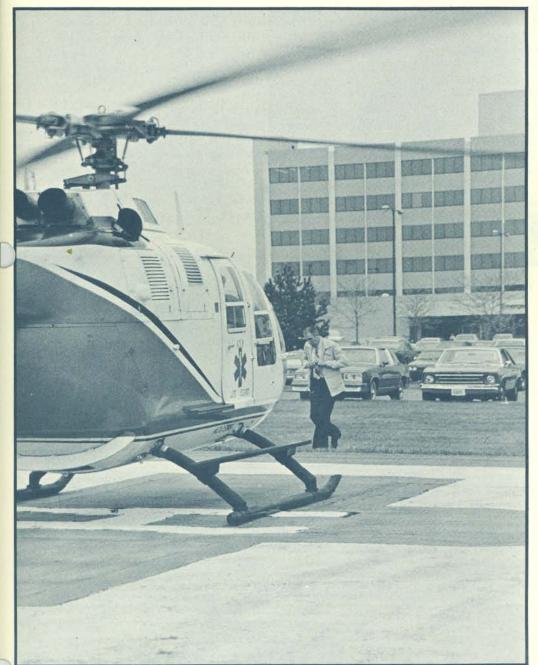
Newsletter for the Allentown and Sacred Heart Hospital Center

Vol. 4 No. 10

May 18, 1981



With 130 mph capability, the twin engine helicopter to be used in the inter-hospital transfer program can carry up to two patients, a doctor, flight nurse, and pilot.

## Helicopter transfers begin

Rodney Everett's transfer to the Hospital Center from Palmerton on May 5 was a significant event.

The 24-year old Palmerton native, an auto accident victim with multi-traumatic injuries, became the first patient of the new interim program of inter-hospital transfers of burn and Class I trauma patients by helicopter.

According to John Stafford, M.D., Director of Pre-Hospital Emergency Services and Flight Operations, patients in this new program will be primarily those who are now being brought to the Hospital Center by referring hospitals via land ambulance. The big difference that is available with the addition of the helicopter is often what makes the difference between life and death — time.

With an estimated 200 trauma patients now seen each year at A&SHHC, Dr. Stafford expects between 10-15 in-flight transfers to be made each month. Less severely injured patients will continue to be transferred to A&SHHC, when necessary, by land ambulance.

Hospitals involved in this cooperative effort are Coaldale Hospital; Gnaden Heutten Memorial Hospital; Lehighton; Good Samaritan Hospital, Pottsville; Grand View Hospital, Sellersville; Palmerton Hospital; Pocono Hospital; East Stroudsburg; Pottsville Hospital; and Hunterdon and Warren Hospitals in Western New Jersey.

Because full Health Systems Agency approval is needed to base a helicopter at A&SHHC and for a proposed program of "on the scene" pick-up of the injured, the helicopter is presently leased by A&SHHC through Keystone Helicopter Corporation, based at the Limerick Airport, approximately 15 minutes away (by air).



### The Center Welcomes

To Dietary Angel DeJesus

- To Mailroom/Messenger Services Helen Lamparella
- To Nursing Services Linda Pierson

To Pharmacy Richard Gorski

## Celebrity golf tournament

On June 26, 1981, the Bala Golf Club will again host the Joseph R. Rizzo Celebrity Golf Tournament for the benefit of the Burn Foundation of Greater Delaware Valley.

As a member institution of the Foundation, A&SHHC and our Burn Center benefit from the proceeds of this event.

One of the ways we support the tournament is by making \$1.00 and \$3.00 tickets available to the employees, volunteers, auxiliary members, medical staff, and other interested personnel. These tickets are available in the Public Relations office.

A \$1.00 ticket gives you the opportunity to win a top prize of \$100.00 in cash and other smaller prizes.

A \$3.00 tickets gives you the opportunity to win the top prize of a color TV. Other prizes include portable radios and small appliances.

You need not be at the golf tournament to win, and all contributions are tax deductible.



Gale Schmidt Hodavance — Editor Jim Higgins — Associate Editor Janet Laudenslager — Staff Assistant Jack Dittbrenner — Photography Darla Molnar — Photography

# E.R. parking lot violations

At the April Safety Committee meeting, it was brought to the attention of the committee that employees are parking in the emergency room parking area. To discourage improper parking, security will put a warning on all employees' cars parked in the lot. If you have legitimate reason to be there, (as an emergency room patient or outpatient), just send the warning back to security noting this fact so that they know why you are parked there. Thank you for your cooperation.

