

update

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Project 85: Where do we stand?

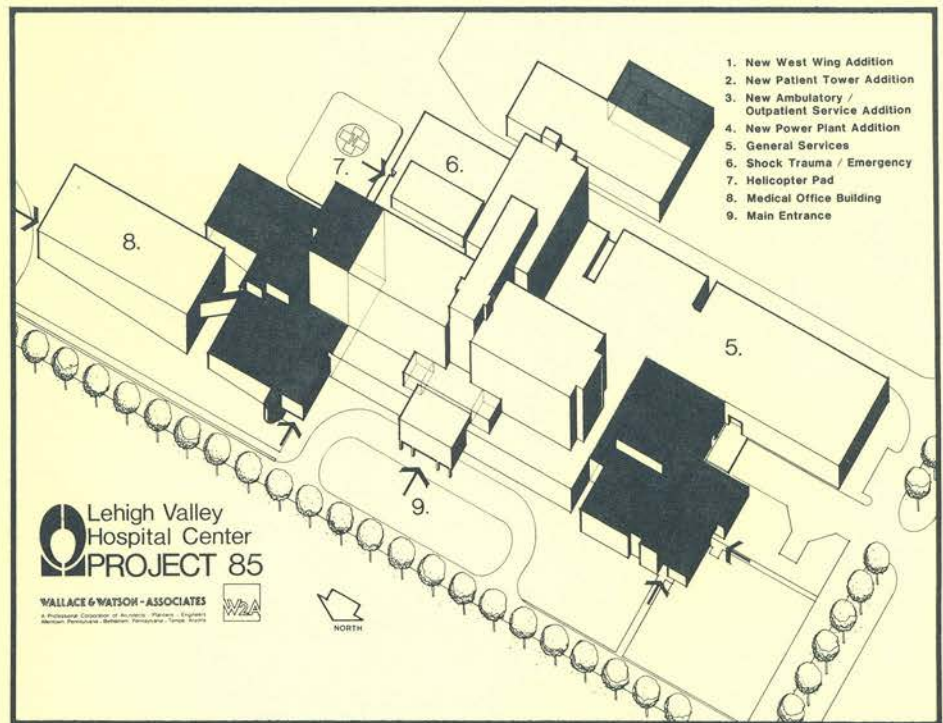
*It's a wise delay which
makes the road safe.*

Spanish Proverb

At a staff meeting which taxed the auditorium's seating space on July 21, Ellwyn D. Spiker, administrator, announced that Project 85 was being withdrawn from the review process at the request of the HealthEast board.

Noting that this action would be a disappointment to the many staff members who spent countless hours developing the project, Spiker pointed out that this is really a positive step. A reformulated project will emerge to meet our needs and it will have the broad support needed to gain local and state approval.

Project 85 was withdrawn from the review process after the HealthEast board met on July 20 to decide whether they should approve the project.



Project as proposed to the Health Systems Council.

After a lengthy discussion, which included a conference call to absent board members, the board reached a difficult decision.

Project 85 should be withdrawn from the Health Systems Council (HSC) review process. Planners from the Hospital Center will examine the project again and will review suggestions made by members of the HealthEast planning committee.

Included on this committee are Indru T. Khubchandani, M.D., Fred Kornet, Jr., Darryl R. Lippman, president of The Allentown Hospital, Ellwyn D. Spiker, administrator, and Morton I. Silverman, M.D.

Based on this review, our planners will redesign the project where necessary and this reformulated project will be presented to the board as soon as possible.

Don't feel lonely if you find yourself asking why this has happened or what it means. Those are good questions and they are questions Spiker answered at the staff meeting.

PROJECT *(Continued from page 1)*

There are a number of reasons why the HealthEast board members decided as they did. First, the organizational structure we are operating under now is very different from the structure in existence during much of the time Project 85 was being planned. We are now part of a health care system and it's important that our plans reflect the needs and concerns of that system.

Second, economic conditions in our service area are less than ideal. There have been large numbers of employee layoffs throughout the region and many of those employees have not yet returned to work. Throughout the region, major companies such as Bethlehem Steel and Mack Trucks are still struggling financially. This gives rise to a whole series of questions about the cost and scope of the project and the ability of the community to pay for it.

Third, the health care industry is going through some drastic changes. Prospective payment systems, diagnostic related groups (DRG's), free standing health care clinics, deregulation of the health care industry, and proposals to encourage direct price competition between health care providers will all have an impact on health care services nationwide.

