvac hangar at 8:30 a.m. and the bus will drop us off at the convention center at approximately 9:45 a.m. Gates for the show open at 10 a.m. The bus leaves Philadelphia at 4 p.m. to return to

Allentown by 5 p.m. Cost is \$27/person which includes bus and show admission. Reservations can ONLY be made by sending your check directly to Missy Noll, Public Affairs, 1243SCC (not through email). Checks are payable to the LVH Recreation Committee. Tickets are limited - mail your check today!

## ■ Other Events...

... The Emergency Medicine Institute of Lehigh Valley Hospital is sponsoring an American Heart Association CPR course on Friday, Feb. 2 from 7 - 9 p.m. and continuing on Saturday, Feb. 3 from 8 a.m. - 4 p.m. The last day of the course will be Saturday, Feb. 10 from 9 a.m. - 3 p.m. Fee is \$75. For more information and an application, email Diane Angelino or call ext. 5949. ■



# SERVICE ANNIVERSARIES

*Lehigh Valley Hospital  
and Health Network  
congratulates the following  
employees on their February  
1996 service anniversaries  
and thanks them for their  
continuing service.*

## **Twenty-Five Years of Service**

Vivien R. Gollatz/Lab Blood Bank  
Phyllis Stoudt/6N Adult Psychiatry Unit

## **Twenty Years of Service**

Nancy J. Buchmoyer/4S Medical Surgical Unit  
Robert W. Ruhf/Operating Room  
Sandra K. Fritzinger/Ambulatory Surgical Unit-OR

## **Fifteen Years of Service**

Deborah Burton/5B Medical Surgical Unit  
Diane Conley/Cardiac Cath Lab  
Ruth Entler/7B Medical Surgical Unit  
Rosemarie Hartner/Lehigh Valley Hospice-Allentown  
Tammy D. Jamison/HealthSearch  
Anna Mae Leibenguth/4A Medical Surgical Unit  
Debbie L. Schantz/4A Medical Surgical Unit  
Steven Onushco/Plant Engineering  
Carol Rumley/Business Manager MCMC  
Linda R. Rute/EEG  
Dwight Bitting/MedEvac  
Carol Manning/6B Medical Surgical Unit  
Karen King/Lehigh Valley Health Services  
Debra Bubba/Department of Pediatrics  
Doris Strobl/Progressive Coronary Care Unit

## **Ten Years of Service**

Cathyann H. Feher/ Home Care - Skilled Nursing  
Joy Bollinger/Observation Nursery  
Kathleen A. Cochrane/Neonatal ICU  
Dian Compton/Nurse Staff Office  
Susan L. Dorosh/Home Care - Skilled Nursing  
Lawrence J. Downey/Plant Engineering  
Cheryl Dries/Progressive Coronary Care Unit  
Jeanne Florian/5B Medical Surgical Unit  
Donna L. Hordendorf/Obstetrics  
Nancy Kochenberger/7C M&S Nephrology Unit  
Joyce Leibenguth/HBSNF  
Donna McNamara/Labor & Delivery

Beverly J. Moyer/Acute Coronary Care Unit  
Eileen L. Palmer/GICU  
Barbara A. Salvadore/Department of Family Practice  
Richard G. Wagner/Pharmacy  
David A. Behler/Pharmacy  
Stephanie L. Behm/Central Nervous Unit  
Valerie Doncsecz/Hemodialysis Treatment  
Debra J. Gilson/Observation Nursery  
Stephen J. Kish/Home Care - Skilled Nursing  
Louis R. Molnar/Plant Engineering  
Joelle Morehouse/Nursing Float Pool Cluster B  
Marie Porter/Endoscopy - GI Lab  
Brian S. Trewella/Health Spectrum Medical Products  
Deanna A. Shisslak/Pediatric Unit  
Kelly L. Baatz/5B Medical Surgical Unit  
Nancy Bock/3C Staging Monitored Unit  
Geraldine A. Dussinger/3C Staging Monitored Unit  
Janice A. Esposito/Lab Chemistry  
Patricia M. Frey/Progressive Coronary Care Unit  
Jayne R. Sigler/6B Medical Surgical Unit  
Susan A. Smith/Radiology Diagnostic C  
Susan L. Snyder/PGME Medicine  
Keith A. Strawn/Human Resources Administration  
Hugh Vrablic/Respiratory Therapy C  
Jacqueline E. Wehr/Human Resources Administration  
Pamela Z. Adamshick/Adolescent Psych Unit  
Mary C. Coverdale/Operating Room  
Lizabeth K. Fox/Adolescent Psych Unit  
Joanne Wolk/3C Staging Monitored Unit  
Edward A. Xander/Adolescent Psych Unit

## **Five Years of Service**

Mark V. Custead/Respiratory Therapy C  
Rebecca A. Kapustiak/6C Medical Surgical Unit  
Jeffrey D. Ambrose/Security  
Margaret M. Herzog/Admitting Office  
Maria E. Newhard/Lab Hematology  
Patti A. Stafford/Spectrum Administrators  
Eric P. Botage/Spectrum Administrators  
Randall S. Gilbert/Cardiac Cath Lab  
Phillip M. Hobel/Emergency Service A  
Theresa M. Sanders/ Pharmacy  
Debra K. Yelovich/Partial Hosp Adolescent Psych  
Alice J. Dalla Palu/Smoke Free Lehigh Valley  
Stacey L. Goebert/7B Medical Surgical Unit  
Lee C. Schray/Respiratory Therapy C  
Jeanne M. Wilson/Admitting Office