Joan Farrell

From:	Sharon Hrabina
Sent:	Thursday, August 19, 2021 2:33 PM
То:	Joan Farrell
Subject:	FW: LVHN Weekly: Enhancing Operations & Clinical Excellence, Return to Office, Mandatory TLC and
	More

From: LVHN Insider <no-reply@insider.lvhn.org>
Sent: Thursday, July 22, 2021 5:02 PM
To: Sharon Hrabina <Sharon.Hrabina@lvhn.org>
Subject: LVHN Weekly: Enhancing Operations & Clinical Excellence, Return to Office, Mandatory TLC and More

LVHN WEEKLY VOUR WRAP-UP OF THE WEEK'S NEWS FROM LVHN
SPECIAL ANNOUNCEMENT
Lehigh Valley Health Network

By repositioning leaders, we will drive performance and create a bright future.

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See the list of current COVID-19 guidelines.

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New TLC About COVID-19 Is OSHA Requirement

All colleagues will have one month to complete the TLC.

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Don't Think Twice About Getting a Second Opinion

It's wise if you're uncomfortable with your provider's diagnosis and treatment recommendations.

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LVHN EMS Fall Training Program

Selected EMS students will be hired as LVHN colleagues and paid a base salary to attend an EMT program at LVH-Hazleton.

Read more \rightarrow











Read more \rightarrow

Surprise Engagement Brings Joy to LVH-Muhlenberg NICU

Baby Axton and his NICU team help create special marriage proposal moment for parents.



Read more \rightarrow



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SPECIAL ANNOUNCEMENT



LVHN Takes Another Leadership Leap to Enhance Operational and Clinical Excellence and Efficiency

By repositioning leaders, we will drive performance and create a bright future.

LVHN Insider Thursday, July 22, 2021

This message is from Brian A. Nester, DO, MBA, President and Chief Executive Officer, Lehigh Valley Health Network.

As the pandemic wanes, our nation's health care delivery model continues to dramatically shift away from fee-for-service reimbursement models. LVHN has risen as a national leader by being an early adopter of value-based care and pushing rapid growth to meet record demand for outpatient care. Consider nearly 25 years ago we operated three hospital campuses with 70 percent of our revenue from inpatient services and 30 percent from outpatient services. Today, we operate nine campuses across eight counties with revenue trending toward 60 percent from outpatient services and 40 percent from inpatient. We are concluding yet another fiscal year as a financially strong organization. It's the perfect time for our executive leadership team to prepare for the future and fine-tune our strategy to deliver the health care access, experience and value the people of our community deserve.

Progressive Change Supports Value-Based Care and Exceptional Experiences

We will continue to propel LVHN forward and persist in the march toward value-based care by centralizing our operations to maximize operational efficiency. With this focus, you will see change across the health network designed to organize LVHN for the future.

Campus presidents now have full responsibility for both hospital and ambulatory operations and will help facilitate physician coordination with independent and LVPG physicians across their regions. This structure supports cohesive planning, coordination and speed to market with new value-based programs and services that fit each community's unique needs.

These organizational changes will also help all of us to focus on exceptional colleague and patient experiences at every touch point, assuring we are the provider of choice in each community.

Providing exceptional experiences to "every person, in every moment, every time" is a cornerstone of our upcoming FY22 goals and will be foundational to LVHN's ongoing success.

In addition to greater coordination in each community, other areas will transition to centralized operations as necessary. Essential to providing exceptional experiences is giving patients access to care when and where they need it, another imperative of our FY22 network goals. We will consolidate ambulatory services so we can accelerate access and "just say yes" to providing care in time frames our patients expect and deserve.

We are Repositioning Leaders to Drive Performance

These changes present exciting opportunities for progressive leadership and they support our entrepreneurial spirit in delighting our colleagues, patients and visitors with best-in-class care and exceptional experiences. Our colleagues are essential to LVHN's success and this new structure repositions our leaders to drive performance.

Yesterday at our Network Leadership Council meeting, our Executive Vice President and Chief Operating Officer John Pierro and I began to discuss our plan to achieve operational excellence and deliver exceptional experiences. Here are specifics about how we have repositioned our leadership to optimize operations:

Amy Nyberg will serve as Senior Vice President of Ambulatory Services. In this newly created role, Amy has responsibility for ambulatory services across all regions in a reorganized platform to enhance access and service. She will report to John Pierro.

Sue Lawrence will serve as Senior Vice President of Extra Acute Services, responsible for home care and hospice, rehabilitation services and other pre- and post-acute services that support efficiency. She will report to John Pierro.

