

CheckUp

this month

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OCTOBER 2
for the
1998 STAR
CELEBRATION!!!

VOL. 11, NO. 6 • JUNE 18, 1998

Early Results Show LVHHN Merits JCAHO Commendation

LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK (LVHHN) WILL RECEIVE FULL ACCREDITATION WITH COMMENDATION FROM the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), according to preliminary results of the most recent leg of the survey. This is the highest achievement awarded by JCAHO.

During the final round of the survey, Lehigh Valley Home Care and Lehigh Valley Hospice, both of the Health Services Division, received a preliminary score of 94 out of 100 with no Type 1 deficiencies. The unofficial results are subject to review by JCAHO. Final results are expected by early July.

This score will be averaged with the results of the hospital's portion of the survey last December, said Beverly Snyder, assistant, regulatory affairs. The hospital scored a 97 out of 100 with no Type 1 deficiencies. The combination of the two surveys will determine the final score.

Lou Liebhaber, chief operating officer, said the excellent score placed LVHHN among the few elite institutions across the country to achieve such outstanding results.

"Our achievement of full accreditation with commendation will be a tribute to every employee and member of our fine medical staff working together to provide the best care possible to our community," Liebhaber said. "Indeed All Hospitals Are

Not Alike — and in the case of LVHHN that means that we are the BEST OF THE BEST. We can all be proud."

The eight-day home care/hospice survey was nearly twice as long as the hospital's survey and involved site visits to the central office, four of the nine branch offices and the hospice inpatient unit at 17th & Chew. In addition, the surveyor accompanied nurses, therapists and home health aides on 14 home visits, four hospice and 10 home care, ranging from a mother-baby visit to an elderly bedbound home oxygen patient. The surveyor reviewed 70 patient charts, 407 physician orders and 47 personnel files. She also made unexpected visits to a skilled nursing facility and Spectrum Apothecary as part of the hospice survey.

"With the hospital's excellent score, we knew the pressure was on," said Cynthia Runner-Heidt, home care's director of patient care. "Everyone worked extremely hard to prepare for and accommodate the surveyor. The office staff put in a lot of long hours. I was impressed by the extreme

dedication and volunteer spirit of staff willing to put in long hours on behalf of home care and hospice."

This high performance extended to other LVHHN departments. Despite a malfunctioning satellite that created havoc among paging systems throughout the country, the surveyor's test of home care's on-call system on May 19, the last night of the survey, worked as planned.



9 year-old, Erin Fischer wrote this note to her mother. (See sidebar.)

NURSE'S DAUGHTER WISHES MOTHER LUCK WITH JCAHO SURVEYOR

Nine-year-old Erin Fischer knew her mother was nervous. To make her feel better, Erin sat down and wrote her a note wishing her luck. (See note on left.)

Janet Fischer, R.N., a nurse with Lehigh Valley Home Care, was anxious about the prospect of a Joint Commission surveyor accompanying her to a patient's home. Janet knew a lot was riding on the survey of home care and its sister program, Lehigh Valley Hospice. The home care managers had stressed that the hospital had received a score of 97 during its leg of the survey in December. Janet, the last nurse accompanied by a surveyor, feared a mistake on her part could potentially prevent the entire organization from receiving commendation from the Joint Commission.

Erin felt she had a stake in the success of the survey too. Two years ago, she had been a patient of Lehigh Valley Home Care for about nine weeks when she needed IV antibiotics. Likewise, Erin's mother Janet had been a home care patient following

Please turn to page 2

Please turn to page 2

Pediatrics Unit Gets Spotlight for PCC

LEHIGH VALLEY HOSPITAL'S INPATIENT PEDIATRICS UNIT, WHICH USES PATIENT-CENTERED CARE TO PUT FAMILIES FIRST, WAS FEATURED AT the national meeting of the Association of the Care of Children's Health (ACCH), June 14-17, Kansas City, Kansas.

The pediatrics unit, which relocated to Cedar Crest from 17th in October 1995, was one of five patient-centered care units selected nationally by the ACCH, a national organization that advocates policies and procedures that address the comprehensive needs of children and families in health care environments.

The LVHHN presentation, "Walk Through Our Neighborhood: Creating a Family Centered Care Environment for Our Children and Families," was made by pediatrics' patient care director Cindy Max.

According to Max, the unit has bucked a trend of hospitals abandoning patient-centered care, because it redesigned all work processes, including the roles and skills needed on staff, the physical environment and the technology and information services.

"What makes us different is that most hospitals change one or two of these components, but not all, and that limits their success," Max said. "By redesigning all our work processes, we can meet the needs of our children and their families."

When planning began in 1993 for the new inpatient pediatrics unit, Max said she went to every hospital department and asked one question: "If you had your wish, what would you have in a pediatrics unit?"

That question began a two-year planning and construction process that included meeting with patients and their families to gather feedback on what worked and didn't work, and to get suggestions on improvements. "Because health care is such a competitive field we have to exceed customer expectations," Max said. "And no customer is more demanding than a parent."

