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Monoclonal Antibodies Join Imaging Arsenal

An important new tool in accurate diagnosis of two types of cancer is keeping Lehigh Valley Hospital staff on the very frontiers of medicine.

Barely a month after approval from the Food and Drug Administration, a new monoclonal antibody imaging product is about to join the diagnostic imaging arsenal at the hospital.

The specific agent, manufactured by Cytogen, Inc., in Princeton, N.J., and distributed by Knoll Pharmaceuticals, in Whippany, N.J., is called OncoScint® CR/OV and will be used in Nuclear Medicine to help diagnose colorectal and ovarian cancer.

In a nutshell, monoclonal antibodies are the products of exotic biochemistry and immunology involving proteins and malignant cells, which evolve an antibody that can be manufactured in large amounts and tagged with radioactive isotopes. The radio-labelled antibody works like

a specially-bred hunting dog wearing tracking collars. After being injected IV, it hunts specifically for cancer cells. Once it finds its quarry, it attaches to the tumor.

The gamma radiation coming from the "collar" is photographed using special cameras, providing evidence of cancer that is too small to be seen on sophisticated CT and MRI equipment.

Stuart Jones, MD, medical director, Nuclear Medicine, cautions that while the use of monoclonal antibodies will be helpful and, in about 25 percent of cases may lead to major alterations in treatment plans, this technique is not a screening device like mammograms and not a panacea.

"It should improve accuracy of staging and restaging," he explains. For example, following surgical removal of a tumor, monoclonal antibody imaging could be used to see if any residual cancer remains or to look into the possibility of recurrent cancer later on.

Paul Sirotta, MD, who has led the monoclonal antibody imaging program at Lehigh Valley Hospital since its inception two years ago, says that the specific purpose of this technique will be to help referring physicians make better judgments via providing more precise and accurate data regarding the presence of or extent of cancer. Now that OncoScint® CR/OV is FDA-approved, the new imaging procedure will enter more routine use in management of cancer patients. However, he cautions there are significant problems inherent in using monoclonal antibodies to detect cancer. The antibody kits are expensive and the imaging time required is several hours per patient. Also, unlike nearly all other tracers used in Nuclear Medicine, antibodies are proteins, and can cause side effects in up to 4 percent of patients when injected intravenously.



Using a complex camera and a computer that forms diagnostic images, John Miller, clinical manager, Nuclear Medicine, can now hunt for the tiniest trace of some cancers.

CONTINUED ON PAGE 3

Macy's Benefit Sale

Lehigh Valley Hospice, Friends of Nursing and the Transitional Living Center will be among this year's beneficiaries of the Macy's Benefit Shopping Day on April 27 from 10 a.m. to 10 p.m.

The annual event is a special 12-hour shopping period at Macy's in Lehigh Valley Mall; admission to the store is by ticket only, and ticket sales benefit some 40 charitable organizations in the region.

In addition to special discount purchases provided by both the tickets and the store itself, Macy's provides entertainment, refreshments, and hosts a number of celebrities. Prize packages at the store round out the day.

Ticket order forms will be included in the March 12 edition of *CheckUp*, but those who want to beat the rush can obtain them from a variety of individuals in the hospital.

They include:

- Gloria Hamm, Burn Unit, ext. 8735.
- Kim Hitchings, Professional Development, ext. 1704.
- Sally Roessler, Medical and Academic Affairs, ext. 8969.
- Carol Sorrentino, Nursing, ext. 8759.
- Hazel Kramer, Volunteer Services, ext. 2391.
- Kathy Marth, Administration, ext. 9500.
- Terry Scott, Lehigh Valley Hospice, ext. 7398.
- Debbie Strauss, Information Services, ext. 1406.
- Laurie Gillespie, Development, ext. 3031
- Krista Miller, Lehigh Valley Health Services, ext. 7440.
- Nancy Beidler, Transitional Living Center, 770-9228.

Lectures / Symposia

Phobias and Panic Disorder: Cognitive Behavioral Treatment, Tuesday, March 2, 10 to 11 a.m., Cedar Crest & I-78 Auditorium. Speaker: Gwendolyn Zane, PhD, psychologist, a visiting research scientist at Lehigh University. No fee, open to all healthcare and social work professionals, sponsored by Clinical Social Work as part of National Social Work Month observances.

Reservations: ext. 2246 by Feb. 26.

