



Lehigh Valley  
Hospital Center

A HealthEast Hospital

# update

VOL. 10, NO. 9

A Newsletter of Lehigh Valley Hospital Center

SEPTEMBER, 1987

## POOL TRUST AWARDS GRANT TO FUND PROGRAM FOR THE ELDERLY

The Dorothy Rider Pool Health Care Trust has awarded a \$148,079 grant to initially fund ElderWell, a new community program to enable the elderly of Lehigh County to maintain an independent lifestyle.

ElderWell, sponsored by the Hospital Center, is a joint project of the Lehigh County Chapter of the American Red Cross, the Lehigh County Area Agency on Aging, and the Visiting Nurses Association of Lehigh County, Inc.

Since the vast majority of chronically impaired elderly are cared for by family members, the ElderWell project is directed to those family caregivers, offering programs and resources which will augment and encourage that existing appropriate and cost-effective informal support system.

ElderWell is under the direction of Nan Van Gieson, Ed.D., J.D., director of special projects at the Lehigh County Chapter of the American Red Cross. Dr. Van Gieson was assistant provost at Lehigh University from 1976 to 1984. She holds Master's and Doctoral degrees in Education from Lehigh University and Doctor of Jurisprudence from Dickinson School of Law. She is a member of the American Association for Higher Education, American Association of University Women, National Council of Administrative Women in Education, Omicron Delta Kappa, and Phi Delta Kappa.

Since 1984, Dr. Van Gieson and her brother Edward Van Gieson chose to share primary caregiving responsibilities for their



Nan Van Gieson, Ed.D., J.D.

elderly parents. Their father, Dr. Edward Van Gieson, died in late 1986, and their mother, Mrs. Elizabeth G. Van Gieson, an Alzheimer's victim, now resides in a nursing home.

Explaining her career change from higher

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education to director of ElderWell, Dr. Van Gieson said, "Both my brother and I grew through the experiences of attempting to aid mother and dad in maintaining an independent lifestyle for as long as it was possible, and then to enter dependence with as much grace and dignity as we could manage. Our frustration during these years was the absence of central information concerning help regarding day activities, homemaker services, nursing services, transportation and legal ramifications of financial concerns. Additionally, we were totally in the dark about the emotional and financial toll which would be ours as caregivers. As life spans increase and the old live to be older, more and more people will experience what I have gone through the last three years. Most will cope -- some heroically -- but the emotional, financial and physical toll is high. These people need help and that is what ElderWell is all about."

ElderWell is the result of a Pool Trust request for proposals that would enable the elderly in Lehigh County to live at home rather than be prematurely or inappropriately institutionalized. Recognizing that the enormity of the problem required more than one agency could provide, the Lehigh County American Red Cross, Visiting Nurses Association of Lehigh County, and the Area Agency on Aging joined together to create ElderWell, each bringing their own special programmatic expertise to the project.

ElderWell has many different programs from which caregivers to the elderly may draw strength, support and encouragement. These programs include:

- \* **Information and Referral** - ElderWell is a helping hand through the maze of community and governmental services available to the elderly and their families. By dialing 435-3332, callers can connect with the Caring for Others Network, offering a variety of audio tapes on choosing quality care for the elderly, feelings about being responsible for an elderly person, community resources for the elderly and feelings about being an elderly person.
- \* **Practical Careskill Courses** - ElderWell offers a series of six two-hour programs featuring geriatric, medical, legal and community experts to teach caregivers how to care for and cope with a loved elder.

Topics include:

The Aging Process, Practical Home Care Skills, Community Resources, Coping Mechanisms, Health Financing Issues and Management of Financial and Legal Affairs. Caregivers may enroll in all programs or just those most pertinent to their particular situations.