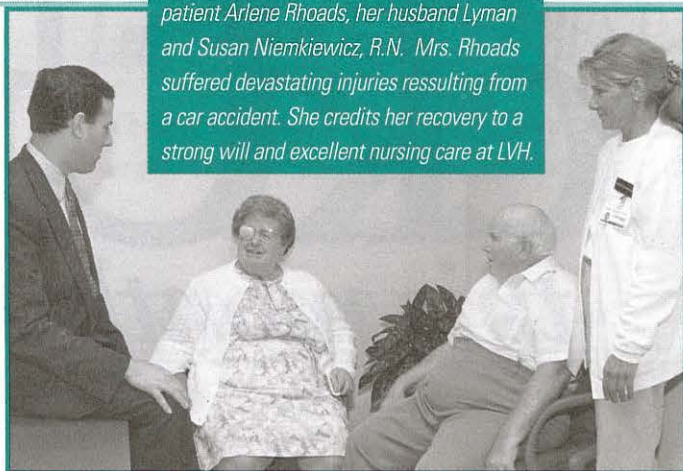
The success of the unit has been measured, and details of patient and staff satisfaction and clinical outcomes will be available soon. ■

LEHIGH VALLEY
HOSPITAL AND
HEALTH NETWORK

Senator Rick Santorum Acknowledges LVH Nurses

KAY AND LARRY RHOADS KNOW ALL ABOUT LEHIGH VALLEY HOSPITAL NURSES. THEY BECAME REGULAR VISITORS TO THE Shock/Trauma Unit (STU) following a tragic accident that critically injured Larry's mother.

Arlene Rhoads arrived at LVH in November 1996 by MedEvac after suffering a torn aorta, fractures of the pelvis, multiple ribs and arm, and bruises to the brain. After two weeks in STU, Arlene was released to a nursing home, but later returned with a serious infection and other complications resulting from her injuries. This time, she would remain in the hospital for four months. During her stay she would have a tracheotomy and later learn to breath on her own again, undergo multiple operations and suffer renal



Senator Rick Santorum chats with former patient Arlene Rhoads, her husband Lyman and Susan Niemkiewicz, R.N. Mrs. Rhoads suffered devastating injuries resulting from a car accident. She credits her recovery to a strong will and excellent nursing care at LVH.

failure. Throughout her stay she would touch the lives of many nurses on several different units.

"They thought I wouldn't make it," Arlene said, "but I fooled them."

Last month, a spunky 75-year-old Arlene returned to the hospital. With cane in hand, she walked down the steps of the auditorium filled with nurses and later was recognized by United States senator Rick Santorum. She was assisted by Susan Niemkiewicz, R.N., one of her favorite nurses. During the ceremony sponsored by LVH's Professional Nurse Council (PNC) on May 26, the senator acknowledged Arlene's resolve to recover and the excellent care she received.

Arlene, accompanied by her husband, Lyman, and daughter-in-law, Kay, stood and waved gratefully to the nurses. The event was organized by the PNC's Legislative Committee co-chaired by Deborah Cherney, R.N., and Charlotte Buckenmyer, R.N.

Sen. Santorum updated the nurses on health care policy and delivered a proclamation in recognition of National Nurses Week, May 6-12.

But, the Rhoads family needed no prompting to honor nurses. Although Arlene barely remembers her stay at Lehigh Valley Hospital, her family vividly recalls the many hours they spent at Arlene's bedside. They are particularly thankful for the way the nurses and doctors "bent over backwards" to answer their questions.

"I feel like they took us in their hands and led us through this experience," Kay said. "They were like a support group. We had the feeling that we could visit Arlene and then we could go back home and take care of what we had to do. We could sleep at night knowing that the nurses and doctors knew what they were doing. She was getting the best of care." ■

by Mary DeHaven

LVHHN COMMENDATION

Continued from page 1

This was not the first challenge home care and hospice had encountered. In the midst of preparing for the survey, both experienced major cuts in reimbursement resulting from changes in Medicare and an increased proportion of managed care patients. They closed one branch office and also underwent a change in top leadership.

James Dunleavy, senior vice president, Health Services Division, is impressed by the dedication of both the staff and management of home care and hospice.

"This, combined with the teamwork and camaraderie of individuals throughout the network, was the key to success," he said. "The excellent performance of all the LVHHN divisions involved with the Joint Commission survey is a perfect example of the exceptional results we can achieve when we work together for the benefit of our organization, employees, community and patients." ■

by Mary DeHaven

Nurse's Daughter/JCAHO

Continued from page 1

the birth of her second child Greg, now six. These personal experiences had persuaded her to become a home care nurse.

On the morning of May 19, however, Janet wondered what she had gotten herself into.

"I was feeling all of the pressure that goes along with JCAHO (Joint Commission on Accreditation of Health Care Organizations)," Janet said. "Besides, the thought of someone watching your every move is nerve wracking."

Janet was touched when she found Erin's note. She placed it in her pocket for luck. She kept telling herself not to be intimidated, that she was well prepared.

"I had been with the hospital since 1982, and this was the first time in all the years I came face-to-face

with JCAHO. In the hospital, you can get lost during a survey. In home care, it's you and the surveyor."

Once Janet was with the surveyor her nervousness dispersed and her attention was focused on her patient, she said. She credits the management of home care and hospice for their "wonderful job" in preparing the staff for the survey. Fran Miranda, risk manager, legal services and Beverly Snyder, assistant to regulatory affairs, helped home care and hospice prepare. Also assisting were representatives of human resources, employee health, safety, infection control and several other departments and individuals.

As Janet was leaving her patient's home, she decided to share Erin's note with the surveyor, explaining the anxiety she had felt earlier. The surveyor laughed and said, "Tell Erin that the JCAHO surveyor Mimi said that her Mom did a wonderful job." ■

by Mary DeHaven

ABOUT OUR PEOPLE

Susan Lawrence, administrator, clinical resource management, spoke about "Demonstrating Efficiency Doesn't Compromise Quality" at the 14th annual MediQual CIMposium, May 12 in Newport, R.I.

Charles D. Peters, M.D., internal medicine, has been selected by the fourth-year medical students at Hahnemann University School of Medicine and Medical College of Pennsylvania to receive the 1998 Deans Special Award for Excellence in Clinical Teaching at Lehigh Valley Hospital. Peters has been a member of the LVH medical staff since 1966.