So what does the future hold for our project? The project will be reviewed, redesigned, and most likely renamed by the Hospital Center.

While we will remain the applicant for the new project, it will be a HealthEast project. It will be a total HealthEast system approach to the area's health care needs and it will reflect the long range plans of both the Hospital Center and the HealthEast system.

But most important, the new project will be one which can be supported by the HealthEast board. And this type of broad based support is needed for the project to gain ultimate state approval.

So what appears at first to be a step backward is really a step forward. Thank you, all those staff members who brought the project this far. Your efforts will not have been in vain.

IN MEMORY OF **SHIRLEY ANN WHITE** 1947-1983

*The Lord is my shepherd, I shall not want.
He maketh me to lie down in green pastures: he leadeth me beside the still waters.
He restoreth my soul: he leadeth me in the paths of righteousness for his name's sake.*

*Yea, though I walk through the valley of the shadow of death, I will fear no evil:
for thou art with me; thy rod and they staff they comfort me.*

*Thou preparest a table before me in the presence of mine enemies: thou anointest
my head with oil; my cup runneth over.*

*Surely goodness and mercy shall follow me all the days of my life: and I will dwell
in the house of the Lord for ever.*

New



Carol Voorhees

"The employees at the Hospital Center are its greatest asset. Their value can't be overemphasized."



Carl R. Maio

"Without the Hospital Center, countless dollars would have been wasted seeking services outside the Lehigh Valley."



Michael J. Thompson

"There has never been a time that presents the hospital with more challenges or more opportunity."

board members appointed

Recently the Hospital Center appointed three new members to its 16 member board of directors: Carol Voorhees, director of employee relations at the Call-Chronicle Newspapers; Carl R. Maio, vice president of the Lehigh Division of the Pennsylvania Power and Light Co.; and Michael J. Thompson, executive director of the Pennsylvania Laboratories of Bell Laboratories.

While the three come from very different educational and employment backgrounds, they share some common beliefs. All three believe strongly in the Hospital Center, they all believe that the role of board members is to act as strong advocates for the hospital in the community, and they all believe that they have a tremendous amount to learn about the hospital and its family so they can serve effectively as community advocates.

Voorhees is a graduate of Wells College where she received a bachelor of arts degree in history and the philosophy of religion. She began her career in student counseling and served as assistant director of admissions at Wells College, assistant dean of admissions at Colgate University, and assistant and associate director of admissions at Vassar College.

Before taking her current position at the Call-Chronicle in 1981, Voorhees served as the affirmative action coordinator and then as the personnel services coordinator at the Bethlehem Steel Corporation.

Sitting and talking with Voorhees, you can't help getting infected with the excitement and enthusiasm she brings to the conversation. Her eyes are alive as she discusses her background and the role she sees for herself as a board member.

In addition to serving on the Hospital Center board, Voorhees is a member of the Northampton County Drug and Alcohol Commission. She is a member of the board of directors at the Bethlehem YMCA. She is a member of the American Society of Personnel Administrators. And she is a member of the Newspaper Personnel Relations Association of the American Newspaper Publishers Association.

Maio is a graduate of Villanova University with a bachelor of science degree in electrical engineering. After serving in the Navy for two years during World War II, he began his career with PP&L. During his 35 years with the Allentown based power company, Maio has been an industrial sales engineer, a supervisor of industrial sales, a staff assistant to one of the company's vice presidents, a superintendent of the company's Susquehanna Division, a division operating manager, and the director of personnel.

While his manner is quiet, you sense the deep conviction he has about the value of this hospital. Concerned about the escalating cost of medical care, Maio is convinced that providing services on a regional basis such as we are doing is the only way to go forward.

Involved in numerous community groups and activities, there seems to be no limit to Maio's time or energy. He is vice chairman, a member of the board of governors and a member of the executive committee of the Allentown Lehigh County Chamber of Commerce. He is vice president and a member of the board of the Industrial Development Corporation. He is vice president and a board member of the Lehigh Economic Advancement Program, Inc. He is a member of the board of the Allentown Economic Development Corporation. He is a member of the board of the Lehigh Valley Hospice, a member of the Allentown Rotary Club, chairman of the Lehigh Valley committee of the Pennsylvania Economy League, and chairman of the president's council and a member of the board of trustees at Allentown College of St. Francis de Sales.