# EEG lab expands

The EEG-Neurodiagnostic Laboratory on 7A has added a third room to accomodate the expanded services of EEG (Electroencephalograph), evoked response testing, and electromyography.

The lab is located in rooms 12, 13, and 14.

# **Balloon pump techs graduate**

Seven new intra-aortic balloon pump technicians have completed a three-week course on the management of the pump. The intra-aortic balloon pump takes the workload off of the heart of cardiac patients in the critical care units. The intra-aortic balloon is inserted into the descending aorta and then inflated and deflated by the pump. The blood is then pushed away from the heart to establish adequate circulation.

Graduates are: Eileen Cervillini, formerly an L.P.N. on 4A, at A&SHHC since February, 1975; Deborah Emory, formerly a Nurses Aide, Operating Room, here since January, 1980; Maggie Fettig, formerly an L.P.N. in SCU and here since September, 1979; Vicki Giacapuzzi, formerly pathology transcriptionist, here since May, 1978; Sharon Kramer, formerly a Nurses Aide, Operating Room, here since April, 1976; Sonya Staub, formerly an SPD aide and at the Center since June, 1979; and Linda Stonebraker, formerly a unit clerk on 4A and here since March, 1976.

The balloon techs are members of the Division of Critical Care reporting to Donald Jones, R.N., Evening Supervisor.



New balloon pump technicians are, left to right: Sonya Staub, Maggie Fettig, Vicki Giacapuzzi, Linda Stonebraker, and Sharon Kramer.

#### Transfer program

(continued)

When a patient needs transfer to our burn and/or trauma centers, the referring hospital calls into our E.R. on a special toll-free number. Another call goes out to Keystone, and the helicopter is on its way to A&SHHC for pick-up of the crew - the surgical resident on call and a light-trained nurse from the emergency room. Once the crew is aboard, the patient can be picked up at the referring hospital, brought back to A&SHHC in, according to Dr. Stafford, "no more than 35 minutes." Once at the A&SHHC helipad, the Security department loads the patient and crew into a specially equipped van for the short trip to the E.R. entrance.

The helicopter will not fly in bad weather or when the ceiling is restricted (approximately 30 days per year, Dr. Stafford predicts), and a back-up helicopter will be available to cover during scheduled maintenance periods.

The German-made two-engine MBB-BO-105 helicopter, used for over 10 years in European medical evacuation and rescue, can accommodate two patients, side by side, with loading from the side or rear of the craft.

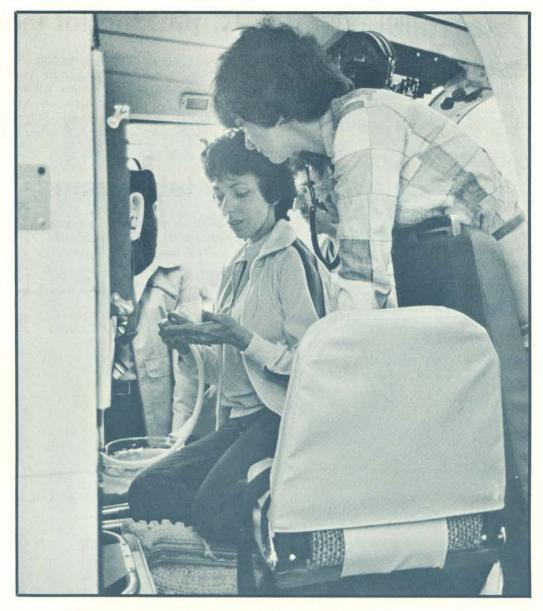
The 'copter contains numerous safety features, including its two engines, dual hydraulic system with back up, a dual electrical system, and offers excellent manuevarability. Because of its high clearance rotors (blades) and small size, it can land in a relatively confined area. The craft is capable of cruising at 130 mph.

Medical equipment on board includes oxygen and suction apparatus, ECG monitor, MAST trousers, spine boards, and blood pressure cuff. The hospital crew supplies flight bags with airway and fluid management, and needed drugs.

According to Gary Steinberg, Associate Administrator, the interim program is a first step in the many capabilities of a helicopter transfer program. The process for HSA approval of "on the scene" pickup has been initiated, and approval of this program would, for example, tie into our burn and shock/trauma utilization, as well as the transfer of eye trauma victims to Sacred Heart Hospital, and infants to the neonatal unit at The Allentown Hospital.

Nationwide, 34 helicopter transfer programs are currently established, 30 for inter-hospital transfer (similar to our interim program) only.

As for Rodney Everett, the quick medical attention he needed was fortunately available. His transfer to our Trauma Center, and the work by the highly skilled and trained people in the Trauma Center has paid off. Out of intensive care, and, as of this writing, on 6B, he is on his way to recovery.