Rosemary Cerimele, R.N., B.S., assistant risk manager, successfully completed the MMI Health Care Risk Management Certificate Program, co-sponsored by the Finch University of Health Sciences and The Chicago School of Medicine.

The American Heart Association awarded Excellence Awards to several health care professionals from Lehigh Valley Hospital and Muhlenberg Hospital Center. At Lehigh Valley Hospital, recipients include: **Darlene Garon, M.A.**, exercise physiologist, cardiac rehabilitation, Excellence in Cardiac Rehabilitation;

Joan Robinson, R.N., longitudinal case manager, Excellence in Acute Cardiovascular Care; **Bruce Feldman, D.O.**, cardiologist, Excellence in Office Practice; **Audrey Lichtenwalner, R.N.**, director of non-invasive cardiology, Excellence in Acute Cardiovascular Care. At Muhlenberg Hospital, recipients include: **Diana Haines, R.N.**, MHC clinical instructor, Excellence in Acute Cardiovascular Care, and **Hollace Lewis, R.N.**, MHC community health coordinator, Excellence in Community Cardiovascular Care. ■



SCORECARD HELPS MAKE STAFFING DECISIONS

CAROL FOX SPENT MUCH OF THE MEMORIAL DAY WEEKEND AT HOME WORKING WITH PENCIL AND PAPER ON A staffing plan for next fiscal year for her 6B patient care unit. OK, she admits she's obsessed with her job as patient care director. But putting things in black and white helps her understand the details, she says: "I need to see things in front of me, even though they're off in the distance. And, staffing costs are the biggest part of my budget."

Back at work the next week, however, Fox focused on the "scorecard" on her computer screen and a hard-copy printout of productivity data. Both help her plan staffing for the next day and the next week, more immediate time frames.

6B is one of three clinical units piloting the score-

card project at LVH, designed to provide a timely tally of manpower, quality and customer service measures, the "big picture" on how effectively departments are operating. The project is under the leadership of Steve Jagiela, director, management engineering.

"We're working to ensure that, by this time next year, all LVH managers will be using scorecards to monitor and improve their performance," Jagiela said, adding, "The FY2000 budget will be based on scorecard measures."

The on-line program gives Fox a two-week trend of patient volume, acuity, staffing and other numbers essential to the operation of 6B. In addition, Fox gets the daily productivity printout from Marilyn Guidi, LVH's staffing director.

This report zooms in on a previous day's activity. "Did I flex staff OK? Are we staying under budget?" are questions the report helps Fox answer. Depending on this information, she can either allow some staff to go home or bring in additional care givers. "You can make changes more quickly and accurately when you have trends to look at each day," Fox adds.

For someone obsessed with numbers, this must seem like heaven. Her computer screen displays dozens of vertical columns under headings like "worked hours per day," "paid hours per patient day," and "staff to patient ratio." "Number of minutes per day of patient occupancy" will be added to the list before the start of the new fiscal year.

By the end of June, the monthly Press Ganey figures for her unit and quality measures on treatment and transport timing, medication errors and falls will also be entered. Then Fox will be able to compare the three factors to see how each is affecting the others.

Does she think the tool will be useful? If her early experience is any indication, yes. "Since I started using the staffing data, my two key productivity indicators have improved," she offers, meaning she has reduced costs. Working on-line also frees up more of her time on weekends for her family, an important side benefit.

"The scorecard gives concrete information to help me make decisions based on patient acuity and volume," Fox notes.

"Because, you can't staff for 'what ifs'." ■

by Rob Stevens

PennCARE Earns Surplus from Aetna/U.S. Healthcare Contract

NOT ONLY DID PENNCARE GROW INTO THE LARGEST INTEGRATED DELIVERY SYSTEM IN PENNSYLVANIA IN TERMS OF NUMBERS OF BEDS AND COVERED LIVES LAST YEAR, BUT THE NETWORK ALSO BUCKED A NATIONAL trend among managed care provider networks by earning a revenue surplus in the first year of its Aetna/U.S. Healthcare (A.U.S.H.C.) contract.

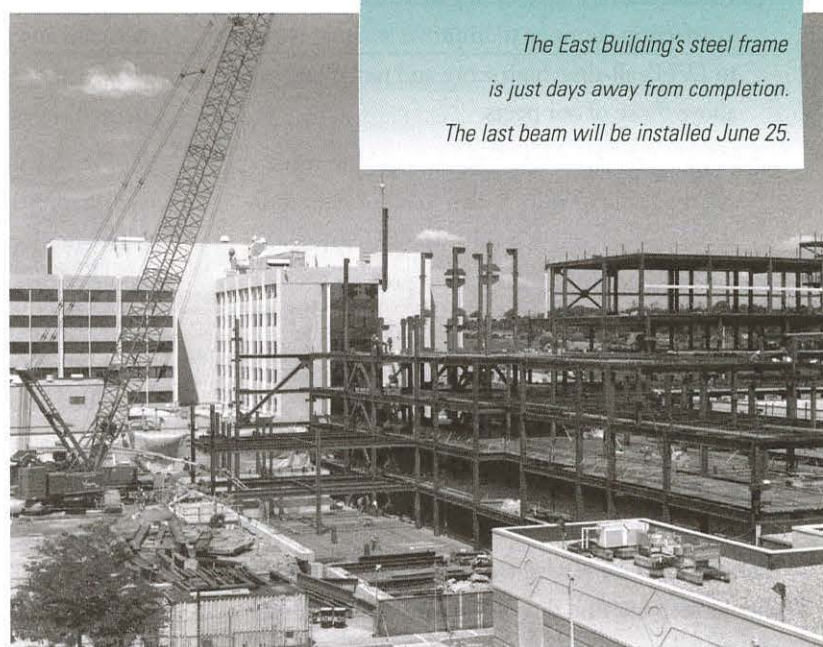
The network earned a more than \$1.5 million surplus from its risk contract, according to Louis I. Hochheiser, executive vice president and senior medical director, which he called a "highly unusual phenomenon."