- \* **Peer Support Groups** - ElderWell offers support groups to help caregivers cope with their enormously stressful role. Sharing concerns with others in the same situation can help meet the emotional needs of the caregiver. Under the guidance of a registered nurse trained in group therapy methods, the caregivers meet in small groups for six weeks to vent feelings about relationship difficulties, discuss needs and share ideas for dealing with common problems of caring for an elderly loved one.
- \* **Respite Care** - ElderWell gives caregivers a break. Finding the time and energy to meet caregivers own physical, emotional and social needs is of great importance. If these needs are not taken care of, the quality and quantity of care given the elder is negatively affected. ElderWell respite care volunteers, trained in the practical aspects of patient care, geriatric sensitivity and communication skills, will replace the caregiver in the home for up to eight hours per month (based on volunteer availability). Respite care is available only to caregivers who participate in other ElderWell programs. Respite care must be scheduled and is not available on an emergency basis.

In addition, the ElderWell project is helping Lehigh County to prepare for the future when it is projected the elderly will constitute 26% of the county's population. To prepare for tomorrow's needs, ElderWell will offer community service providers to the elderly the opportunity to share information and opinions about existing services and to work together to develop new programs to meet current and projected needs in Lehigh County. The ElderWell Forum is a free-standing consortium of social service and health care professionals who meet

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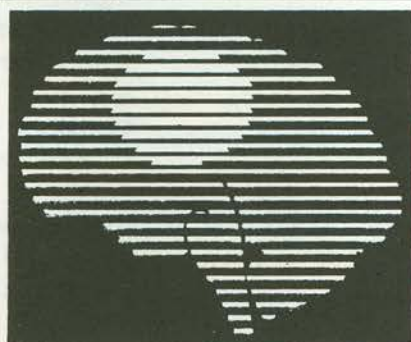
quarterly to network in order to improve the quality of life for the elders and their families in the community.

Recognizing the need for definitive information about the elderly and their caregivers, ElderWell will conduct an ongoing self-perceived needs assessment survey among all program participants. It is the project's goal to more clearly define, both quantitatively and qualitatively, what services are necessary in order to enable our elder citizens to live independently and with dignity in our community.

According to Edward Meehan, executive director of the Dorothy Rider Pool Health Care Trust, Lehigh County has the third largest elderly (age 65 and older) population. "ElderWell represents an innovative approach to enabling the elderly

to maintain an independent lifestyle. The program will support those caregivers most in need: relatives, friends and neighbors. Through the National Living at Home Program, the Trust has been in touch with foundations who have supported projects for the well elderly, but to my knowledge, no other projects have been designed specifically for caregivers. The Trust is pleased to fund the collaborative efforts of the agencies who have developed ElderWell. ElderWell is potentially a model for a continuum of health service delivery between Lehigh Valley Hospital Center and other health and social service agencies throughout the region."

Anyone interested in participating in an ElderWell program or desiring further information should call 433-7421.



## Lehigh Valley Stroke Program

### STROKE AWARENESS MONTH

This year, the month of October has been designated as Stroke Awareness Month. Stroke is the number one cause of disability and the third leading cause of death nationwide as well as the third leading cause of death in Pennsylvania. Annually, 500,000 new stroke cases are diagnosed in the United States. Statistics show 14 percent of stroke patients admitted to the hospital will not survive and half of those who do will require special care. While stroke is the leading cause of long term disability, half of all strokes could be prevented.

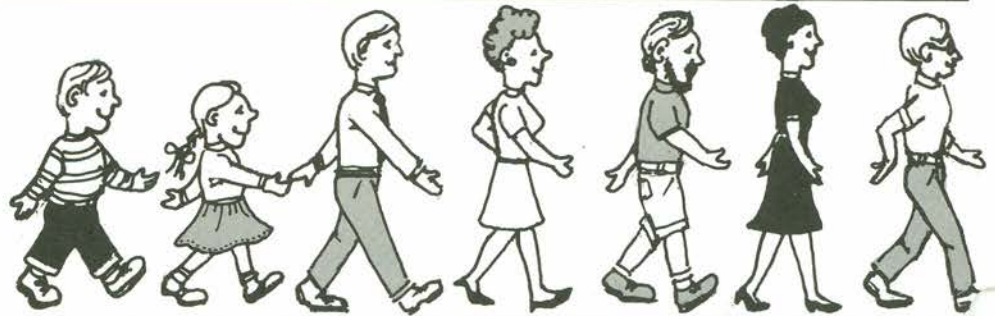
Stroke risk factors include high blood pressure, heart disease, and high red blood cell count among others which should be identified and modified to help reduce the chances of a stroke.