John Fletcher will serve as Senior Vice President for Network Operations, as well as Vice President of Operations of LVH–Cedar Crest. In this role, John will focus on best practices and

driving performance across all regions, with focused responsibilities at our flagship campus. He will continue to report to John Pierro.

Bob Begliomini will assume responsibility for Lehigh Valley Heart Institute and will also continue in his role as Senior Vice President of Operations and President of LVH–Muhlenberg. He will continue to report to John Pierro.

Jim Miller will serve as President of LVH–Hecktown Oaks and will also oversee other acute care expansions underway within LVHN. Jim will continue to report to Bob Begliomini.

Terry Purcell will serve as President of the Northwest Region, which encompasses LVH–Hazleton, LVH–Schuylkill and LVH–Carbon. He will report to John Pierro.

Bill Reppy will serve as Vice President of Operations, Northwest Region. He will report to Terry Purcell and work closely with Terry to improve patient experience and growth in new and innovative ways across the northwest region.

Elizabeth Wise will serve as President of the North Region, which encompasses Pocono and Dickson City. Elizabeth now also has responsibility for food services across the network and reports to John Pierro. Lou Puentes, Vice President of Operations and Public Safety, continues in his leadership role, now supporting Elizabeth in food services.

Debra Jaeger will continue in her role as Senior Vice President of Revenue Integrity. In this role, Debra will seamlessly integrate financial access, care coordination and documentation while improving patient experience and assuring we are properly paid. Debra will report to Tom Marchozzi, Executive Vice President and Chief Financial Officer.

Ada Rivera will serve as Vice President of Revenue Integrity and will report to Debra Jaeger.

We are Financially Strong and our Future is Bright

Be assured we are financially strong as we press forward. During the last three years we have gained \$400 million in operational efficiencies and will end FY21 with a 4.4% operating margin, our best performance in more than a decade. We are operating from a position of strength that allows us to re-invest in LVHN and grow in emerging markets so we can make health care more accessible to more communities and create an even brighter future with exceptional experiences for our patients and colleagues.

Your heroic efforts during the last year and a half prove what we can do together. We can adapt and innovate while providing inspiring, compassionate and outstanding care. Thank you for being the partner our community trusts, admires and relies on every day.

COVID-19 Guidelines

Even as Guidelines Change, Don't Forget to Complete Your Conversa Screening

See the list of current COVID-19 guidelines.

LVHN Insider

Wednesday, July 21, 2021

As the COVID-19 pandemic continues to evolve, LVHN reevaluates and updates our guidelines. The latest information is available on the COVID-19 intranet site. Changes will be shared with you on LVHN Insider and in email via LVHN Weekly as part of our commitment to keeping you informed.

Guidelines that remain unchanged

Remember, colleagues must complete Conversa screening before starting work duties. Screening is a requirement of the Occupational Safety and Health Administration (OSHA) regardless of community incidence of disease and colleague vaccination status. If you are ill or have any symptoms mentioned during the self-screening, contact your supervisor and do not come to work.

Here's how to complete your Conversa screening:

- Copy and paste this URL into your browser https://clinic.conversahealth.com/conversation/MjIwLTM3OTI or
- Text lehigh to 83973

See the Conversa colleague FAQ if you have questions.

Leaders are responsible for assuring that colleagues are self-screening. See tips for using the Conversa Compliance Dashboard.

Updated guidelines

- Use of personal protective equipment (PPE)
- COVID-19 screening for patients and visitors
 - **Note:** Vendors may return to LVHN hospitals if they are properly screened. The department leader responsible for the vendor must ensure the vendor completes the Conversa screening or is screened at the main entrance. Vendors must wear masks at all times to remain compliant with LVHN mask policies.
- Masks optional for vaccinated individuals at LVHN Fitness
- In-person meetings and masks in administrative buildings
- Waiting area guidelines
- Latest visitation guidelines

Unvaccinated colleagues: Remember our core values and do the right thing

Our new guidelines are based on the honor system because we trust unvaccinated colleagues to do the right thing. If you are not vaccinated, please act with integrity and show compassion for others by wearing a mask at work. Better yet, get vaccinated. Learn how at LVHN.org/vaccines.



Colleagues Will Return to the Office Sept. 7

Some departments will move to a new building or floor. See who is moving and get the Working Safely Together toolkit.

LVHN Insider

Wednesday, July 21, 2021

When the pandemic hit in March 2020, many colleagues who work in our administrative buildings started working remotely. Since then, some colleagues with positions that require them to work onsite came back to the office, while other colleagues with roles that can be done effectively offsite permanently transitioned to remote work.