"With costs of care on the rise throughout the U.S., many integrated delivery systems and HMOs recorded losses from operations last year," Hochheiser said. A prominent Philadelphia system, for one, expects to fall far short of its break-even point on the A.U.S.H.C. activity, he added.

Lehigh Valley Hospital recorded about 800 more inpatient admissions than budgeted last year, most of which resulted from the A.U.S.H.C. contract.

PennCARE signed a 10-year full-service, full-risk contract with Aetna/U.S. Healthcare in August 1996. ■

by Rob Stevens



EAST BUILDING ALMOST FRAMED

The East Building's steel frame is just days away from completion. The last beam will be installed June 25.

LVH Studies New Treatment that Might Prevent Coronary Restenosis

LAST MONTH, A 66-YEAR-OLD HEART PATIENT AT LEHIGH VALLEY HOSPITAL BECAME ONE OF THE FIRST PATIENTS IN Pennsylvania and the U.S. to benefit from a new investigational therapy to reduce in-stent restenosis, a problem associated with recurring coronary angioplasty with intracoronary stents.

LVH was selected as one of 12 clinical sites in the U.S. to participate in the GAMMA-1 trial of localized, intracoronary irradiation with iridium-192 for the treatment of in-stent restenosis in a previously placed coronary stent.

"In recent years, we've seen major advances in the treatment of coronary heart disease—particularly the

use of intracoronary stents," said Bryan Kluck, D.O., interventional cardiologist at LVH and the hospital's principal investigator for the GAMMA-1 trial. The trial is being conducted in cooperation with Cordis, a Johnson & Johnson company.

"Although stents have provided a new tool for us to battle heart disease, with this advance has come a new and pressing problem of recurring blockage, or restenosis, for which current therapies are poorly effective. This new therapy shows promise to reduce restenosis."

In the GAMMA-1 trial, a catheter is threaded into the coronary artery and via this catheter a ribbon with a radiated tip is positioned at the

restenosis site. Patients will be randomized to radioactive (hot) iridium-192 or inactive (cold) therapy and followed clinically for nine months. This trial is multidisciplinary and requires close collaboration involving radiation oncology, radiation physics and cardiology.

"This is a very exciting trial for LVH—a leading site in the northeast for trials of new stent designs. Now we're part of the next generation of treatment for restenosis," Kluck added. "The results of the GAMMA-1 pilot trial remain promising, and hopefully will be reproduced by this multi-center randomized trial." Kluck has performed this procedure on three more patients since the first was completed. ■



Lou Liebhaber, COO

Lou Liebhaber

Issues Initiatives

Issues & Initiatives is a series of activities providing employees with information about current health care issues at Lehigh Valley Hospital and Health Network.

LVH's Commitment to Quality Ensures Favorable Clinical Experiences

LVH'S STATURE AS A QUALITY-FOCUSED ORGANIZATION HAS RISEN CONSIDERABLY OVER THE PAST YEAR, as reflected in a number of national, state and local distinctions, including:

- LVH's cardiac surgery program recently ranked as one of the top three in Pennsylvania in coronary bypass surgery outcomes for the years 1994-95.
- Our home care and hospice programs scored a 94 out of 100 on last month's JCAHO survey, which will probably earn LVHHN accreditation with commendation, as the hospital received a 97 on its survey last December. *(Please see page one for details.)*
- Our inpatient Press, Ganey scores for patient satisfaction continue to improve, inching closer to LVH's all-time high score and remaining above those of our peers.
- We won the top organizational and five team awards at the Quality Valley U.S.A. celebration in November, the first time we participated in the application and assessment process.

Quality patient care is, without a doubt, the number one priority of LVHHN, the gold standard for everything we do on the patient care units, in the operating rooms, in the board room...throughout the organization. There is no greater source of internal pride or praise from our community and patients than the superior service we provide at LVH. We should keep in mind that we all contribute to this effort, and never neglect an opportunity to remind our friends and neighbors of the extensive proof of this commitment.

But these outcomes don't happen by chance. They require tireless commitment, from the physicians and clinical staffers to all support employees, administrators, and our board of trustees, who are ultimately responsible for the quality of care provided here. And there are external and internal measures telling us we're above average in meeting these standards.

These accomplishments link directly to the many quality improvement (QI) processes that pervade LVH's culture. It's not an overstatement to say that quality is the cornerstone of our mission, the foundation of the legacy we are creating.

QI is a facts-based monitoring of all aspects of patient care. It involves constant and consistent formal scrutiny to find opportunities to make

improvements. Innuendo and conjecture don't contribute constructively to the process. They cloud the issue, and incite doubt and fear among those who give and receive care.

The overarching goals of our QI processes are innovation, improvement and transformation of our care processes so they conform or exceed the demanding standards of medical practice, which focus ultimately on clinical outcomes.

Errors will occur, try as we might to avoid them. But, with a thoughtful and objective QI process in place, we fortunately are able to prevent oversights from becoming serious.

Back in 1994, we challenged ourselves to create a model of care that would enhance patient satisfaction and improve quality measures related to medication use, falls and nosocomial infections. To do this we looked at the patient care experience "through the patient's eyes."

We found that a key area for improvement was communication among the various people caring for a patient. Because of the truly complex nature and range of care givers involved in the care process (i.e. PT, nursing, general medicine, EKG technicians), many areas needed improvement, from the way we provided information to the patient and family, to how care activities were charted on the patient record.

This "systems look" at patient care revealed that putting the patient at the center of all care activities had the greatest positive impact for the patient as well as the physician, nurses, technicians and therapists and others involved. This insight gave birth to patient centered care at LVH.