Inside the cabin of the helicopter, Eileen Pozzi, R.N., (left), and Sally Pyne, R.N., inspect the medical equipment carried aboard.

## Flight nurse volunteers trained

While transferring burn and shock/trauma patients by helicopter is a valuable tool in saving lives, the caring of the patient, while in flight, must continue.

To insure the best in nursing care during transfer, twenty registered nurses from the Hospital Center emergency room volunteered for in-flight nursing.

Stressing safety, familiarity with equipment used on the helicopter and with the craft itself, these nurses received instruction over a 6-week period from John Stafford, M.D., Director of Pre-Hospital Emergency Services and Flight Operations, members of the Emergency Medical System, and various ambulance corps in our area.

According to Carol Bury, R.N., Clinical Coordinator, working in the small confines of the helicopter "means space, time, lighting, and equipment limitations, which mean a different type of care."

The flight nurse carries along on the transfer four flight bags containing items for airway and fluid management, pediatric needs, and miscellaneous supplies as well as a drug box with I.V.'s, etc.

The flight-trained nurses are skilled in using the other equipment already on board the helicopter: oxygen and suction apparatus, blood pressure cuff and ECG monitor, as well as spine board and MAST trousers.

Registered nurses flight trained are: Mary L. Bowers, Carol Bury, Rosemary Cerimelo, Jeanette Christ, Mary Cramsey, Ann Detwieler, Lillian Flynn, Susan Garner, Mary Ann Jacks, Roxanne Kokinda, Carol Kukitz, Nan Miller, Dorothy Murray, Regina Natale, Beverly Oliveria, Eileen Pozzi, Sally Pyne, John Satkovitch, Ann Schneider, and Patricia Tutterlow.

## **Construction update**

Medical Office Building - current tenants in the new building are Joseph A. Miller, M.D., and Cardiovascular Associates. Tenants scheduled to be leasing office space during the summer include: George McGinley, M.D., Charles Gordon, M.D., Gene H. Ginsberg, M.D., and Robert Grunberg, M.D.; Plastic Surgeons Professional Group; Cardio-Thoracic Surgeons; Urologic Associates; Luther Rhodes, III, M.D., and Michael Rhodes, M.D.

**General Service Building** - construction continues according to schedule; however, if the current capenters' strike is not settled in a few weeks, construction on the building could be affected. Scheduled completion remains October 1.

**Dining Room Expansion** - as you may have noticed, construction is underway off of the cafeteria for an additional 70 seats. Completion is expected by August 1, or later, depending on the outcome of the carpenters' strike. Picnic tables are again outside the cafeteria on the front lawn away from the construction area.

**Burn Center** - dedication of the new six-bed Burn Center is scheduled for 6:00 -9:00 P.M., on May 28 for auxiliary, fire companies, police departments, ambulance corps, referring hospital representatives, industry CEO's, former burn patients and their families, and representatives from the Health Systems Council, Blue Cross, Burn Foundation of Greater Delaware Valley, and A&SHHC Board of Directors and Corporation members. Staff members will be invited to tour the Center at a later date when the Burn Center is totally completed.

**Emergency Room** - the holding area is undergoing construction for the addition of a new shower area and medication room. Construction is expected to be complete by June 1.

**Radiology** - construction continues on the old CAT Scan room to change it into a femoral study room. Work is expected to be completed by June 1.

All cabinet and shelving work is being scheduled as time and other priorities permit.



Volunteers honored - Sophie Beiter (right), and Virginia Zeiner create their super sundaes at the Gay 90's Ice Cream Social held in the Hospital Center's cafeteria recently during National Volunteer Recognition Week.

# National N





# irses Week highlights







Over 800 nursing staff members were honored during National Nurses' Week, May 10-16. Activities included receptions for all shifts, corsages for all staff members, and fruit baskets delivered to all the nursing units.

Above left: Placing a corsage on Monica Kuntz, R.N., 3C, is James Pantano, M.D., staff cardiologist. 787 corsages were presented to nursing staff members by the A&SHHC Medical Staff.

Below left: Receptions, featuring punch and hors d'oeuvres, were held for all nursing staff members; evening shift staff convene in the Board Room for an early morning treat!

Above: Debbie Hentz, R.N., and Cindy Cunfer, R.N., 6B, greet Marie Strzelecki, R.N., Supervisor, as she delivers a basket of cheer to the unit.



**Robert M. Morrow, M.D.,** staff neurosurgeon, recently became board certified in neurosurgery by the American Board of Neurological Surgery.