Considerations for Nursing Home Placement, Friday, Feb. 26, 1:30 to 3:30 p.m., Suite 2700, 1243 S. Cedar Crest. Speaker: Sara Wright, RN, and Linda Cook, RN. No fee, open to the public, sponsored by the Alzheimer's Association Family Support Group and hosted by the Ambulatory Geriatrics Evaluation Service. Additional information: ext. 9890.

Current and Future Directions in Perinatal Nursing, Friday, March 26, Cedar Crest & I-78 Auditorium, 7:30 a.m. to 4:15 p.m. Several speakers, including A.Jann Davis, RNC of Jann Davis and Associates and Margaret L. Mueller, RNC, clinical nurse specialist for the Women's Center at University Community Hospital, Tampa, Fla. No fee for those affiliated with Lehigh Valley Hospital; one of the Regional Symposium Series supported by the Dorothy Rider Pool Health Care Trust. Additional information: ext. 4609.

Advanced Oncology Core Course, March 17, 24 and 31, 8 a.m. to 4 p.m. Cedar Crest and I-78 auditorium. A variety of speakers on a broad range of topics for nurses, social workers and physicians. Fee: \$95, which includes course materials and refreshments. Sponsored by the Comprehensive Community Cancer Center. Additional Information: ext. 2582.

Coping With Change ... Living With Loss, Wednesday, March 31, 7:30 a.m. to 3:45 p.m., Days Inn Conference Center, Rtes. 22 and 309, Allentown. Speaker: Darcie Sims, PhD, nationally certified by the Association for Death Education and Counseling as a grief counselor. Open to social workers, nurses, nurse aides, administrators, therapists, pastoral visitors, patient representatives, psychologists and physicians. Fee: \$25 for hospital employees to cover cost of meal and break refreshments. Additional information: ext. 2582.

Auxiliary Activities

A children's book sale on March 19 from 10 a.m. to 6 p.m. in the main lobby, Cedar Crest & I-78, sponsored by Lehigh Valley Hospital Auxiliary. Personalized hard-cover children's books with special personalized stories on a variety of topics. Two weeks should be allowed for delivery.

CheckUp is a biweekly employee publication of Lehigh Valley Hospital, Public Relations, 1243 S. Cedar Crest Blvd., Allentown, PA 18103. Interoffice mail submissions should be addressed to 1243SCC-PR. For additional information, call ext. 3000. Lehigh Valley Hospital is an equal opportunity employer. M/F/D/V

Monoclonal Antibodies Join Imaging Arsenal, continued

Fortunately, the side effects are usually minor, such as hives or short duration fever, and the Nuclear Medicine staff and physicians are very familiar with managing IV antibody injections safely and performing the imaging afterwards. This is because Nuclear Medicine has already participated in several clinical trials involving monoclonal antibody imaging for colorectal cancer, using a different agent from Hybritech, Inc. This has brought familiarity with the protocols and specialized training required to make successful use of this new imaging technique.

It means that Lehigh Valley Hospital's nuclear medicine team is comfortable on the frontier.

The routine availability of monoclonal antibody imaging using OncoScint® CR/OV supports the hospital's already strong programs in gynecologic and colorectal oncology at a time when technology is becoming so exotic that just staying abreast of developments is a major challenge.

Participation helps chart a course in one of the largest new territories in medicine. Monoclonal antibodies for imaging other forms of cancer are in various stages of development, as are monoclonal agents for detecting blood clots and myocardial infarctions. The next great challenge is to design "collars" that carry specific therapies, such as chemotherapy, to cancer sites, allowing far greater precision in treatment and less discomfort for the patient.

Development of expertise in the use of monoclonal antibodies brings with it the prestige of being a center of knowledge shared with other institutions and medical practices. It also continues a tradition for Diagnostic Medical Imaging, which has been on the leading edge since the hospital opened nearly a century ago. One of the first in the world to invest in a newfangled idea called "x-rays" in the late 19th century, Lehigh Valley Hospital remains committed to be technologically up to date as the 21st century is about to begin.

Antibodies Concept Dates to Tur the Century: The Magic Bullet

The concept of using antibodies to target tumors dates to 1900, when Paul Ehrlich, a pioneer in immunobiology, called them "the magic bullet."

At first, studies focused on using sera from patients who had recovered from cancer on patients with active tumors. While there were some responses reported, the concept was unsuccessful. Later research suggested that the sera was low in amounts of specific antibody and other impurities may have prevented benefits.