The result: Since the first unit was converted to a PCC delivery model in the summer of 1995, our Press Ganey scores have risen steadily, medication errors, nosocomial infections and patient falls have also generally improved. On June 16, LVH celebrated its three-year anniversary of launching the first PCC unit, an impressive milestone for us. It took a challenge to change, critical thinking and commitment of our staff and physicians to launch a new, improved model that continues to set our institution apart from those that refuse to abandon tradition.

Today, LVH's patient satisfaction marks for inpatients, outpatients, the emergency department and John and Dorothy Morgan Cancer Center outrank most of our peers in the Press, Ganey database, positive proof of the benefit of PCC.

In addition to constantly assessing our patient satisfaction, our care management systems department routinely compares data on all patients admitted to LVH to a national database of millions of records to determine how our outcomes measure up.

These numbers are equally impressive across the hospital: Since 1995, our overall actual mortality has been better than expected, and our length of stay stats are also consistently lower than the national average since 1996. Meanwhile, LVH continues to trim its costs of providing care.

These are just a few of the quality mechanisms we employ to ensure quality care. I think it's clear that LVH's quality improvement efforts require broad participation, reaching beyond the direct care givers, the patient and his or her family. When all these individuals work together, we are able to provide an excellent clinical experience to the community members we serve. We owe it to our colleagues and community to share this good news and the satisfaction it brings.

Here is a partial list of QI mechanisms at LVH:

- The board of trustees is ultimately responsible for ensuring clinical quality at LVH.
- The medical staff credentialing process ensures that LVH's high-quality standards are maintained by the physicians practicing throughout the organization.
- The Quality Improvement Council, comprising all members of Senior Management Council, oversees all of the hospital's quality activities.
- Each clinical department is responsible for maintaining and improving the quality of patient care in its specialty.
- Each patient care unit has a quality committee to examine and improve its care.
- All departments in the organization are responsible for collaborating with each other to improve the quality of service they provide.
- The patient representatives act as advocates for the patients and their families to improve the quality of their hospital experience.
- The safety program identifies and resolves issues that may impact the health and well-being of our patients, physicians, staff or visitors and charges.

MAY'S SERVICE STAR

MORE THAN A VOICE ON THE PHONE

THEY HEAR HER VOICE, BUT THEY NEVER SEE HER. YET, SEVERAL PEOPLE GO TO HER EACH DAY FOR HELP.

A woman learns her mother has cancer and wants to learn more about treatment. "She" talks with the woman and provides her with the information she needs.

A frustrated patient has a complex billing problem. "She" gets a billing representative involved and together, the three work out the issue.

A man has a delicate medical problem and is embarrassed to see a doctor. "She" discreetly answers his questions and makes him an appointment with the best doctor to fit his needs.

"She" is Chris Morehouse, one of the 402-CARE nurses, and May's Service Star.



**CHRIS
MOREHOUSE —
MAY'S
SERVICE STAR**

"Not only must Chris be aware of every class, meeting, service or program that our organization provides, but she also must be prepared to answer every medical question," said Liz Fulmer, public affairs secretary. "What truly makes Chris a service star, however, is not the depth of her knowledge but the depth of her compassion and commitment."

Morehouse, for many people, is the link to Lehigh Valley Hospital before and after discharge. "The toughest situations are the ones that she handles best," Fulmer said. "Her personal care is what makes a dissatisfied former patient not only return to LVH for care, but recommend LVH to their family and friends."

Morehouse has been a 402-CARE nurse for almost five years and an employee at LVH for 18 years. "She truly cares about each and every person and takes their problems on as her own," Fulmer said. "She works tirelessly to find a solution and always gives it her best."

by Pamela Maurer

New Budget Counts on OI Success

LVHHN'S BOARD OF TRUSTEES HAS APPROVED THE NETWORK'S OPERATING BUDGET FOR FISCAL YEAR 1999 (FY99), forecasting a \$15.2 million margin of revenues over expenses from patient services, or 3.2 percent of total revenues. FY99 will follow a LVH budget surplus of \$2.5 million in FY98, which represents a shortfall of \$6 million, chiefly due to lower than expected revenues. According to Lou Liebhaber, chief operating officer, next year's financial picture will brighten only if LVH — which generates 70 percent of the network's patient care revenues — meets its cost reduction target of \$17.5 million.

"We are projecting that we will lose some \$12 million in FY99 from lower revenues from Medicare, managed care and trauma, heart surgery and outpatient surgery volumes," he explained. "Therefore, the only way to remain financially in the black will be to keep focused on delivering the best possible patient care in the most economical fashion."

The organization counts on its yearly margin of revenues over expenses to develop new clinical

insurance to managed care at LVH alone, further reducing our revenue by \$3 million."

These revenue reductions and higher costs of providing care will be countered by a \$17.5 million operations improvement expense trimming, comprising clinical expense reductions, benchmarking action plans and decreased staffing through attrition because of work redesign. All will be "hard-wired" into department budgets and savings from the revised Working Wonders program.

"Fortunately, LVH has already made progress in OI that will enhance next year's finances," Liebhaber noted. "Our clinical staff in 11 key areas have risen to the occasion by achieving significant cost reduction opportunities through work redesign. Our budget projections depend on the continuation of these activities."