Dr. Morrow has been on our medical staff, as well as the medical staff of The Allentown Hospital and Sacred Heart Hospital since August, 1978.

He is a member of the Congress of Neurological Surgery, and the Pennsylvania State Neurosurgery Society.

Dr. Morrow is in practice with Drs. Jaeger and Tilly.

Burn Center staffers Jacke Fenicle, R.N., Gloria Hamm, R.N., Kathy Lehrman, R.N., and surgical resident Henry Kurusz, M.D., all participated in a one-day presentation on burn prevention, burn assessment and the emergent period of the burn victim to emergency room nurses at Loch Haven Hospital on May 7.

Also in attendence were burn team members Sandy Tkach, R.N., Debbie Lutz, R.N., and Yvonne Troiani, R.N.

"M\*A\*S\*H Radiology"- complete with Radar, Hawkeye, Colonel Potter, Hot Lips, Major Charles Winchester, III, and Klinger - was the theme of the Radiology Department's entry into the 2nd Annual Bed Race against Muscular Dystrophy, winning "Best of Show."

Decorated as a small version of the "swamp", and complete with a still, the bed was sponsored by ASH Radiology Associates.

Fifteen other beds competed in the competition, with the Allentown Jaycees winning the event, and the Keenan House taking second.

Helping out from the department were: John Ammon, Terry Ammon, Chuck Curtis, Lynn Gromis, Cathy Holston, Barb Kessler, Pat Kubik, Cathy McNelis, Jimmy Rumley, Marion Rumley, Agnes Schneider, Bill Story, Jane Tercha, Craig Vail, and Sharon Yurick.

The department would like to thank Levitz Furniture for contributing the bed frame, Engineering for their help in painting and assembling the bed, and ASH Radiology Associates.

Gerardo Ortega, M.D., presented a discussion on arteriosclerosis and its complications on "Mundo Hispana" on WLVT-TV, Channel 39, on April 25. Dr. Ortega is our current Vascular Fellow. Bernie McAloose, R.N., Head Nurse, Gastro-Intestinal Laboratory, has been named interim President for Pennsylvania Society for Gastro-Intestinal Assistants, an education-oriented organization whose main objectives are to promote a greater understanding of G.I. disorders and endoscopic procedures through local, state and national seminars. Clinical Oncology Program staff members **Karen Knibbe**, **R.N.**, Nurse Administrator, and **Janet Ordway**, **R.N.**, Oncology Nurse, represented the Clinical Oncology Program at the annual meeting of the Oncology Nursing Society earlier this month at the Baltimore Convention Center.



... And they're off! Chuck Curtis, Craig Vail, and Jim Rumley strain to get the "MASH Radiology" bed to full speed, and below, it's the crew with a well deserved best of show trophy. Standing, left to right are Sharon Yurick, Chuck Curtis, Terry Ammon, Lynn Gromis, Jim Rumley, and Craig Vail. Kneeling are Jane Tercha, Pat Kubik, and Barbara Kessler.



Richard R. Grabowski, Ph.D., of the EEG-Neurodiagnostic Laboratory, has coauthored "Multiple Analysis of Tinnitus Lactora" with Dr. C. Weiler of the University of Cincinnati. The paper was presented by Dr. Weiler at a recent meeting of the Research Council of Cincinnati

Dr. Grabowski was also a visiting guest lecturer at the University of Cincinnati's graduate school recently. He discussed Brainstem Auditory Evoked Response, Tinnitus evaluation and masking, and the effects of noise on hearing.

A recent episode of CBS's "60 Minutes" news program brought attention to a dangerous problem occuring in the truck tire industry. And to learn more about this problem, the program's producers contacted staff neurosurgeon Harry Stephens, M.D.

The "Killer Wheel" segment highlighted the dangerous situation that may occur when a certain type of truck tires are being repaired or driven on. The tire can separate from its rim and wheel, causing injury or death.

A mother's inquiries about her son's death led her to Harvard University's Chief of Neurosurgery who knew of a paper presented by Dr. Stephens on this same topic in 1969.

The slow response of the tire industry to this danger prompted "60 Minutes" to investigate and eventually discuss with Dr. Stephens his observation and experiences with these injuries.

The program prompted much concern country wide, and according to Dr. Stephens, the Hospital Center Library will soon have a copy of the program.

## **Public Health** R.N. available

Gail Slotter, R.N., a full-time representative from Lehigh County Public Health is available through the Utilization Review/Discharge Planning - Social Service Department.