In 1975, a method of producing specific monoclonal antibodies from cloned cells — called hybridomas — was developed by Kohler and Milstein. Their technique involves injecting mice with an antigen (the desired target for the antibodies), such as cancer cells. The mouse immune system reacts to the antigen by causing lymphocytes to produce antibodies. Antibody-producing lymphocytes are collected from the mouse spleen and are then caused to fuse with mouse myeloma cells. The resulting cell, called a hybridoma cell, produces a single antibody and, being a cancer cell, is also able to reproduce itself

endlessly. The hybridoma cells are isolated and tested for production of the specific antibody that is desired. The cells producing this antibody are "cloned" (that is, grown in tissue culture) to produce large amounts of the antibody, which is called "monoclonal" because it is produced by clones of a single, original, hybridoma cell.

After this Nobel Prize winning discovery, another decade passed during which researchers sought specific tumor antigens against which monoclonal antibodies could be made. Breakthroughs were made in studies involving colorectal carcinomas (carcino-embryonic antigen or CEA), ovarian carcinomas (TAG-72 and Ca-125), as well as melanoma and several less common cancers. Monoclonal antibodies which bind to these tumors are in various stages of testing.

The result of this research is a specific antibody that, when injected into the bloodstream, scouts for a specific antigen and, finding it on the surface of cancer cells, attaches to the tumor.

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When minute quantities of radioactive elements are attached to the antibody, special Nuclear Medicine cameras detect the location and size of tumor deposits.

Because effective and less expensive techniques are currently available, the procedure will not be used to screen people for the presence of disease. Use of the drug will be limited to measure extent of detected cancer and to evaluate patients after treatment for possible remaining or recurring cancer. The higher degree of accuracy of the new technique, relative to existing diagnostic tests, enables the patient's physician to determine

the best treatment plan.

The new drug, Ocoscint(R) CR/OV, is available to any licensed nuclear medicine laboratory. Lehigh Valley Hospital's division of nuclear medicine has been selected as a "Center of Reading Experience" by the manufacturer, Cytogen Inc., to provide education and consultation for any medical imager interested in learning more about performing and interpreting studies. Interested individuals should contact Paul S. Sirota, MD; Stuart A. Jones, MD; or Robert J. Rienzo, MD; at 402-8383.

Here's FSA Payment Schedule, Procedure

For those who are enrolled in a Flexible Spending Account, the following is the schedule for Spectrum Administrators to cut checks:

Dependent/Child Care FSA — Checks will be processed one week after Spectrum Administrators receives the list of deductions from the Payroll Department. It then takes approximately five business days to process the paperwork and get the check in the mail. A total of about 10 business days is required.

Health Care FSA — Checks are processed on the first of each month. If Spectrum Administrators receives the claim at least four business days before the first of the month, it will be included in that month's processing. It then requires an additional five business days to process the paperwork.

The processes depend on the amount of claims submitted and is subject to change.

As a reminder to those who are enrolled in a Health Care FSA, the following are examples of eligible expenses:

* Medical and dental expenses not covered under the health and dental plans, such as routine physical exams, school physicals, vision exams, eyeglasses, contact lenses, hearing exams, hearing aids, and orthodontia expenses in excess of the maximum plan benefits.

* Deductibles and co-payments under the health plan.

Employees may obtain a complete list of eligible expenses by calling Human Resources and asking for Publication 502, Medical and Dental Expenses, from the Internal Revenue Service.

Claims for Health Care FSA's can be reimbursed up to the full amount contributed for the entire year, regardless of when during the year the claim is submitted. Claims for services incurred in the current year can be submitted until March 31 of the following year. That means the deadline for expenses incurred in 1992 is March 31, 1993.

Once past that date, any money left in individual accounts is forfeited.

Those with additional questions may contact benefits counselors at their respective sites: Gerriane Keiser (Cedar Crest & I-78), ext. 8839; Maryjane Zanders (17th & Chew), ext. 2930; or Leilani Souders (LVHS), ext. 8807.

Double Donation

Members of the Make Today Count cancer support group participated in the American Cancer Society's Making Strides Move-Along-athon and raised more than \$1,500 for the ACS. Their efforts were rewarded with a prize in the form of a microwave oven, which in turn will be donated to the John and Dorothy Morgan Cancer Center. Leading the effort were volunteers Debbie Merts and Jan Visnar.

Safety Report Focuses on Lab Ventilation

In a report for the third quarter of 1992 of the Safety Administrative Council, continued progress on ventilation upgrades topped the list of major initiatives. The report was presented on Feb. 12.