Liebhaber said these changes in care processes will reduce the hospital's staffing requirements by 500 employees by the end of FY99. "Since 1995, LVH's total occupied beds has declined by 20 percent, while staffing has been reduced by only 13 percent over the same period," he noted. "Therefore, the ratio of staff to occupied beds will

LVH's * Net Margins from Patient Services: Fiscal Years 1995-99

'95	'96	'97	'98 (expected)	'99 (budget)
\$14 million	\$7 million	\$14.1 million	\$2.5 million	\$8.7 million
4.7 % of total revenue	2.4 % of total revenue	4.5 % of total revenue	.8 % of total revenue	2.7 % of total revenue

*LVH's patient services revenues represent 70 percent of LVHHN's revenues.

programs, invest in and update technology, equipment and facilities, and reduce debt, as authorized in LVHHN's capital budget. The approved capital budget for next year allocates funds to buy new clinical equipment, make improvements at LVH, MHC, Muhlenberg Rehab Center, as well as to complete the Trexlertown Medical Mall project and support other LVHHN initiatives.

LVHHN will be challenged again next year in its ability to meet its revenue goals, agreed Vaughn Gower, chief financial officer. "The Balanced Budget Act of 1997 will reduce our Medicare patient care revenues of nearly \$7 million across the network," Gower explained. "In addition, we will see a shift of 1,700 cases from traditional

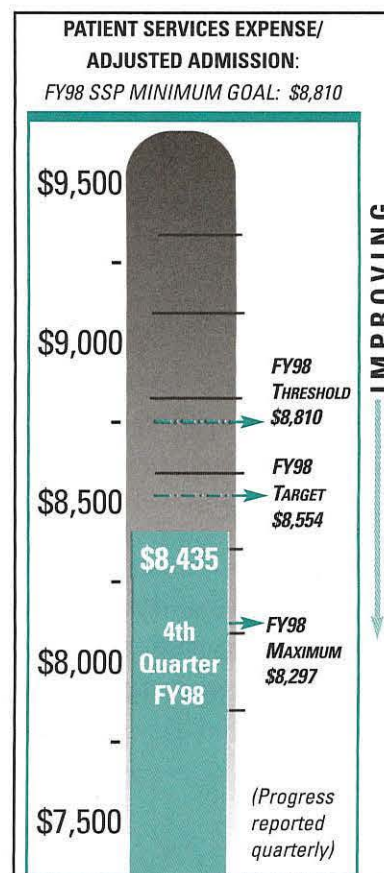
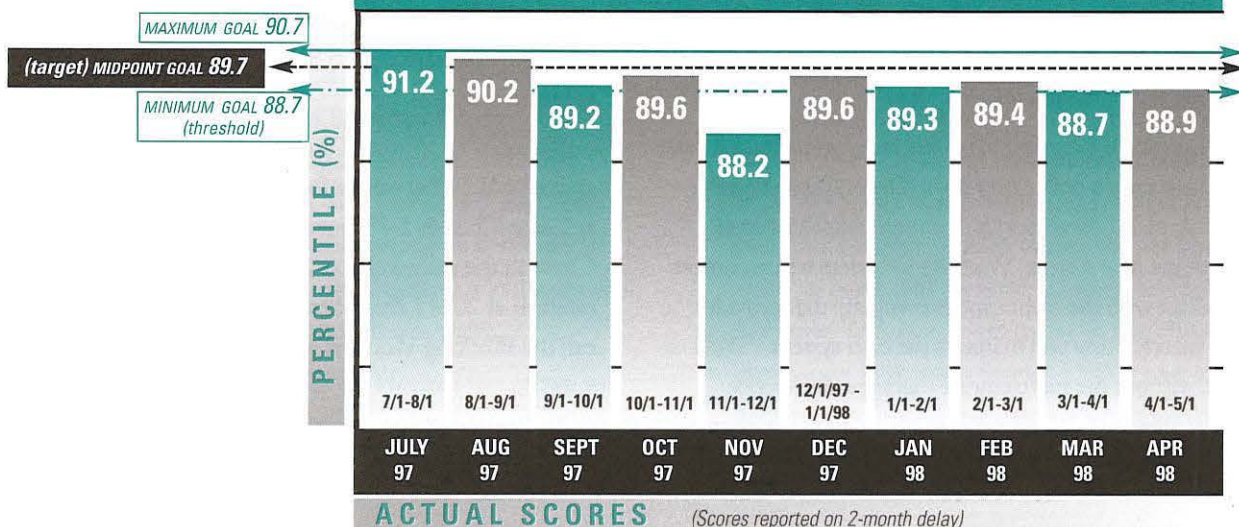
remain relatively stable." Since January, 1998, attrition has decreased LVH's ranks by about 170 FTEs, leaving 330 to be trimmed through this budget. A wage reduction from attrition of \$11.4 million in FY99 will place LVH at about the 50th percentile rank according to LVH's MECON peer group comparisons (see sidebar article on page 8).

Despite tighter revenues, LVHHN will again honor its annual commitment to the community, providing \$25.4 million in uncompensated care

Please turn to page 8

LVH'S SUCCESS SHARING PLAN

PRESS, GANEY PROGRESS: "Likelihood of recommending hospital"





EMI Renamed to Honor Dr. George E. Moerkirk, the “Father” of EMS

TODAY’S HIGH LEVEL OF PRE-HOSPITAL CARE IS NOW A STANDARD, BUT THIS WAS NOT THE CASE BEFORE 1975, AND BEFORE George E. Moerkirk, M.D.

Moerkirk, who died in 1994, is considered by many to be the “father” of emergency medical service (EMS) in eastern Pennsylvania. In honor of his accomplishments, the Emergency Medicine Institute of Lehigh Valley Hospital (LVH) was renamed the George E. Moerkirk Emergency Medicine Institute (EMI) on May 17 at a private reception for family and friends. The recognition occurred at the start of National EMS Week. Moerkirk created the area’s first paramedic training program in 1975, developed the Lehigh County’s Emergency Medical Technician (EMT) program, and helped field a team of medical command physicians who review paramedic procedures and protocols in eastern Pennsylvania, ensuring that patients continue to receive the best possible care from EMS personnel.