As more people get vaccinated and COVID-19 cases decline, many colleagues who have been temporarily working remotely will return to the office Tuesday, Sept. 7. Some of these colleagues will resume onsite work either at a new building, on a new floor or at a new workspace within their current department.

You deserve enough time to plan ahead for your return to the office. That's why this information is being shared with you now so you can address your child care, elder care or pet care responsibilities at home.

Here are the details of our return to the office.

Consolidating office space creates cost savings

With many colleagues permanently working remotely, we now have available space in our largest administrative buildings: LVHN–Mack Boulevard, LVHN–Winchester Road and LVHN–One City Center. This allows us to bring departments from other locations to these facilities, saving LVHN \$1.5 million annually in lease expenses. View a <u>list of departments' old and new locations</u>.

What to expect

A leader in your department will talk with you and your colleagues about what will happen next and when. The return will be different for everyone. Departments will return to the office in a phased approach beginning Sept. 7. If your department is staying in the same space, you will return Sept. 7. If your department is moving or if your workspace is changing, you'll have to pack up your desk, and your return date may be after Sept. 7. Your leader will tell you everything you need to know.

Working safely together

If you are returning to the office, you'll experience a "new normal" in the office environment. There will be enhanced cleaning and safety protocols. There may be more drop-in workstations that colleagues share. Vaccinated colleagues will not have to wear a mask, but unvaccinated colleagues will. Download the <u>Working Safely Together toolkit</u> to help you prepare for your return to the office and stay safe when you're there.

Let's celebrate the return

The return of colleagues to the office is cause for celebration because it's another major step forward in our fight against COVID-19. To all the colleagues who quickly and effectively adapted to remote work life, thank you for all you did to help LVHN and our community during the pandemic.



Reminder: Time is Running Out to Complete COVID-19 TLC

This course is an OSHA requirement for all colleagues.

LVHN Insider Thursday, August 12, 2021 This message is from Timothy Friel, MD, Chair, Department of Medicine, and Alex Benjamin, MD, Chief Infection Control and Prevention Officer.

LVHN remains fully committed to protecting colleagues from the potential dangers of COVID-19. A new mandatory TLC course has been developed to keep members of the LVHN community educated and informed about best practices to keep health care workers safe. Formal education about COVID-19 safety is a new requirement of the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA).

On June 21, OSHA issued an <u>emergency temporary standard (ETS)</u> to protect health care workers from contracting COVID-19. The standard focuses on health care workers most likely to have contact with someone infected with the virus. OSHA announced the new standard alongside new general industry guidance, both of which are aligned with Centers for Disease Control and Prevention (CDC) guidance.

The standard follows the science and will provide increased protections for those whose health is at heightened risk from coronavirus while they provide critical health care services. Given the

pace of vaccinations, the standard – along with the guidance OSHA, the CDC and other agencies have released – will help protect front-line health care workers.

While LVHN already had the core components of the standard in place for some time, OSHA also requires that all health care employers provide and document specific training to all employees so they comprehend COVID-19 transmission, tasks and situations in the workplace that could result in infection, and relevant policies and procedures. To meet this requirement, this new TLC has been created. All colleagues will receive an email when the training is available and must complete the course in one month.

If you have any questions, please contact Infection Control and Prevention at 610-402-9446. Thank you in advance for completing this important TLC.



LVH–Muhlenberg Accredited as Level II Trauma Center

It's the fourth LVHN hospital to receive a trauma center designation.

LVHN Insider Saturday, July 17, 2021 Lehigh Valley Hospital (LVH)–Muhlenberg is officially a Level II Adult Trauma Center, making it the fourth Lehigh Valley Health Network hospital to receive trauma center accreditation. The accreditation was approved by the Pennsylvania Trauma Systems Foundation (PTSF), the accrediting body for trauma centers in Pennsylvania, on July 16, 2021, and is effective Sept. 1, 2021.

A Level II adult trauma center provides multidisciplinary treatment and specialized resources for trauma patients but doesn't require the research and surgical residency programs of a Level I Adult Trauma Center, the highest trauma center level in Pennsylvania. Lehigh Valley Hospital (LVH)–Cedar Crest is a Level I Adult Trauma Center.

Trauma centers typically treat patients injured in falls, motor vehicle crashes, industrial accidents and other situations that produce life-threatening injuries. There are currently 42 approved trauma centers in Pennsylvania. Effective Sept. 1, that will increase to 46. In addition to LVH– Muhlenberg and LVH–Cedar Crest, LVHN's other accredited trauma centers are LVH–Pocono (Level III) and LVH–Hazleton (Level IV), making LVHN the only health network in Pennsylvania to achieve all levels of adult trauma center accreditation.