According the Marie Weissman, ACSW, Director of UR/DP, Gail will be assisting in screening patients to identify existing or potential needs for discharge planning or social work assistance. Where needed, she will make arrangements for visiting nurse follow-up and other related services for care at home (medical equipment, oxygen, homemaker services, etc.).



June 1 is the date that the Wellness Center will be open to all A&SHHC employees, medical staff, volunteers, members of the Board and their "significant others." During the past nine months, the Center has offered over 40 courses to the 150 employees orginally selected to be part of the pilot project study.

THE WELLNESS CENTER

by Judy Stavisky, Wellness Editor

All of the Wellness Center facilities will be open to the A&SHHC family during the summer months. We are in the process of marking the jogging path and putting the last finishing touches on the building itself. Men and women's locker rooms will be available for showering and changing clothes. If you ride a bike to work or travel by foot, you might want to join the Center to use the facilities to freshen up before you start your day. The teapot is always on and the staff welcomes your questions regarding your personal health promotion program.

September will find the Wellness Center in full operation. Classes including selfdefense, smoking cessation, quality living, assertiveness training, stress management, family life, passages, and nutritional cooking (and testing) will be open to you and a person of your choice. For more information, call us at 3184.

### **Pool closing**

The decision to close the pool was made because of the enormous expense required to repair it for safe use. We were very concerned about the liability involved in operating a pool, which would require constant supervision, and a disproportionate amount of resources from the Center. As an alternative, the Wellness Center has decided instead to direct our efforts to offering more programs for more programs for more employees in the coming months. For example, this summer, we will be providing employees with a variety of exercise activities and a mini-course on coping with burn-out.

With all the construction projects underway at the Hospital, the pool can be filled in with dirt from any of these sites — a real savings from a construction stand point.

Two other factors pertinent to the decision to close the pool were zoning requirements and the actual pool size. Since use of the pool was not part of the orginal proposal, a meeting with the Zoning Board would have been required. It is quite possible that the Board would have been opposed to the use of the pool since the Wellness Center is in a predominantly residential area.

The size of the pool, originally designed for family use, was not sufficient to serve large numbers of employees and their families.

### Taking charge on the job

Assertiveness is a two-way communication process for negotiating honestly with those around you. Asking for what you want while maintaining respect for the rights and needs of others is a fine line to balance.

A common mistake is expecting others to do what we think they should do without telling them. When other people don't live up to our expectations, we blame them for being inconsiderate. Take the office situtation where you find it annoying that a co-worker smokes or can't read their handwriting. Avoiding the situation by saying nothing sets a chain of negative reactions in motion. Not only will your co-worker disappoint you time after time, but your anger will build up to a point where you will try to get back at the person by acting as a "passive aggressor."

What exactly does that mean? Someone who acts as a passive aggressor will not verbalize what is bothering them. Instead, they agree to do the job for you, but take longer to do it, make mistakes and follow through with the assignment in a slipshod manner. The passive aggressor has done nothing to alleviate their annoying situation, which will continue because he or she expects that the person should know what's bothersome. In response to that behavior, your boss or co-worker will view you as less than competant and one who continually projects a negative attitude about your work.

(Continued on next page)



## **T-shirts on sale**

In case you didn't get one at May Daze, A&SHHC T-shirts are on sale in the Public Relations Department, Monday through Friday, 8:30 A.M. - 5:00 P.M. Price is \$4.99 and sizes are available in small, medium, large, and x-large. Get yours today!

### Taking charge ... (continued)

If you recognize yourself in this description, you can turn the situation around. Communicating your point of view to those around you is an excellent place to begin. Instead of the usual grunt, sigh or behind the back facemaking, try to start your message with an "I" statement. "I can understand that you enjoy smoking, but I find it difficult to work in a smoke-filled room." That type of statement is much more effective than blurting out, "Your smoking makes me sick."

If a co-worker has hard to read handwriting or carries out assignments in a manner far different than what you are accustomed to, let them know what is troubling you in an assertive manner. "Your handwriting is impossible to read" or "You're so disorganized, you do everything at the last minute" are not examples of effective communication. Those types of statements only make the other person confused as to why you are annoyed. "I'm having a tough time reading your handwriting" is a far better approach. Or "I can't seem to get these assignments done at the last minute. I'd like to work out a time schedule which would be agreeable to both of us." The worst possible method of communication is not saying anything at all which leads to harboring resentment and undue hostility toward the other person.

Remember, unless you assertively express yourself to another person, they can't read your mind. Don't expect someone else to know what's bothering you without informing them in an assertive manner.

Allentown and Sacred Heart Hospital Center 1200 S. Cedar Crest Blvd. Allentown, PA 18105

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