At LVH, Moerkirk was the director of pre-hospital care. In 1983, he also founded and directed until his death, University MedEvac, LVH’s medical helicopter program. This year, MedEvac logged its 20,000th flight.

The EMI Moerkirk created in 1987 and directed until his death still serves the medical community to his high standards, providing pre-hospital emergency training and certification of emergency medical technicians (EMT) annually. It trains more than 4,000 physicians, nurses and other allied health care providers every year, and is the only institution in the region where paramedics and pre-hospital nurses can earn a bachelor’s or associate’s degree in EMS. The institute also offers continuing education courses for certified emergency personnel.

“To carry on some of his work is a great honor,” said Richard Shurgalla, administrative director of department of emergency medicine and pre-hospital services for LVH, which includes EMI. “He was truly the cornerstone of EMS in our community.” ■

by Constance Walker

Centralized Transfer Center Will Ease Transfer Process

LEHIGH VALLEY HOSPITAL (LVH) RECENTLY CREATED A NEW CENTRALIZED TRANSFER CENTER TO PROCESS ALL patient transfers to and from LVH through pre-hospital services in the department of emergency medicine. The Transfer Center will facilitate the transfer process, merge communication flow and help collect data on transfers. All communication about transfers can be handled through one telephone number, in one location, resulting in a more effective, easier-to-use system.

According to John F. McCarthy, D.O., chief of pre-hospital emergency medicine services, the new center will “significantly increase the efficiency of the transfer and admission processes.” Instead of involving many people to arrange a transfer, the “one-call” system allows referring physicians to get all the information they need by speaking with a single person. The staff of the center, normally the triage nurse and nursing supervisors, have “all the information right at their fingertips”—everything from the name of the attending physician to the status of University MedEvac is available with a keystroke.

McCarthy points out that the Transfer Center uses a “customized, automated, computerized process” to manage transfers. “This centralization of communications and information systems is designed to facilitate the acceptance and transport to LVH from referring hospitals,” he said.

Current referral patterns will continue to be honored, with the assistance of the Transfer Center. For example, a referring physician can still contact a particular accepting physician directly, but the center is available to handle all the necessary arrangements concerning admission, such as arranging transportation and securing a bed for the incoming patient. The

Transfer Center will be especially valuable in facilitating emergency transfers when there is no preference for an accepting physician at LVH.

The ease of use for the referring physician will assure both the physician and the patient of consistent professional, quality care throughout the transfer and transport process, which may increase the number of patients being transferred to LVH. “Very few hospitals have this setup,” McCarthy said. “It’s really a unique system.”

The Transfer Center will be located in bed control and will be staffed by the triage nurses, bed control staff and the communications technicians at MedEvac. The first two months will be prototype development, with outside marketing to begin after that time. The admissions process, physician acceptance, referral patterns, nursing reports, and precertification will not change from the current process. The main difference will be the centralized initial contact point. The Transfer Center will significantly facilitate the direct physician-to-physician communications when requested by the sending or receiving physician.

What do you need to know? If anyone gets a call inquiring about wanting to refer a patient to LVH, transfer the call to Ext. 6100 or (1-800-280-5524). Physicians can utilize the Transfer Center if they are the initial contact for a referral. One call to Ext. 6100 will replace separate calls to admissions and the triage R.N. The key to making this process work is a quick response by the LVH physicians when paged to Ext. 6100 or 1-800-280-5524.

Patients will not be transferred until the case has been discussed with, and approved by, the accepting physician at LVH. ■



CASHING IN ON WORKING WONDERS

BEGINNING JULY 1, WORKING WONDERS WILL REWARD CASH, INSTEAD OF OFFERING CASH OR MERCHANDISE, TO EMPLOYEES whose cost saving ideas are approved.

It’s a move that would make Working Wonders worthy of a Working Wonders award.

“This saves us money and allows us to streamline the process so it is quicker and more efficient,” said George Ellis, director of Working Wonders. “It’s also beneficial because 60 percent of people choose cash over merchandise. As always, recipients will receive about 10 percent of the money they save.”

Currently, Working Wonders recipients are awarded points for each dollar they save. They redeem these points, called AwardperQs, for merchandise or cash. With the new system, Working Wonders will no longer contract with the Minneapolis company that provides the merchandise and manages the cash system. “We’ll save without the merchandise markups and service fees,” Ellis said. “We’ll circulate that savings to improve the process.”

Working Wonders will utilize two management engineers dedicated to the projects. “With the current system, projects that should be turned around in 30 days are taking far too long,” Ellis said. “Sometimes people don’t want to submit ideas, thinking the process is too complicated. The management engineers will follow through on the analysis, get the data and substantiate the information to improve the flow.”

Since Working Wonders was established 20 months ago, 600 employees have submitted 300 ideas and created \$2 million in savings. “If we tap into the creative talents of people, we can double the rewards and savings in a year,” Ellis said.

To help, the management engineers will facilitate brainstorming sessions with the departments and the teams. “We’ll do simple exercises to get people to think about their work process,” Ellis said. “I’ve had people take home anywhere from \$16,000 to \$20,000 because of numerous ideas.”

To submit a Working Wonders idea, please fill out an application that can be found outside the auditorium at Cedar Crest & 1-78, outside the cafeteria at 17th & Chew, in the main lobby of 2166 S. 12th and in the cafeteria at 2024 Lehigh Street. For more information, call the Working Wonders program at 402-7551. ■

by Pamela Maurer

Breast Cancer Patients Get "Support of Survivors"

WHEN FREDA RAFES OF WHITEHALL LEARNED SHE HAD BREAST CANCER, THE FIRST THING SHE THOUGHT WAS "I DON'T WANT TO DIE." SHE needed somebody to talk to, a woman who has lived through the experience and understands her fears.