Lehigh Valley Health Network has had a formal trauma program since July 1978. In 1981, LVH– Cedar Crest became the first trauma center to be designated by the Pennsylvania Department of Health. In 1985, when the PTSF was given the statutory authority to accredit trauma centers, LVH–Cedar Crest applied for accreditation as a Level I Trauma Center and was approved in 1986. It also is an accredited Level 2 Pediatric Trauma Center as well as an ABA/ACS Verified Regional Burn Center.

What it means

"Achieving Level II Trauma Center accreditation is a tribute to the talent and commitment of everyone involved in emergency care at LVH–Muhlenberg," said Bob Begliomini, President, LVH–Muhlenberg and LVH–Hecktown Oaks. "It strengthens our ability to care for our communities."

Trauma surgeon Joseph Stirparo, MD, trauma program medical director at LVH–Muhlenberg, said trauma center accreditation ensures the hospital has the resources to care for patients with serious injuries.

"In addition to standards for response times, resources, equipment and personnel, trauma center accreditation requires a performance improvement program designed to ensure that all trauma patients receive the highest quality care possible," he said. "The decision to become a trauma center at LVH–Muhlenberg was based on the idea of caring for patients in the community where they live."

Diving into the details

Over the past several years, LVH–Muhlenberg has transferred about 500 patients to LVH–Cedar Crest. With the new trauma center accreditation, the most seriously ill and injured patients will be able to remain at LVH–Muhlenberg for treatment.

The hospital features a newly constructed helipad and dedicated trauma resuscitation rooms.

LVH–Muhlenberg offers the following around the clock:

- In-house trauma surgeon coverage
- In-house operating room availability and anesthesia coverage
- Neurosurgical coverage with LVH–Muhlenberg dedicated providers
- Orthopedic trauma coverage
- Expanded surgical subspecialty services including plastic and hand surgery



- . Reminder: Complete the Great Place to Work Survey
- Did you receive an email from Great Place To Work? If so, complete the survey by July 26.
- •
- LVHN Insider
- Tuesday, July 20, 2021
- This message is from Lynn Tuner, Senior Vice President and Chief Human Resources Officer.
- Last week, 5,000 randomly selected colleagues received an email from Great Place to Work (<u>hello@invite.emprising.com</u>) with an invitation to participate in Great Place to Work® Trust Index© Survey.
- If you're one of those colleagues, please take a moment to <u>complete the survey</u>.
- It's OK to brag and be #LVHNProud
- Remember, this is your chance to brag, boast, show off and <u>share all the things that make</u> <u>LVHN a great place to work, grow and receive world-class health care</u>.
- When you highlight all the positive aspects of LVHN in your survey responses, our health network is likely to be recertified as a Great Place to Work.
- This prestigious national designation helps us attract talented health care professional to our team, which leads to a stronger workforce, less turnover, stable teams, and enhanced efficiency and quality. That makes the work experience better for YOU, and the care experience even better for our patients. It creates loyalty between LVHN and our patients,

and when people continually turn to us for care, it gives us the financial strength to provide you with even greater benefits and rewards.

- Save your constructive criticisms
- No good comes from submitting unfavorable responses in the Great Place to Work survey. In fact, negativity will hurt all of us in the long run because it will be more difficult to attract new colleagues to LVHN during a time when the health care job market is extremely competitive.
- We always want to hear what's on your mind, but there is a time and place for it. Our annual Colleague Engagement Survey is your opportunity to provide open and honest feedback about how we can improve. And remember, you can always talk with your supervisor if there is something on your mind.



We're Hiring! Refer a Qualified Candidate and Earn a Bonus

A new role has been added to the referral program. See the full list.

LVHN Insider

Wednesday, July 28, 2021

Do you know a qualified candidate interested in working for LVHN? When you refer a qualified candidate for select positions you could be eligible to earn a referral bonus.

LVHN is always looking to attract experienced health care professionals at Lehigh Valley Hospital (LVH)–Cedar Crest, LVH–Muhlenberg, LVH–Hecktown Oaks, LVH–Hazleton, LVH– Schuylkill and LVH–Pocono. As LVHN's most passionate ambassadors, we're counting on your partnership to refer people in your social and professional networks to apply for open roles at LVHN. When you help us attract qualified candidates, you could be eligible for a significant financial reward.