Thompson is a graduate of Notre Dame University where he received bachelor of arts and bachelor of science degrees in liberal arts and electrical engineering. He is also a graduate of New York University where he received a master's degree in electrical engineering.

Thompson joined Bell Labs in 1958 and was initially involved in developing radar systems for ballistic missile defense. In addition to his current position and his work on radar defense systems, Thompson has also served as the head of Bell Lab's digital terminal lab in Holmdel, New Jersey, director of its customer switching lab in Denver, Colorado, and director of its local switching technology lab in Naperville, Illinois.

Thompson feels the board should represent a broad cross section of the community if it is going to be effective. He feels our board does have such a representation and his membership will offer the board and the hospital some research oriented analytical skills which will be of value. And speaking to Thompson you get the feeling that he applies those skills to just about everything he does.

In addition to his membership on the Hospital Center board, Thompson is also a member of the president's council at Allentown College of St. Francis de Sales.

The cold night air lunges at you in short bursts as you stand outside the emergency department straining to hear the distinctive sound of MedEvac. Around you is a team of professionals, summoned by the insistent beepers attached to their belts. Bits of lighthearted conversation are thrown at you by the wind as the members of the group try to cover their nervous anticipation.

Then suddenly the conversation stops. Stories end in mid-sentence. The sound of the incoming chopper has cut through it all and it's as though someone flipped a switch which magically changed the scene and the players. The team is poised, tight, ready to act.

MedEvac comes in low over the Medical Office Building and you half expect to hear it screeching to a halt as it whips into place over the landing pad. It settles lightly to the ground and the instant it touches, members of the waiting team race across the macadam. With the air vibrating to the beat of the still whirling blades, the rear doors are popped open.



Their being there makes all the difference.

Inside is a patient whose whole future has been affected by a second of carelessness. He is a burn victim. Coming home from a hectic day at work he had visions of relaxing in front of a cozy fire. But the logs were wet and wouldn't catch. Out of patience, he sprayed the smoldering logs with lighter fluid and ended up with more fire than he bargained for. In an instant he was changed from a young executive with a bright future into a ball of flame.

Moans mingle with the sound of rubber wheels on highly polished floors as the patient is whisked through the hospital. Someone pushes a button and a set of doors open, doors which will mark the boundary of this patient's world for the next six months. They are the doors to the Burn Center.

Burn. Such a simple word. It can't begin to describe the fear, the pain, the fight this patient will go through. But as the staff members of the Burn Center begin to expertly clean the patient's wounds, they know. They've been there before, all too many times.

They know the pain this patient will go through. They know how he will come to dread the treatments they have to administer. But they also know if the treatments stop so will life itself.

They know the guilt this patient will feel for having put himself in this predicament. They know how he will react to this guilt and frustration by striking out at his world: them.

They know how this patient's family will unintentionally pause in horror at his injuries when they see them for the first time. They know he will see this as rejection and in self defense will reject his family before they can reject him.

They know how this patient's family will pull back in reaction to his unaccountable wall of hostility and rejection. But they know they can't let that happen. Never has this patient needed the support of his family more than now.



You half expect to hear it screeching to a halt.

The Burn

There

preven



They know the infections this patient will get from everything they do. They know that the patient faces overwhelming odds as they try to provide care.

They know the fear this patient and his family at the same time will fear living with the consequences the rest of his life.

They know the frustration this patient will no longer do things he once took for granted. Being able to achieve a major accomplishment after months of intensive and frustrating therapy.

But above all, they know the emotional pain of this patient and themselves. Unlike when they enter the hospital, they will be in close contact with brothers and sisters, his friends, and confessors. They will come to know him better than ever know him.

Under these conditions, they know it is impossible. He will be like a member of his family.

Center: when on fails



...t may have to fight in spite of
...rn cases they are fighting against
...those infections.