For more information on stroke and how to prevent stroke, contact the Lehigh Valley Stroke Program at 432-5421.





## The Wellness Corner



Try an exercise that can be done almost anywhere, at anytime, that is free and almost everyone can do -- WALKING.

### BENEFITS

- \* Your metabolism (the rate at which you burn up calories) goes up and your blood pressure may come down.
- \* Blood cholesterol and sugar levels tend to fall, particularly if some excess body fat is lost.
- \* The oxygen supply to the various parts of the body may improve.
- \* Your muscle cells may become better nourished.
- \* You may find yourself sleeping better.
- \* Your overall physical condition will be improved.

### PROPER TECHNIQUE

- \* Hold your head erect and keep your back straight and your abdomen flat. Point your toes straight ahead and swing your arms loosely at sides.
- \* Land on the heel of the foot and roll forward to drive off the ball of the foot.
- \* Take long, easy strides, but don't strain for distance. When walking up or down hills, lean forward slightly.
- \* Breathe deeply (with mouth open, if that is more comfortable).

### HOW TO START

- \* Walk at a definite time every day.
- \* Have a definite distance to cover each day.
- \* Keep track of the time it takes to complete the distance for several weeks.
- \* Don't overdo it. At the first sign of fatigue, stop and rest. Begin again when rested.
- \* Wear comfortable shoes that provide good support and don't cause blisters or calluses. Examples: good running shoes, light hiking boots or casual shoes with heavy rubber or crepe soles.

For information on other programs, call the Wellness Center at 821-2150.

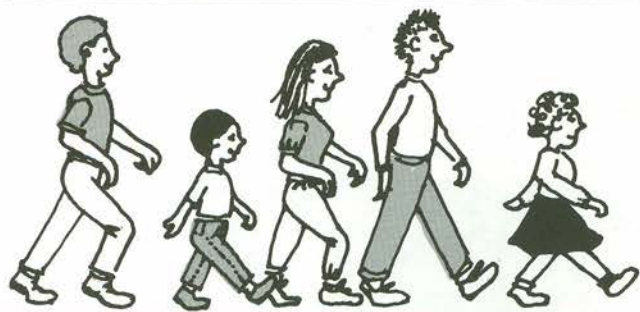
## FOURTH ANNUAL STRIDE FOR STROKE TO BE HELD

If you are interested in walking as a serious sport or just for fun, you will want to participate in the Fourth Annual Stride for Stroke, sponsored by the Lehigh Valley Stroke Program, to be held on Sunday, October 4, from 1:00-3:00 P.M., at Louise W. Moore County Park, Country Club Road, RD #4, Nazareth (just north of the intersection of Routes 22 and 33).

By getting friends, relatives, colleagues and neighbors to "sponsor" your walk, you can have a great time and help fight stroke and its often devastating effects. There will be two walking courses -- a five-mile walk and a one-quarter mile course for the physically challenged (wheelchairs welcome). T-shirts will be given to the first 500 walkers to raise \$15.00 or more. Additional prizes and trophies will also be awarded.

For more information, please call the Lehigh Valley Stroke Program at 432-5421.





## STROKE RESEARCH IN THE LEHIGH VALLEY

The Lehigh Valley Stroke Registry, coordinated by the Lehigh Valley Stroke Program since 1982, has become a valuable tool in stroke research. Recently, three articles were published based on scientific studies which gathered information from our community's registry.