- Refer an experienced* inpatient registered nurse, earn up to a \$5,000 bonus. You will receive \$1,500 at six months of active employment, \$1,500 at one year and \$2,000 at two years.
- Refer an experienced* technical partner or nursing assistant, earn up to a \$1,000 bonus. You will receive \$500 at six months of active employment, \$250 at one year and \$250 at two years.
- Refer a full-time physical therapist, earn up to a \$1,000 bonus. You will receive \$500 at six months of active employment and \$500 at one year.
- Refer a colleague who is hired for Environmental Services or Dietary at LVH–Pocono, earn up to a \$200 bonus. You will receive \$100 in your first paycheck after the colleague is hired and \$100 after 60 days.
- Refer a medical assistant, earn up to a \$1,000 bonus. You will receive \$500 at six months of active employment and \$500 at one year.

*At least one year of direct patient care

How does the referral bonus work?

When you refer a candidate to LVHN, they will include your name on their application. Candidates can explore job opportunities here: <u>LVHN.org/careers</u>.

Then, you will complete the Employee Referral Form found here: <u>LVHN.org/referral</u>.

The Employee Referral Bonus is being offered for eligible colleagues entering positions where the need is greatest at the moment. While we are only able to offer a referral bonus on select positions, we continue to work diligently to fill all vacant positions throughout the health network.

You can learn more by reading about Active Referral Programs here: <u>LVHN.org/employee-referral-form</u>

Referral bonuses are available for a limited time. Positions chosen for a referral bonus are based on supply and demand and will change based on the needs of the organization.

Thank you for your partnership in attracting the best and brightest health care professionals to LVHN.



LVHN COVID-19 Assess and Test Location to Close

The location at Coordinated Health–Station Circle, Hazle Township, will close July 23.

LVHN Insider

Wednesday, July 21, 2021

Lehigh Valley Health Network's (LVHN) COVID-19 Assess and Test Center located at Coordinated Health–Station Circle, Hazle Township, will close effective July 23. Anyone experiencing COVID-19 symptoms can receive testing at the LVHN COVID-19 Assess and Test Center located at 140 Sherman Court, Hazleton. Hours of operations are Monday through Friday, 8 a.m.-5 p.m., Saturday and Sunday, 9 a.m.-3 p.m.

"This is a positive sign that our community is doing what they need to do to minimize the effects of the COVID-19 virus in our area," says Michael Evans, MD, Lehigh Valley Physician Group (LVPG) Medical Director. "The COVID-19 vaccines work and we encourage those who have not been vaccinated to do so for your safety and those around you, particularly the elderly and those with high-risk health conditions."

COVID-19 vaccinations are available on a walk-in basis at the LVH–Hazleton hospital campus Mondays, 8 a.m.-4 p.m. and Wednesdays, 7 a.m.-3 p.m. There is no need for an appointment and no long waiting lines.

For more information, visit <u>LVHN.org</u> or call the LVHN Access Line at 1-888-402-5846.



Feeling Groovy? Participate in Tie-Dye Day on July 29

Wear your tie-dye T-shirt and snap selfies to share on LVHN Insider and social media.

LVHN Insider Friday, July 16, 2021 Celebrate **Tie-Dye Day** on July 29 by wearing your tie-dye t-shirt and taking selfies with your colleagues to share on LVHN Insider and social media.

Please adhere to the LVHN Dress Code, however this event allows the tie-dye t-shirts. Clothing shall not contain offensive visual images or language, advertisements or political statements.

If you don't have a tie-dye t-shirt and would still like to participate, you're in luck. Tie-dye t-shirts are available at LVHN gift shop locations at LVH–Cedar Crest, LVH–Muhlenberg and LVH–Schuylkill.

T-shirts are also available at these pop-up sales:

- Wednesday, July 21, 10 a.m.-2 p.m., LVH–Muhlenberg, outside the Camille Gift Shop
- Thursday, July 22, 10 a.m.-2 p.m., LVH-17th Street, next to the cafeteria
- Friday, July 23, 10 a.m.-2 p.m., LVH–Pocono, second floor

- Monday, July 26, 10 a.m.- 2 p.m., LVH–Schuylkill S. Jackson St., conference rooms A and B
- Tuesday, July 27, 10 a.m.-2 p.m., LVH–Hecktown Oaks
- Wednesday, July 28, 10 a.m.-2 p.m., LVHN-Mack Blvd. cafeteria
- Thursday, July 29, 10 a.m.-3 p.m., LVH-Hazleton

The shirts are also available online at <u>LVHN.org/shop</u>.

HEALTH TIP

Heart Disease Gender Gap: What You Need to Know

Lehigh Valley Heart Institute Cardiologists Deborah Sundlof, DO, and William Combs, MD, discuss the heart disease gender gap and why knowing the difference in symptoms can be a matter of life and death.