...feel. He will fear dying but at
...cars which will follow him the

...nt will feel as he finds he can no
... Taking a step will now be a
...e or comb his hair will come only
...occupational and physical

...al bond which will form between
...staffs of other units throughout
...contact with this patient for
...as his mother, his father, his
...skmasters, his confidants, his
...n ways no other living person will

...oiding an emotional bond will be
...their families and they will be

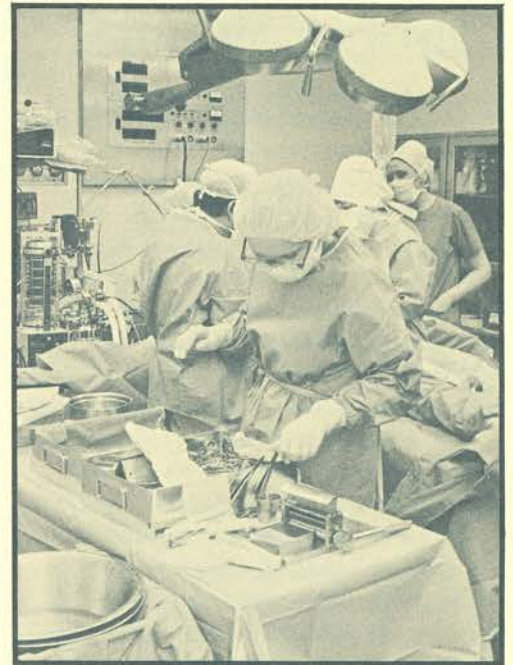
They know they will feel this patient's pain almost as much as he does. Yet they will have to steel themselves to do what they must do. They will share his frustration and anger but will have to keep pushing him even if it is at the risk of increasing his anger and frustration.

They know this patient will get a lot worse before he gets better. They know it will be a long time before the risk is truly past. They know in spite of everything they do, they may lose this patient to infection, renal failure, or pneumonia weeks or even months down the road. Or they may lose him because he simply decides the fight isn't worth it. But they also know they will fight desperately to save this life.

The staff members of the Burn Center know all these things and because they do, they carry a tremendous emotional burden around with them. But they are a special group of people and even though they know what lies ahead, they keep coming back.

They keep coming back because they also know their patients want desperately to live, and they can't do it alone. But many of them can do it with help.

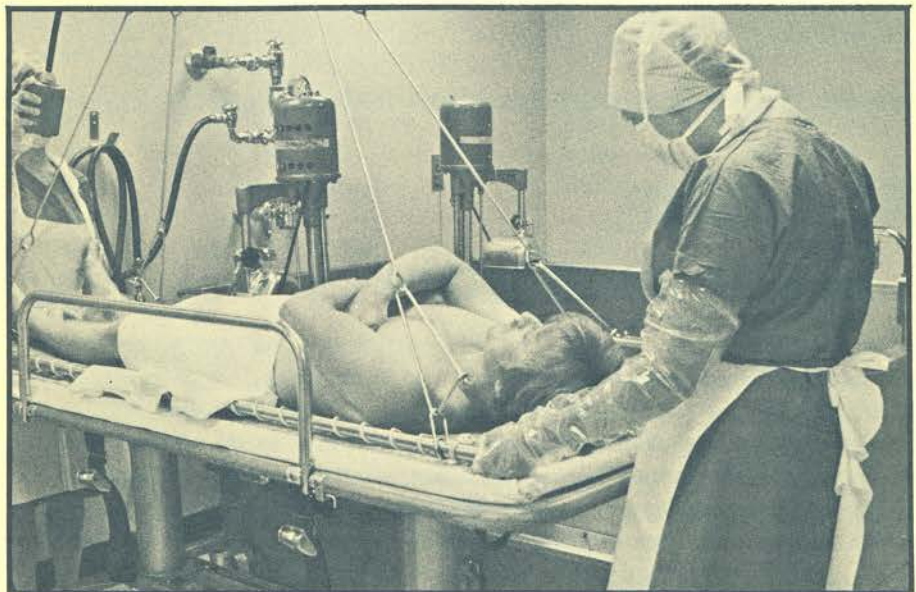
They know it is their skill and experience which often stand alone between their patients and death. Because a burn is a total systemic assault on the body, they know most of the signs which would ordinarily tell if a patient is getting into trouble go out the window. Often they can tell trouble is coming only through a sixth sense born of years of experience.



The Burn Center operating room; a self contained unit.

But perhaps most important, they know when their patients finally walk out the door, their having been there made a difference. Probably their having been there made all the difference.

Why do these staff members keep coming back? The answer to that question is in the words of one Burn Center nurse, "I used to look at the patients and wonder how can I do it? Now I look at myself and wonder how could I not".



if the treatments stop ...

Computers come to coronary care

It's 4:00 A.M. and you've spent the past nine hours of your 12 hour shift in the open heart unit hovering over your patient. He is in the middle of a maze of tubes, hoses, and wires; every one of them leading to or from him and every one of them performing a vital function.