One of the articles, entitled "Stroke in the Lehigh Valley: Risk Factors for Recurrent Stroke," appeared in the March 1987 issue of *Neurology*. Local contributing authors include Robert L. McCoy, M.D., Stroke Program medical director, Lawrence P. Levitt, M.D., neurologist, and Edward F. Meehan, M.P.H., executive director of the Dorothy Rider Pool Health Care Trust.

The article stressed that the highest overall risk factor of recurrent stroke is a history of at least one transient ischemic attack (TIA). A TIA is a brief episode, sometime lasting only a few minutes. It is considered a warning sign of stroke and should be checked by a physician as soon as possible. Some examples include a weakness or numbness of the face, arm or leg, difficulty in speaking or understanding speech, and loss of vision especially in one eye. Other risks for recurrent stroke include myocardial infarction (heart attack), other heart diseases, diabetes and hypertension.

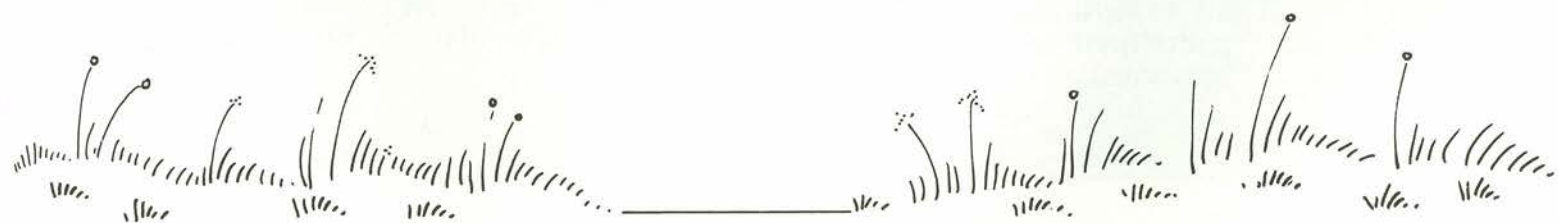
Another article, entitled "Stroke in the Lehigh Valley: Seasonal Variation in Incidence Rates," was published in the

January-February 1987 issue of *Stroke*, a journal of the American Heart Association. Tish Isack, M.S.W., executive director of the Lehigh Valley Stroke Program, Dr. McCoy, and Dr. Levitt co-authored the article.

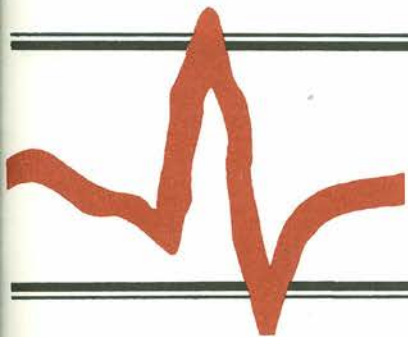
The seasonal pattern of TIA and cerebral infarction (death of brain tissue due to blood supply being cut off to the brain) were examined. The peak months for both men and women, aged 65-84, were June through August. For cerebral infarction, however, the strongest seasonal pattern (February through April) was found only in women.

Mrs. Isack, Dr. McCoy, and Dr. Levitt also collaborated on "Acute Stroke, Hematocrit and Blood Pressure," which appeared in this year's June issue of *Stroke*.

The article explains a population-based study of hematocrit (the volume of mature red blood cells packed by centrifugation in a given volume of blood) in four major subtypes of stroke which was carried out among 2,077 individuals using the Lehigh Valley Stroke Registry. The study indicates that the hematocrit was high in patients with lacunes (small, irregularly jagged cavities in the brain) than with thrombotic (blocked blood supply to the brain) or embolic (traveling clot) stroke. However, the study shows that there is a possibility that hypertension (high blood pressure) interacts with hematocrit in accounting for the observed association with lacunar infarcts.