Two porta hoods have been installed in the main clinical lab at Cedar Crest & I-78 and are awaiting certification, and an evaluation of heating, ventilation and air conditioning in Microbiology has been completed. Recommendations are being studied to develop a corrective action plan.

In connection with concerns about laboratory ventilation, an investigation by the Occupational Safety and Health Administration (OSHA) concluded there were four violations and led to 15 recommendations for improvement.

Two of the violations related to minor record keeping issues. OSHA investigators also said incompatible hazardous chemicals were stored together and a lab fume hood that had failed a prior inspection was not taken out of service.

Since then, violations were corrected.

Safety education remains a major initiative, with 60 percent of 2,000 nursing employees and 8 percent of 3,200 non-nursing employees having completed the Employee Safety Program. Fire extinguisher training will continue in April, with 18 more sessions scheduled in cooperation with the Allentown and Western Salisbury Fire Departments.

One of the major reasons for the safety program is the continuing concern with job-related injury. During the second half of 1992, about two-thirds of all workers' compensation claims involved nursing units, and of those 78 percent were for strains and sprains. The report says that of the claims filed, 55 percent were for lower back injuries, with 50 percent attributable to lifting patients. To target that, a back injury prevention program has been developed.

Construction of the Morgan Cancer Center at Cedar Crest & I-78 is under close attention for safe work practices and tracking any major

incidents. Particular attention was paid to potential damage to hospital telephone lines and fire water supply lines, which are in the area of construction.

Progress continues on schedule in patient care areas to provide a smoke-tight environment, with 17th & Chew about 75 percent complete and Cedar Crest & I-78 about 35 percent complete.

Ten surveys in Nursing Services have identified a variety of safety hazards, many of which can be corrected at the department level. Leading the list was storage of oxygen cylinders on nursing units at Cedar Crest & I-78. A corrective action team has been established to develop a plan of action for storage of compressed gas cylinders. Other areas of concern were reported to department heads for correction and will be re-evaluated.

The quarterly report listed a variety of inspections by several agencies and insurance companies, all of whom found minor or no deficiencies, and it notes that during the third quarter there were no chemical spills or radiation contamination incidents.

Details of the report are available through individual department heads or the Safety Office.

Grants Approved

Trustees of the Dorothy Rider Pool Health Care Trust recently approved \$250,000 in funding support for the seventh year of the Institutional Research Fund. The fund provides continuing support for clinical research at Lehigh Valley Hospital and affirms the efforts of the Research Advisory Committee. Over the past seven years, Pool Trust has granted a total of \$1.15 million for the project.

Trustees also approved a \$277,938 grant to support Medical School Affiliation. The affiliation assists the hospital in providing quality medical education in the Lehigh Valley and, since 1986, the Pool Trust has supported medical school affiliation with a total of \$1.7 million.

Cancer Society Daffodil Sale About to Bloom

Lehigh Unit, American Cancer Society, will again celebrate the arrival of spring with its annual daffodil sale from March 24-28. Sold in bunches of 10 for \$5, the sale also represents one of the major fund raising events for the organization. A considerable portion of the funds are used locally to assist cancer patients in a broad variety of needs, to operate educational programs about cancer prevention and for cancer research.

While volunteers from the unit will fan out throughout the valley to sell daffodils during the period, it's also possible to order them in advance. Orders of 10 bunches or more will be delivered and are commonly sought for hospitals and nursing homes with a donor card.

Hospital employees interested in placing orders in advance of the sale are urged to contact Sandra Smith, RN, director, Comprehensive Community Cancer Center, at ext. 2582 for details. The American Cancer Society asks that orders be placed in the next week to facilitate shipping.

Cancer Center Seeks Games

Donations of used games, such as checkers, Monopoly, etc., for use in the family rooms on oncology units are sought by the Comprehensive Community Cancer Center. Those wishing to donate may call ext. 2582 to make arrangements for pickup.

Zipper Volunteers Sought

The Zipper Club, a volunteer group of former heart patients, seeks more help to visit cardiac patients and provide support for present and future pre-op and post-op open heart patients. John W. Herbert, of Coopersburg, explains the duties of club members is to visit those people scheduled to have surgery on a specific day each month. The visit is designed to "get an acclimation of calmness and take their anxiety away," and involves post-op visits. Medical advice is never given, and talks are limited to renditions of personal experiences.