Some are pumping air or fluids in and some are taking fluids out. Some are helping the heart push blood through the patient's system and others are giving you vital information about his condition.

Suddenly the cardiac monitor signals a change. The heart speeds up and becomes irregular. Time is critical now. You've got to get the heart slowed down and the beat stabilized. But how do you do it? Should the medications the patient is receiving be changed? Should the intra-aortic balloon pump be removed?

Those decisions can't be made until you find out what's going on inside. Quickly you connect the patient to a cardiac output monitor and pump fluid in through a special I.V. hookup. The machine gives you a reading. You do it a second time, then a third time.

Armed with these readings, the patient's chart, a calculator, and mathematical tables you sit down. Your task? To plug the information you have into a series of complicated mathematical formulas and determine how well the patient's heart is working; how much blood it is pumping per minute.

To get the answers to these questions, you have to figure out the patient's body surface area from his height and weight. You have to calculate the average of the three cardiac output readings. You have to convert I.V. readings from measurements in water to measurements in mercury. Then you have to plug all of this information into complicated formulas and go through five to 10 minutes of calculations. Only then can you provide the information needed to help stabilize the patient.



Computer in use — open heart unit.

Until recently, this race against time was run with great regularity. Today, the race is still run but because of work done by Norman S. Sarachek, M.D., director of the acute coronary care unit and co-chairman of the computer application committee, the race is no longer a contest.

What has made the difference? Three computer programs developed by Sarachek at home in his spare time. Because of these programs, staff members in the acute coronary care and open heart units can now use table top mini computers in each of the units to calculate cardiac

outputs, cardiac indexes, and I.V. drip rates.

Sarachek, who has basically taught himself the complicated art of computer programming, said that he developed these programs because he was concerned about the time it took to perform calculations which affect treatments in the acute coronary care and open heart units. He was also concerned about the pressure under which those calculations were often performed.

The use of computers to perform these calculations means that they can be completed in a fraction of the time it took to complete them manually. Calculations which took five to 10 minutes to complete manually are now performed by the computers in a matter of seconds. As a result, use of these programs is saving 218 hours of nursing staff time a year in the open heart unit alone.

The programs, developed for use by staff members with no computer background, ask staff members for each piece of information needed to complete the calculations. The computer checks the information entered against a range of acceptable answers and then completes the calculations.

Staff members in the acute coronary care and open heart units are enthusiastic about these programs and so is the rest of the medical community. In April Sarachek traveled to San Francisco, California to present a paper describing his programs to the 1983 Congress of the American Association for Medical Systems and Informatics. In May he was invited to address the Canadian Organization for the Advancement of Computers in Health in Toronto, Canada.

Credit Union auto loans available

You say your car's transmission gave out last week while you were driving to the shop to get the leaky muffler replaced? And the week before, you drove into a gas station to get the windshield wiper blades replaced and ended up with a \$400 repair bill for all the other problems the mechanic discovered. You say you keep telling yourself cars haven't been around for 100 years but every time you look at yours you wonder?

Well, take heart. The nights are getting cooler, the days shorter, and the weather wetter, sure signs that fall is on the way. And along with the colored leaves, football games, and hot cider of fall come auto dealer clearance sales.

September and October are the months when dealers want to sell out their stock of current year autos and there are usually some good deals to be found. To help you take advantage of those deals, the credit union has set aside \$50,000 for new car loans.

These loans will be available for a limited time at an annual percentage rate of 15%. And payment terms will be available up to 48 months instead of the customary 36 months. So use a little more piano wire and chewing gum to hold your car together and start looking. Then contact the credit union when you've found the car of your dreams.

Art show to expand



Auxiliary members prepare the show.

You may have noticed that the Auxiliary has turned the hallway by the cafeteria into an art gallery of sorts with a display of paintings, sketches and photos done by members of the auxiliary.

Well, the show's about to expand. There's a rumor going around the

hospital that hidden behind the white lab coats and the surgical greens are quite a few talented artists. So the auxiliary, always responsive to needs here at the Hospital Center, has announced plans to change the display to include pieces done by any member of the hospital family.

So all you weekend artists who dream of chucking the pressure and moving to a garret someplace, here's your chance to test the waters. The new display will begin on September 8 and the auxiliary will accept items for display until then.

The only restrictions are that the pieces submitted must be originals, they must have been done by members of the hospital family, they must be suitable for public display, and they must be paintings, sketches, or photos (sorry, no needlepoint in this show).