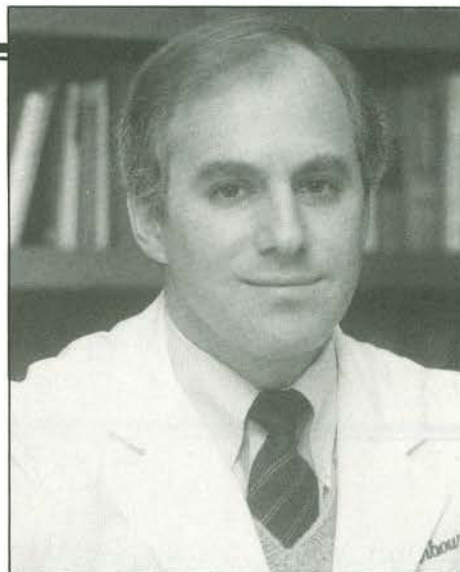




## MEDICAL STAFF NEWS

PETER J. BARBOUR, M.D., associate chief of Neurology and director of the Neurodiagnostic Laboratory at the Hospital Center, recently published his first novel entitled Loose Ends.

The book is about Joseph Hershle who has everything a person could want out of life. He is bright; he is graduating from medical school in his hometown, Philadelphia; and now, he is moving to Portland, Oregon for his internship. He is lucky, too; he has a beautiful wife who is pregnant with their first child. Joseph has all the good things in life...except one: his father.



Peter J. Barbour, M.D.

Loose Ends portrays the heartbreaking trauma of losing a parent through divorce. Joseph's relationship with his father suffers in childhood after his parents separate, and it continues to deteriorate as Joseph enters adulthood. Joseph's lovely wife, Susan, tries to reunite the two men in order to resolve their differences.

After living in Portland for only a brief period, Joseph learns of his father's death and must return to Philadelphia. Since Susan cannot leave Portland with Max, their newborn son, Joseph releases all of his deepest feelings and conflicts through a diary which he reveals to Susan later.

Loose Ends combines both heartbreaking as well as heartwarming events which any family may face. Fortunately, Joseph is blessed with an understanding wife who is able to open up old wounds from his childhood and, ultimately, to help him confront the anger he has felt for years toward his father. As a result, Joseph is able to tie up the loose ends of his life and move on.

THOMAS B. DICKSON, JR., M.D., orthopedic surgeon on the Hospital Center's staff and crew chief of the drug control program of the United States Olympic Committee, recently had a paper published in Volume 15, Number 1, 1987 of The American Journal of Sports Medicine. The paper, entitled "Functional management of stress fractures in female athletes using a pneumatic leg brace," discusses a study in which 13 female athletes who complained of activity-induced lower extremity pain were treated with a pneumatic leg brace. Following treatment with the brace, all 13 athletes were able to return to their sport and participate at a high level of competition with little or no symptoms.

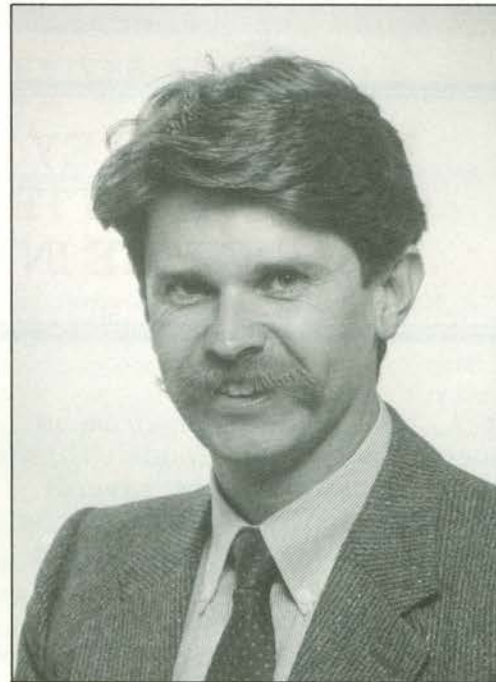
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MARK H. GRIM, D.M.D., and LAURENCE D. POPOWICH, D.D.S., both specialists in oral surgery and members of the Hospital Center's medical staff, were recently certified by the University of Illinois to perform diagnostic/therapeutic arthroscopy of the temporomandibular (jaw) joint. This is a new procedure which may prevent open jaw joint surgery.