Those interested in helping are asked to contact John Ashcraft at 965-6949 or Benny Pacelli at 767-5753.

Hospital Chorus

After an initial survey a growing hospital chorus has been meeting at a variety of locations on Tuesday evenings. The Rev. James Yoder, Pastoral Care, says the group sets up at around 6:30 p.m., begins singing at 7 p.m., and concludes at about 8 p.m. They're still looking for an accompanist, but have a 61-key electronic keyboard ready to go.

The chorus will meet on March 2 at 17th & Chew auditorium, March 9 in the cafeteria conference room at Cedar Crest & I-78, and on March 16 in Room 902, School of Nursing. Those interested in joining the group should contact Rev. Yoder at ext. 8465 for details.

Valentine's Sales Sizzle

Leaders of the Allentown Auxiliary, Lehigh Valley Hospital issued apologies for inconvenienced employees who lined up in heavy numbers at 17th & Chew to purchase Valentine's Day balloons on Feb. 12. The vendor was somewhat delayed in arrival.

Nevertheless, the auxiliary was delighted with employee response and, as did the Lehigh Valley Hospital Auxiliary at Cedar Crest & I-78, reported exceptional sales.

Both groups use proceeds from such events to benefit a variety of projects in Lehigh Valley Hospital.

Employee Meetings Continue

Employee meetings to discuss various topics are under way at Cedar Crest and I-78, and are held in the main auditorium. All employees are encouraged to attend.

Dates and times for Cedar Crest & I-78 meetings are:

March 5	9 a.m.
March 11	2 a.m.
March 11	3 a.m.
March 12	9 a.m.
March 12	2 p.m.

Unique Structure Strengthens Social Work

Quick: Name three people you know who would like to be hospital patients.

If you're stumped, join a huge crowd. In fact, it may be easier to name people who really dread the prospect of being so ill or injured that hospital services are essential. For some, the anxiety level is so high that psychiatric services may be beneficial. Studies suggest that as many as a third of all hospital patients may fit into that category.

That's what's behind a highly unique approach to Clinical Social Work at Lehigh Valley Hospital. In most settings, social work is a major part of discharge planning, creating linkages to support services a patient may need after departure. But in a rearrangement of structure here, Clinical Social Work focuses on therapeutic counselling and family intervention, and the department reports to Psychiatry.

This makes social workers, and the unique skills from their educational background, available throughout the hospital to deal not only with anxieties related to being a patient, but also to serve as an important member of the clinical team.

Getting a firm definition of what social workers do and do not do isn't easy, because in various areas of Lehigh Valley Hospital the role takes on specific definitions.

Instead, social workers point to a definition from the National Association of Social Workers (NASW):

Social workers are involved in helping patients whose illness precipitate or uncover individual, marital or personal problems: the overly-dependent, fearful patient or family who may resist discharges from the hospital; the patient who



Sheila Berg, LSW, discusses a patient's progress with a Burn Center nurse.

requests hospitalization for which there is no medical basis; the dying patient and his family; parents of seriously ill children whose hospitalization creates intense emotional stress; pregnant teenage girls or single women; patients who face any surgery or illness involving change in lifestyle or body image who need rehabilitative services.

In other words, that's why Sheila Berg, LSW, is stationed in the Burn Unit, or why John Garber, LSW, is posted in the Emergency Department at 17th & Chew to meet with incoming psychiatric patients. Or why Zona Farmer, LSW is found in Clinics.

Not surprisingly, the bulk of the social work team is found in Psychiatry, where social workers have a specific role among psychiatrists, psychologists, nurses, and occupational therapists. Here the social workers perform psychosocial intake evaluations, coordinate post-hospital care, facilitate the involvement of patients' families in the treatment process, conduct individual, group marital and family therapy and make agency and outpatient referrals.

In the transplant, cardiac and trauma areas

MARCH IS NATIONAL SOCIAL WORK MONTH. AS MIGHT BE EXPECTED, LEHIGH VALLEY HOSPITAL IS AMONG THE MOST PROGRESSIVE IN THIS HOSPITAL SERVICE AREA.



Zona Farmer assists a young mother seeking child care resources in Clinics.

"WE DON'T FIX PROBLEMS. WE TEACH PEOPLE HOW TO LEARN TO SOLVE THEIR OWN PROBLEMS BY BUILDING ON SKILLS THEY ALREADY HAVE."



John Garber, LSW, offers smiling support in the Emergency Department.

there's Mikki Felix, LSW, while Lisa Taylor, LSW, specializes in renal work.