By Pamela Lawrence

Did you know that about every 34 seconds, someone in the U.S. has a heart attack? But did you also realize that heart disease is the number one killer of both men and women, despite the fact that their heart attack symptoms can be very different?

"The disparities between men and women for heart attack treatments and survival still exist. Unfortunately, many women have not yet gotten that message," says <u>Deborah Sundlof, DO</u>, with LVPG Cardiology–Muhlenberg and Co-Director of the <u>Women's Heart Program</u> with <u>Lehigh Valley Heart Institute</u>. That awareness includes understanding the risk for diseases like breast cancer vs. heart disease.

While one in 27 women will die from breast cancer each year, one in three women will die from heart disease. "That's why it's very important for women to be aware of their risks for cancer. But it's also very, very important for them to be aware of heart health as well," she says.



Deborah W. Sundlof, DO Cardiology <u>Make an Appointment</u> Need help scheduling? <u>Contact Us</u>

Heart attack warning signs: Understanding the differences

Heart attacks occur when blood flow that brings oxygen to the heart muscle becomes severely reduced or completely cut off due to a buildup of fat, cholesterol or other plaque. Spotting a heart attack and getting treatment quickly is key to limiting heart damage.

Knowing the signs of a heart attack and the differences in symptoms between men and women can save a life.

Typical signs of heart attack may include:

- Uncomfortable pressure, tightness or pain in the center of the chest, lasting longer than a few minutes
- Pain or discomfort in one or both arms, back, neck, jaw or stomach
- Shortness of breath
- Breaking out in a cold sweat, nausea or lightheadedness

However, not all heart attacks begin with sudden, crushing chest pain. Heart attacks, especially in women, can surface more subtly. And it's important to note that about one-third of the patients who have heart attacks experience no chest pain.

According to interventional cardiologist <u>William Combs, MD</u>, with LVH Cardiology–1250 Cedar Crest and Director of Interventional Cardiology at Lehigh Valley Heart Institute, the most common symptom of a heart attack for both men and women is chest pain or discomfort. However, women can experience heart attacks without pressure in their chest.

Signs of heart attack in a woman also may include:

- Sharp pain, sometimes in upper abdomen
- Shortness of breath
- Nausea
- Vomiting
- Fainting
- Upper back pressure
- Extreme fatigue
- Back or jaw pain

"With women, the symptoms are often much different. The pain is more often described as sharp and stabbing and doesn't usually travel down the arm the way it does with a man. It sometimes is in the upper abdomen. Sometimes it's on the right side of the chest. Women may think that it's acid indigestion or heartburn, or they think that their symptoms are related to something like that, because it's been sort of a myth that women don't get heart disease as often as men," he explains.

Sundlof agrees that women are more likely than men are to experience atypical heart attack symptoms. "That's why I always tell women, if you have any discomfort between the nose and navel, get it checked out."



William G. Combs, MD Cardiology Interventional Cardiology Make an Appointment Need help scheduling? <u>Contact Us</u>

How age plays a role

Age also is a factor for the differences between men and women and when they may first suffer a heart attack. "Women are more likely to have their first heart attack around age 72, while men are more likely to be around the age of 65," Sundlof explains.

She adds that within five years of having a heart attack, women are more likely to have complications from a heart attack compared to men, so they're more likely to develop congestive heart failure, or suffer a stroke, compared to a man of the same age.

Unique risk factors for women

If a woman goes through pregnancy and develops high blood pressure or gestational diabetes, they are more likely to have cardiovascular disease prematurely. Their babies also are at greater risk for developing heart disease earlier than those whose mothers did not have those diagnoses during pregnancy.

"We have a chance in our Women's Heart Program to affect two generations. If we can help women live healthier throughout all stages of their life, including adolescence and childbearing years, then they're less likely to develop those risk factors that are unique to women," Sundlof says. Another risk factor that's unique to women can occur as a result of breast cancer treatment. According to Sundlof, there are certain chemotherapeutic treatments that can have a detrimental effect on the heart. She notes that patients with inflammatory diseases such as lupus or rheumatoid arthritis also are at greater risk for developing heart disease.

"Women are more likely to have their first heart attack around age 72, while men are more likely to be around the age of 65"

"It's very important as a cardiologist that I don't work in a silo, and that I know what other diseases patients are being treated for." That's why Sundlof and her team at Lehigh Valley Heart Institute work collaboratively so they can be aware of each patient's individual health history.