Mark H. Grim, D.M.D.



Laurence D. Popowich, D.D.S.

## **BIOMEDICAL ENGINEERING DEPARTMENTS AT THE ALLENTOWN HOSPITAL AND LEHIGH VALLEY HOSPITAL CENTER MERGE**

Since Monday, August 3, the Biomedical Engineering Departments of both The Allentown Hospital and the Hospital Center have been merged. The merger of the two departments was done to reduce operating costs for both hospitals by reducing outside contracts and standardization of policies and procedures. The projected savings for the first year is approximately \$100,000.

Since the merger, Biomedical Engineering technicians work at both The Allentown

Hospital and the Hospital Center to provide coverage of the maintenance and repair of clinical equipment.

With the merger, all employees of both departments are now Hospital Center employees. However, the Hospital Center bills The Allentown Hospital on a monthly basis for services provided including the cost of labor and supplies.

The department remains under the direction of Michael Spleen.



## BENEFIT SPOTLIGHT

### W-4 Forms . . .

...To date, 765 employees still need to complete a new W-4 form. The deadline for the new form is October 1, 1987, so there's not much time left. If you fail to submit a revised W-4 by the deadline, the Hospital Center will be required to withhold income taxes on the basis of one withholding allowance if you are single and two allowances if you are married.

## LEHIGH VALLEY HOSPITAL CENTER AND GNADEN HUETTEN MEMORIAL HOSPITAL PARTICIPATE IN EXCHANGE PROGRAM

On August 7, an exchange program in which department heads from Gnadén Huetten Memorial Hospital spend a day or several days with their counterparts at one of the other HealthEast components began at the Hospital Center.

The exchange program provides departments with opportunities to share ideas and approaches to identified needs within the visiting department head's area. It also provides an opportunity for departments to develop a peer network and to exchange information which is beneficial to both hospitals.

The need for such a program was expressed when HealthEast began discussions with Gnadén Huetten to become a component of HealthEast. Maggie McDonnell, R.N., was hired to develop and coordinate the exchange program, working closely with MaryJane Hanson, R.N., M.S.N., CCRN, director of Education at Gnadén Huetten.

The exchange program's foundation is based on the preceptorship model. In a hospital setting, a preceptor is a person who teaches, shares information, inspires, role models, and supports the growth and development of an individual for a fixed period of time with a specific purpose.

To date, 14 department heads from Gnadén Huetten have been scheduled to visit their counterparts at the Hospital Center. It is hoped that the exchange program will enhance the technical, managerial, or professional skills of all those involved with the program, in addition to enhancing communications among the components.



Don Mann, supervisor of Security Guards at Gnadén Huetten Memorial Hospital (left), spent a day with William Huber, director of Security at the Hospital Center, as part of the Exchange Program. Mr. Huber reviews some of the Hospital Center's Security Department's policies and procedures with Mr. Mann as shown in the photo.



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## COMPREHENSIVE COMMUNITY CANCER CENTER RECEIVES THREE-YEAR GRANT

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Representative Don Ritter recently announced that the Comprehensive Community Cancer Center (CCCC), a program of The Allentown Hospital and Lehigh Valley Hospital Center, has been awarded a three-year grant totaling \$293,577. This grant is to be used for expanded cancer treatment and cancer prevention and detection programs.

The funding is for a Comprehensive Community Oncology Program (CCOP) and was awarded on a competitive basis by the Department of Health and Human Services through the National Cancer Institute. The Allentown Hospital and the Hospital Center are among approximately 40 hospitals in the United States to receive this grant.