Felix notes, for example, that what's seen as a routine coronary bypass surgery "is a big deal to the person who's having the procedure." And even with a successful outcome and a second chance at life, surgery patients often experience depression from a sense of loss and anxiety about their future chances.

Taylor adds that kidney transplants are not a one-shot "it's fixed, have a nice life" experience. Lifestyle changes and even the physical effects of medications the patient will take forever can lead to emotional difficulties.

"We don't fix problems," Farmer explains. "We teach people how to learn to solve their own problems by building on skills they already have. There is no fostering of dependency."



Mikki Felix, LSW (left) and Lisa Taylor, LSW, chat with one of the more than 30 recent kidney transplant patients at Cedar Crest & I-78.

Farmer works closely with the staff in Clinics to identify patients with needs beyond immediate medical issues and helps point out directions a patient may take to solve larger lifestyle difficulties.

One area in which psychological scars are severe is the Burn Unit, where Sheila Berg, LSW, works not only with patients and their families, but helps the staff cope, too. Berg, who serves in the Air Force Reserve, has developed a professional interest in post traumatic stress syndrome, a common occurrence among burn victims. It is delicate and grueling work, but Berg dismisses admiration for her dedication. "When it gets to me," she says, "I can get off the unit. They (the nurses) can't."

Garber, meanwhile, is genuinely appreciated by



Carol Steager (right) discusses a dietary plan with Sharon Goldner, RD. Both are on the Stroke Team.

the nursing staff in the Emergency Department. Their unit is one of several locations used by local authorities for individuals perceived to have acute emotional or behavioral difficulties. The amount of time required by a single psychiatric patient can create a substantial burden on the nursing staff.

The new structure puts a properly trained and licensed individual in a triage position. If Garber doesn't think an admission is warranted, he then works through a network of other community resources to provide help.

Network resources are of special value to Carol Steager, MEd, who works with Central Nervous System and brain tumor patients and especially stroke patients. She explains that the long term

consequences of a stroke are highly individualized and often lead to enormous frustration levels. Patients must not only adapt to permanent disabilities in both intellectual and motor skills but also face the psychological challenge "of being different." It creates difficulties for family



Nancy Kerner and Andrea Lopiano are certified addictions counselors

members, too, and to help patients cope, a variety of outpatient group support programs are available.

A valuable element of the new reporting structure is a chain of ever-increasing intervention for psychosocial concerns, with social workers representing the initial level of assessment.

James Ezrow, LSW, manager, Clinical Social Work, says that intervention can be triggered by any of the clinical staff if a problem is perceived, especially comments of a suicidal nature. Other criteria include depression about illness or injury, family dysfunction observed by staff, patient or family having difficulty coping with illness, high risk behaviors, unusual questionable behavior or high levels of anxiety.

"It's always better to over-triage," he says and ask for a consult.

Intervention can make a difference in recovery time, too. Joseph L. Antonowicz, MD, clinical advisor, says the patient develops a positive outlook and works harder at recovery, becomes more compliant with medical treatment, and, in the case of disruptive families, will have greater support from family members.

But there's an important limit. "When the patient expresses a concern of a *spiritual* nature — such as 'Why is God doing this to me?' — then we defer to Pastoral Care." The professional skills of social workers allows them to perceive when a patient may be concerned about spiritual matters, and the social worker responds by asking if the patient would like to see someone



Joseph Antonowicz, MD, serves as medical director, while James Ezrow, ACSW, is the director of Clinical Social Work.

from Pastoral Care.

Also reporting to Clinical Social Work are two drug and alcohol counsellors, who are on staff because of the incidence of substance abuse among patients, which may or may not be related to the immediate medical problem.

In addition to Clinical Social Work, other counseling services are found among the Cancer Support Team, the AIDS Activities Office, Geriatrics and Home Care, as well as a variety of elements of the health promotion program.



Social workers on Psychiatry pose for a group portrait. They are (seated) Gary Stone, LSW; Nancy Wright, LSW; (standing) Ann Pierre, LSW; Alberto Maysonet-Galarza, MSW; and Camille Batchis, LSW.

Nursing Pivotal in Patient Satisfaction

Few people make a stronger impression on patients than bedside nurses in what's often referred to as "perceived quality of care."

That's a phrase that's customer-driven rather than medically-driven. Few patients can even begin to grasp the technical subtleties of health-care, but all patients develop impressions about how that care is delivered.