She believes the strongest tool to heart attack prevention is education. "It's very important for women to know what their traditional as well as non-traditional risk factors may be," she says. "Women tend to be the medical CEOs of the family – for their spouses, their parents and for their children. And so, if they know what heart health looks like, they're more likely to lead their family in a healthier direction."

Time is of the essence

Unfortunately, women often delay coming into the hospital when experiencing symptoms. "We know that women wait approximately 54 hours before seeking medical attention, whereas men wait about 16 hours. Women also are much more likely to disregard their symptoms. They'll say, 'I'm anxious', or 'I've had a lot on my plate', or 'I'm worried about a lot of things.' Women tend to try to minimize what they're feeling and what they think is going on," Sundlof says.

One of the most important things Combs wants both men and women to understand is that if your symptoms are out of the ordinary, and especially if they are persistent for more than 15 minutes – or if you are experiencing any discomfort in the chest area, you should seek medical treatment as quickly as possible. "The sooner you can get a diagnosis, the earlier it's treated, the better the outcome. Some of the worst cases are women who will sit at home and suffer for 12 to 24 hours, or even days. And then they'll end up with severe heart failure and get really sick," he says.

If you think that you know someone is having a heart attack or stroke, call 911.

Although your first reaction may be to drive a patient with symptoms of a heart attack or stroke to the hospital yourself, it's best to call 911 first. Emergency medical services (EMS) personnel are able to provide treatment on the way to the hospital and are trained to revive a person if he or she is experiencing heart failure. Their reaction time can help a patient up to an hour sooner than being driven to the hospital. Do not wait more than five minutes after noticing these symptoms to make the call.

Even if you're not sure if someone is experiencing a heart attack, it's always best to take the necessary precautions. Minutes matter when it comes to a heart emergency, so it is important to act fast.

HEALTH TIP

Don't Think Twice About Getting a Second Opinion

If you're not comfortable with your provider's diagnosis and treatment recommendations for your illness, a second opinion may be a wise decision.



By Ted Williams

Something simply doesn't feel right. Your doctor has given you a diagnosis of your illness and recommended treatment options, but you don't feel comfortable with it all. What do you do?

Thousands of patients get second opinions every year. We hear of them all the time in sports, where an athlete knows that surgery likely ends his or her season. So, they will seek out alternatives. But second opinions are common among all types of patients.

Why get a second opinion?

Some common reasons for a second opinion include:

- You have gone through a treatment regimen, yet your symptoms remain.
- You have been diagnosed with cancer or another life-threatening condition.
- You have been diagnosed with a rare condition that perhaps your physician hasn't encountered often.
- Your recommended treatment involves significant risk or could be lifealtering.
- You simply don't feel comfortable with what you're hearing.

Get a Second Opinion

Schedule a second opinion with an LVHN expert.

Request an appointment

"I've been doing this kind of work for 32 years," says hematologist oncologist <u>Mariette Austin, MD, PhD</u>, with <u>LVPG Hematology Oncology–Hecktown</u> <u>Oaks</u>. "Over my career I've been something of a jack of all trades regarding cancer. I will tell patients with conditions with which I have little experience that it's time for outside input, and I'll recommend a colleague who lives, eats and breathes the cancer that person has. We'll work in partnership for that patient's benefit."

For primary care physicians such as <u>Natasha Carlson, MD, MPH</u>, with <u>LVPG</u> <u>Family Medicine–Hecktown Oaks</u>, second opinions usually are a regular occurrence. Generally, primary care physicians will refer patients with more serious conditions to specialists. But even lesser conditions might call for another opinion.

"If a diagnosis or treatment gets complicated as a case moves along, of course we'd be seeking out another opinion," Carlson says. "Medicine overall has become much more complex. There are so many providers with different experiences, different training. We have a duty to seek out the best possible outcome for a patient, and certainly that could involve another voice."

In Austin's experience, she has seen far more patients coming to her for a second opinion than those seeking a medical opinion other than hers. But if a patient would seem uncertain with what she recommends, she wouldn't hesitate to suggest they seek recommendations from another provider.

How do I get a second opinion?

At Lehigh Valley Health Network, seeking a second opinion is as easy as <u>submitting an online form</u> or calling one of our specialty practices. Once you have an appointment scheduled, you will need to provide information about your current diagnosis and treatment. If you have a medical record with LVHN, your provider for a second opinion will be able to review test results and diagnostic information through our electronic medical record system. If you are coming from another health system, you can request medical records and other information be provided for the second opinion.

Should a patient decide to transfer care into or out of another practice, it's usually a smooth procedure involving the transfer of medical records and perhaps a conversation between physicians.

"If the patient isn't satisfied, you would do whatever you can to help them," Carlson says. "In my case, a big part of primary care is understanding your patients very well. Their needs are what matters."