The CCCC program will increase community physician participation in the most advanced cancer treatment alternatives. Approximately 75 physicians from the HealthEast Hospitals will participate in this program.

"The more patients, physicians and nurses participating in these advanced treatment programs, the more progress this region will realize in decreasing the human suffering due to cancer," said David Prager, M.D., director of the CCCC and principal investigator of the CCOP.

In addition to Lehigh Valley residents, patients, family members and friends from Northampton, Bucks, Berks, Monroe, Montgomery, Carbon and Schuylkill counties will benefit from the advances made through these modern cancer treatment approaches.

This grant will enable the CCCC to expand its programs in the areas of early detection, prevention and screening.

Mr. Ritter said, "Every year, tens of thousands of people leave hospitals cured of cancer who 15 years ago would have been lost. This is because we have made vast progress in the prevention, diagnosis, and treatment of cancer. I am pleased that through this grant, the Comprehensive Community Cancer Center will be able to contribute to our country's medical science."





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# CONSTRUCTION UPDATE

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## CENTRAL NERVOUS SYSTEM UNIT —PHASE I

Phase I of the major renovations to the Central Nervous System (CNS) Unit, which began on June 8, was inspected by the state on Monday, August 24. In Phase I, rooms were removed from 6A and four isolation rooms were created in the CNS Unit.

To allow for Phase II to begin, patients were moved into the new rooms the following day. This lowers the capacity in the unit to four beds, however, with completion of Phase II, capacity will be increased to eight beds. Phase II renovations will include clean and soiled utility rooms for the unit, an expanded nursing core including a new nurses' station, and offices for the head nurses of 6A and the CNS Unit.

The renovations to the CNS Unit are being performed by the Engineering Department. Completion is expected in early November.



Construction of MOB 2, which began at the end of July, is ahead of schedule. The final framing steel for MOB 2 was put in place in early September. The project is expected to be complete by next spring.

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## DEPARTMENT OF SURGERY

Construction began the week of August 24 to provide new offices for the Department of Surgery in the second floor notch area of the Anderson Wing. The department's relocation will provide a new home with adequate space for administrative and educational functions.



## Notes from our Patients

"Your hospital is a great place. I was a car accident victim, critically injured, flown from the scene by MedEvac. I might not be alive and walking today if it weren't for the doctors and the trauma center. Thank you for being there. Bless you all. A place like yours and every second counts!! P.S. Wear your seatbelts. It helped me."

A MedEvac, Shock/Trauma Unit,  
and 5C patient

"I've been a patient several times as well as my husband (now deceased), and my son (a patient in the Burn Center). I live 50 miles away and have the highest praise for Lehigh Valley Hospital Center. Wouldn't think of going elsewhere. Thank you!"

A patient from 7C

"The nursing staff in PCCU were absolutely the most caring and efficient staff I have ever had the pleasure to know. I wish to extend my sincerest gratitude for the excellent care I received during my recent 24 day stay at LVHC. They should get medals for the job they do!!"

A patient from PCCU





This year's Men's Softball Team finished the season with 11 wins and 15 losses—the best record the Hospital Center's men's team has had in the past seven years! The team is looking forward to next year's season and possibly the championship! Pictured are (left to right)—Front row: Scott Fitch; Stuart Latimer, Biomedical Engineering; Lou Temprine, Engineering; Scott Steffle, Engineering (captain); and Dave Pelizzoni, Store-room. Second row: Mike Shadd, HealthEast Laboratories; Geoffrey Hallock, M.D. (manager); John Lehr, Engineering; Rich Dorsam, Materials Management; Scott Gilbert, Pharmacy; and Dave Rice, Microbiology. Back row: Dave Gallagher; Rick Cardonia, HealthEast Laboratories; Jim Towers, HealthEast Laboratories; and Greg Schaller, HealthEast.



**Lehigh Valley Hospital Center  
a HealthEast Hospital**  
P.O. Box 689  
1200 S. Cedar Crest Blvd.  
Allentown, PA 18105

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