And patients are quick to comment in surveys they receive after discharge about the nurses they encountered. Here's a sampling, provided by Nancy Stevens, RN, and Maryanne Falcone, patient representatives.

On 3T: "Both of my pregnancies, the nursing staff was excellent. Now all of my girl friends are pregnant and going to deliver at Lehigh Valley Hospital. I tell them, don't worry, the staff is great."

Of the entire maternity group: "All nurses in L&D, 3T and NICU are very caring and understanding."

On Pediatrics: "The nurses were great! Recovery room nurses were super, too!"

On 6NS: "All nurses, technicians and unit clerks on unit were very professional, knowledgeable and compassionate. Exceptional care!"

On 4T: "Your nurses (both male and female) were very gentle and kind."

On 5T: "Can't say enough about the good care I had. Nurses were super."

"Thanks for looking after my own and my family's emotional well being in those difficult times following our accident."

And from the top down at Cedar Crest & I-78:

On 7B: "My personal thanks to all nurses on all three shifts. Just a bunch of angels."

On 7C: "All nursing service and care rendered in both the progressive coronary care unit and 7C was excellent in all respects."

On Special Care: "The best! All shifts!"

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"I LOVED THE FAMILY ROOM AT THE END OF THE HALL (ON 6C)."

"PT STAFF VERY FRIENDLY."

Ten Easy Steps to Patient Satisfaction

"TRANSPORT PERSON WHISTLED A PLEASANT TUNE."

Lehigh Valley Hospital's patient representatives, Nancy Stevens, RN, and Maryanne Falcone, are the keepers of the scorecards that the hospital receives from discharged patients.

Virtually everything is evaluated, and patients are invited to add whatever comments they wish.

Patient representatives compile statistics in a variety of useful ways, but one of the most interesting summaries is this: the 10 questions which contribute most to patient's overall evaluation. If a patient was satisfied with service in these areas, a positive impression of everything else was likely.

During a recent three-month period, these were the most important points, in order:

1. Overall cheerfulness of the hospital
2. Staff concern for your privacy
3. Staff sensitivity to inconvenience
4. Nursing attitude toward visitors
5. Testing and treatment explanations
6. Courtesy of the business office
7. Discharge planner and/or continuing care
8. How informative the nurses are regarding tests
9. Nurses' attention to special needs
10. Time the physician spent with you

The bottom line: hospital patients can accept a lot of things, but these 10 simple points of customer service are key to consumer satisfaction.

ABOUT A HOUSEKEEPER ON 5A: "I DON'T KNOW HER NAME, BUT SHE ALWAYS HAD A CHEERFUL SMILE AND CONVERSATION WITH ME."

"THE CHAPLAIN WHO VISITED ME WAS A YOUNG LADY WHO PRAYED AND TALKED WITH ME. IT HELPED ME COPE WITH MY ILLNESS."

"ADMITTING PERSON WAS VERY PATIENT, NICE AND UNDERSTANDING."

On 6C: "Excellent attitudes and they seem very interested in the hospital and patients."

On 5A: "The staff on 5A made the patient #1. Their care definitely kept my spirits up. Thanks to those in STU also."

On 5B: "The nurses were wonderful."

On 5C: "Superior care! Very caring!"

On 4B: "The nurses were very, very pleasant."

On 4C: "The nurses were wonderful and made me feel much better."

On Short Stay: "Nurses were kind and thoughtful."

On Transitional Open Heart: "Your nursing staff is excellent."

On Open Heart: "Nurses in OHU are fantastic."

On Progressive Coronary Care: "All nurses were excellent."

On Shock Trauma: "Nursing care was more than excellent."

At Trail's End, A New Beginning

Remember that New Year's resolution to "shed a couple of pounds?" If you've been following this series and the advice of the Health Promotion Program staff, it's likely you've accomplished your goal by now. So, there's a big round of applause for the many hospital employees who got involved in this project.

What's next? You simply have to keep at it. Hold down the fat intake, keep up the walking and enjoy the balanced diet you've organized for yourself. Staying fit and staying healthy is not a once-and-done task.

Others, for whom five pounds or so represents a positive start, should be heartened to know that if they stay with it, the extra weight picked up over the years is going to fade away. It won't happen overnight, but it will happen. If you're really serious about taking off some serious pounds, a great place to start is by meeting with a registered dietitian for a full evaluation, plan and support. To locate one, contact Clinical Nutrition Services outpatient dietitian at ext. 8659.