The person submitting the piece of art will set the price. When the piece of art is sold, the auxiliary will keep a small percentage as a commission and the artist will receive the rest. Anyone interested in more information should contact the Tree Top Shop (3127) or Leanne Bauer at 434-5459.



Bowling season begins

The 1983-84 bowling season is upon us, and the Lehigh Valley Hospital Center bowling league, a mixed league consisting of 10 teams of five bowlers, will begin its season on Sunday, September 11, at 6:15 P.M., at the Parkway Bowling Lanes.

If anyone is interested in having fun and bowling on a regular basis or as a substitute, contact Connie Fox or Steve Berman at 2139.

Discounts available

For those of you who have recently joined the Hospital Center family or who don't know about the discount programs available, listed below are some of the programs:

Photofinishing - Photofinishing services are available to all Hospital Center family members. Developing a regular role of 110, 126, or 35mm film takes about two days; developing disc film and slide film takes about three to four days. Reprints and enlargements are usually back in about a week. We also sell film -- if we don't have it, we can probably get it for you.

Great Adventure - Combination safari and park tickets are available for \$10.95 each (a \$15.25 value or a savings of \$4.30). Children 3 and under are admitted free of charge.

Hershey Park - Adult tickets for Hershey Park are available for \$9.75 each (a \$12.95 value - \$3.20 savings), and junior tickets (children 5-8 years) for \$7.95 (a \$9.95 value - \$2.00 savings). Children 4 and under are admitted free of charge.

Lehigh Valley Mall Cinema Tickets - Discount movie tickets are available for the Lehigh Valley Mall Cinema I-V for \$2.50 each.

Kings Dominion - Discount cards are available for Kings Dominion in Virginia. When presented at the main gate admission window, the card will save you \$1.50 on each admission (regular \$13.50) - you pay \$12.00.

Busch Gardens - Passport Club membership cards are available. As a member, you and your family can save \$1.50 per person on the regular admission price to Busch Gardens in Williamsburg, Virginia, and Tampa, Florida, and 10% per person on the admission price to Adventure Island in Tampa.

Magic Kingdom Club - Magic Kingdom Club cards are available with discounts for 3 and 4 day passports to the Magic Kingdom and Epcot Center, River Country, golf rates on the Palm, Magnolia, and Lake Buena Vista courses, Howard Johnson's, National Car rental, Cypress Gardens, and Disneyland in California.

If you need more information or have any questions on any of the discount programs, contact Janet in public relations at 3084.

Credit Union expands; changes name

If you belonged to the ASHHC Federal Credit Union, you don't anymore. You now belong to the HealthEast Federal Credit Union.

And this name change, necessary because of the Hospital Center's corporate restructuring, is not the only thing changing at the credit union. The credit union is also growing.

Reflecting the new system approach at both the Hospital Center and The Allentown Hospital, the credit union has expanded its membership to include employees at The Allentown Hospital. What does this mean to you? It means a larger and stronger credit union with larger assets is available to serve you.

Because of the increase in size, it means the credit union can turn to a computer to perform much of the bookkeeping previously done manually by staff members. As a result, the

credit union staff will be able to handle the increased membership with no reduction in the hours they are available to you.

It also means that you will be able to receive clearer and more

complete quarterly statements about your credit union accounts. And it means that in the future the credit union may be able to expand its line of services so IRA's and loans not currently available can be offered.

And the winner is...

Take a chance by not taking a chance. That's the theme behind the Wellness Center's new cafeteria coupon contest.

The program, which started August 1, encourages cafeteria patrons to select wellness entrees, thereby avoiding taking chances with their nutrition and their health, by giving out wellness coupons each time a wellness entree is purchased. These coupons can then be entered in a monthly chance drawing for a prize such as a U.S. Savings Bond, a cookbook, a tote bag or a free course at the Wellness Center.

Here is how the program works. People going through the food line choose wellness entrees, prepared in accordance with recommendations from the Senate Select Committee on Nutrition and Human Needs. Dishes prepared according to these guidelines are lower in cholesterol, calories, fats, and salt so they are better for your health.

When these people pay for their entrees, the cashiers will give them wellness coupons. Those coupons are filled out and deposited in the box on the cafeteria wall by the conference dining room.

At the beginning of each month, Ed Leifer, food service director, will pull one coupon from the box of entries and that person will win the wellness prize for that month.

Each month, Update will carry the name of the winner and will announce the prize for the next month's drawing.

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