LVHN EMS Fall Training Program

Deadline to Apply August 5

By **Tami Ambosie** July 19, 2021

Image



If you have considered a career in health care, we have a unique opportunity for you. LVHN is now recruiting for the position of EMS Student. If selected, you will be hired as an employee with Lehigh Valley Health Network and paid a base salary to attend an EMT Program at LVH-Hazleton.

Upon successful completion of the program, you will be promoted to an EMT-B, with the appropriate compensation adjustment. You will then go through an extended in-house training for several weeks before assuming the role of an EMT-B on one of our ambulances. This training will be invaluable to you in a career in health care.

What you need to know:

- Classes will be held Sept. 13 Dec. 22, Mondays, Tuesdays, and Wednesdays 6:30 p.m. - 9:30 p.m., and on alternating Saturdays from 9 a.m. - 4 p.m.
- LVHN EMS will pay for your EMT School education through our Emergency Medicine Institute, and you will receive monetary compensation while attending school.
- You will be hired as an LVHN full-time employee, with all the benefits of that role. There is a 1-year minimum employment commitment to LVHN once you receive your EMT-B certification.
- Your hours will be comprised of classroom time, and work on a Paratransit vehicle while you attend school.
- Upon successful completion and acquisition of your EMT-B Certification, you will be assigned to an EMT-B role with LVHN EMS and receive an appropriate compensation increase.

• LVHN EMS will provide additional intensive in-house training for several weeks after completion of the program, as you ride and train alongside seasoned colleagues, before being assigned to your permanent schedule.

To learn more, call 570-501-7793

Surprise Engagement Brings Joy to LVH– Muhlenberg NICU

Baby Axton and his NICU team help create special marriage proposal moment for parents



By Emily Shiffer

Alesha Thatcher, 25, of Walnutport, gave birth to her first baby, Axton Ray Pagan, Sunday, June 27. Her boyfriend, Ricky Pagan, was by her side. At 39 weeks, she was induced at Lehigh Valley Hospital (LVH)–Muhlenberg. But the happiest moment of their lives quickly turned into the scariest, when baby Axton was rushed to the neonatal intensive care unit (NICU) to be cared for and monitored after he was delivered with his umbilical cord wrapped around his neck.

Scared, worried and recovering from labor, Alesha was distraught. But Axton was making a quick recovery. The following day, Axton's health had greatly improved.

"He was looking a lot better. There was so much going on," says Alesha.

Special surprise in the works

But Ricky had something planned that would bring light to the darkness: He planned to propose to Alesha. Before Axton's birth, he had purchased a onesie from Amazon that says, "Mommy, will you marry my Daddy?" Ricky enlisted the NICU nursing staff to help him with the special proposal.

"Ricky approached nurse Steph about helping to arrange the proposal. He showed the staff the onesie and told them what he was planning," says Charlene M. Tanis, MSN, RN, director of the <u>Family Birth and Newborn</u> <u>Center at LVH–Muhlenberg</u>. "With the help of the respiratory therapist, Courtney, and NICU nurses Steph and Marisa, they were able to get baby Axton ready to surprise Mom with the onesie and proposal!"

In 10 minutes, the team got the room and Axton ready for Alesha to come see him, under the guise of a diaper change.

With the help of the respiratory therapist and NICU nurses, they were able to get baby Axton ready to surprise Mom with the onesie and proposal.

That magic moment

"We told Alesha, 'Oh good, you're just in time! We were just about to go in and do his care. If you want to change his diaper quickly, you can,' " says Tanis. "Alesha unwrapped him and noticed the bottom of the onesie. She said, 'Oh that's a cute onesie! What does it say?"

Once Alesha realized it was a proposal, she was overwhelmed with emotion.

"It said, 'Mommy, will you marry my Daddy?' I turned around and started crying, and Ricky was down on one knee," says Alesha.

And Axton's care team was equally teary eyed.



The happy couple poses with their new baby boy and the respiratory therapists and NICU nurses who helped create and capture this magical moment.

Sharing a wonderful memory

"It was a really neat moment to witness, and you could feel the genuine emotions from Ricky and Alesha," says Tanis. "Nurse Steph said, 'It was awesome to see and so much fun to be a part of. Obviously, we have some sad days in the NICU, so being able to witness and participate in this was so joyous for all of us. I think a few of us were teary eyed."

After the engagement, the nursing team decorated Axton's room with rings and other decorations to celebrate. And on Thursday, July 1, he was able to go home.

"He is such a good baby. He's our little miracle," says Alesha.