To help out everyone who's worked hard to make progress, all the participants in this program will receive a last brochure, *Maintaining Weight Loss: Avoiding Weight Ups and Downs*.

Now you can really start marking milestones on your new weight and nutrition calendar and find added determination in knowing that sticking with it for six weeks is long enough to allow new

habits to become a permanent part of your daily routine.

Watching how much you eat and developing a comfortable exercise plan are the easy parts of a weight management program. The more challenging part, especially when families are involved, is in stocking the pantry and refrigerator with the right kinds of foods.

Sneaking Good Diet Past the Folks at Home

Improving the well being of the entire family can be a tough chore when spouses and children are accustomed to the high-fat, high-sugar diets common to most American homes.

The first important step is to take control of the shopping cart and spend time looking at nutrition labels found on virtually every package in the store. You'll be attracted to expressions like "low fat" and "fat free," but you'll be suspicious of the word "light," which can mean almost anything.

- The danger zone for fat is primarily in the dairy and convenience foods area; you already know from your Healthy Choices booklet about how much meat you can handle. A good guide on food labels is to look for products in the range of five to eight grams of fat per serving. Choose fresh or frozen fruits and vegetables over canned to avoid sodium and sugary syrups, and water-packed foods like tuna instead of oil packed. Fresh produce is generally higher in fiber and

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nutritional value than processed foods.

- Don't make an abrupt change in the family diet; it will create too much resistance. Instead, make alterations slowly and provide better alternatives, such as air-popped popcorn instead of high-fat chips. Children will find transition from snack foods to fresh fruit and vegetables easier to handle if the snacks are ready to eat, like sliced apples or peeled oranges. Spruce it up with a fruit dip made from low-fat yogurt and honey.
- Take a cue from restaurants and provide everyone at the table with a glass of water to start the meal. It's a classy touch and helps cut back on cravings for sugary beverages. It also will help you curb appetites enough to keep portions reasonable.
- Be careful about food preparation. Use non-stick vegetable spray instead of margarine or butter to brown foods, and gradually reduce the fat or oil in recipes by a tablespoon at a time. To

hold down cholesterol consumption, substitute two egg whites for one whole egg in recipes, or use egg substitute products. Reduce sweetener in baked foods.

- While cutting down on meat consumption by purchasing smaller steaks, increase complex carbohydrates through whole grain breads or cereals, pasta, rice, beans and potatoes. Buy fewer or less soda, candy, sugar-sweetened beverages, cookies, desserts or frozen treats and don't knuckle under to demands for a continuing supply of it.
- Encourage family members to drink water to satisfy thirst. If that fails, offer fruit juices instead.
- Keep salt off the table, and season with herbs instead. You'd be amazed at how easy it is to give new life to old favorites with the wide variety of herbal seasonings on the market.

Where to get all the details: One of the more popular Health Promotion Program events is "What's in the Cart? Shopsmart™", which is a field trip of sorts through area Giant Food Stores with a registered dietitian. It's about a 90-minute expedition where you'll learn all about convenience foods, label reading and special occasion food selections. You'll be a fine-tuned consumer when done. And, best of all, it's free.

The next tours are March 2 and March 9 from 9:30 to 11 a.m. and March 16 from 7 to 8:30 p.m. at the Giant Food Store at Cedar Crest Boulevard and Tilghman Street. At the Giant Food Store on West Emaus Avenue, tours will be held on March 23 and March 31 from 9:30 a.m. to 11 a.m. and March 24 from 7 to 8:30 p.m. Signing up is easy, too: just call 821-2150.

Spring is just around the corner, and so is National Employee Health and Fitness Day. To celebrate, Health Promotion Program plans to organize walking clubs, so watch for coming announcements.

Meanwhile, now that this series has come to an end, enjoy the new spring in your step. You actually kept a New Year's resolution, and in that alone you can find great pride!

For information about other fine wellness programs, contact Health Promotion Program at 821-2150.



Bruce Romig, secretary/treasurer of Lehigh Valley Hospital's Board of Associates, was on hand to congratulate Michelle Evans and Ann Pampanin, both students of Charles Natterman at the School of Radiologic Technology. For the first time ever, two candidates for a board scholarship were virtually in a dead heat for the \$1,000 prize. The Board of Associates took the best course and awarded two scholarships. Evans hopes for a career in the new Morgan Cancer Center, while Pampanin has her eye set on teaching radiologic technology.