"I had to find breast cancer survivors myself, and then I didn't know whether they really wanted to talk," she said. "It was an uncomfortable feeling."

Today, Rafe is the one providing the support. She helped create Support of Survivors (SOS), a new helpline at the John and Dorothy Morgan Cancer Center at LVH's Cedar Crest site. "Many women have questions but don't want to be in a support group or don't want to upset a family member by talking about it," she said. "SOS connects women with survivors like me who are willing to listen and want to help."

To talk with someone, a woman dials 402-4SOS, leaves a message on voice mail and within 24 hours a survivor returns the call. If a caller is considering a certain treatment and wants to learn about the experience, SOS will try to link her with someone who underwent that treatment. Between the 16 survivors who answer the helpline, they have undergone all aspects of treatment from mastectomies and lumpectomies to stem cell transplants, radiation and chemotherapy.

"The survivors are very passionate about the issue and really want to make a difference," said Elisabeth Crago Ladd, LVH's director of breast health services. "They remember how scared they were and have a tremendous need to give back."

The survivors received 16 hours of training, addressing communication skills, breast cancer diagnosis, treatment options and community resources. The women,

who range from social workers and nurses to teachers and homemakers, can contact a professional counselor if needed.

"Every month the survivors meet with the counselor to discuss the calls and also their own issues," Ladd said. "They're even coming up with ideas for more community involvement and fundraisers for breast cancer. There's a lot of power when they're in that room together."

The survivors provide as much support for each other as they do the callers. "Ten years after having breast cancer, I have found great strength in this group," said survivor Joan Gehris, a radiation oncology nurse at the Morgan Cancer Center. "I wasn't part of a support group then, so the comfort and caring here means a lot to me. It's like being part of a family."

SOS, which is not limited to patients of Lehigh Valley Hospital, has the potential to help significant numbers of women with breast cancer. From 1990 to 1994, in Lehigh and Northampton counties, 2,401 women were diagnosed with breast cancer. Lehigh Valley Hospital diagnoses about 300 breast cancer patients a year. "These women need hugs, even if they're verbal," Gehris said. "They need somebody to say, 'I know where you're coming from' and truly know where they're coming from."

Helping make SOS a reality was the Lehigh Valley Road Runners Women's 5K Classic in October, which donated a portion of its proceeds to the effort. "We're here to tell these women that their feelings are normal and not to give up," Rafe said. "We let them know that we have been through this and it is a difficult battle, but that women with breast cancer can survive and lead productive lives." ■

by Pamela Maurer



Shannon Snyder-DeWit

Hospice and Aide Mature Together

YOU COULD SAY THAT SHANNON SNYDER-DEWIT AND LEHIGH VALLEY HOSPICE HAVE MADE THE JOURNEY from adolescence to adulthood together.

When the two first met in 1990, Snyder-DeWit was 18 and Hospice had just celebrated its 10th anniversary. Leaving the comfort of familiar surroundings, both were journeying into new territory. Hospice was opening its first branch office in Palmerton and Snyder-DeWit had been hired to be a home health aide there.

Today, Lehigh Valley Hospice has grown to be one of the largest, most comprehensive hospice

programs in the state. Meanwhile, Snyder-DeWit has prepared for a career in nursing, graduating on May 19 from Lehigh Carbon Community College.

She credits Hospice for helping her to grow strong over the years. As vice president of her nursing class, she was instrumental in raising more than \$1,300 that the class decided to donate to Jenn's House, a hospitality house for patients' families, and Children's Bereavement Services of Hospice.

Snyder-DeWit's eight-year journey has involved a lot of hard work as she has juggled work and school. The only lapse in this schedule occurred while her father was ill with cancer. Then, she cared for Hospice patients during the day and her father at night. She was only 21 when he died in her arms. This loss, combined with her Hospice experience, have made Snyder-DeWit wise beyond her years and have given her a distinctive perspective.

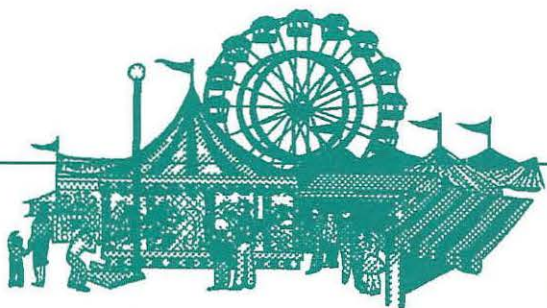
"I grew up with the help of all of my patients and their experiences," she said. "They have reminded me that you have to live every day because you never know when it will be your last."

Her special talent for working with the terminally ill was recognized in 1996 when she won a Friends of Nursing Award. Among those in the audience at the awards ceremony was her mother, Shirley Snyder, who had been a nurse for 44 years.

"I love taking care of people," Snyder-DeWit said. "There's never a time that I go into a room without a smile. I love being able to make a difference in the life of a person who is at the end of their journey."

Many excursions lie ahead for her and hospice. Hospice is continuing to expand services available to the terminally ill. As for Snyder-DeWit, she plans to enroll in a bachelor's of nursing program at Kutztown University in January. ■

by Mary DeHaven



SUMMER FUN at MUHLENBERG HOSPITAL CENTER'S 37th Annual SUMMER FESTIVAL

★ **AUGUST 19 - 22** ★

FEATURING... • live music • arts & crafts
• bingo • raffles • book sales • attic treasures
• a pediatric safety relay • lots of good food!

ENTERTAINMENT 7-10 p.m. each night

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AUG. 20 • *The Mudflaps*
AUG. 21 • *The Cramer Brothers*
AUG. 22 • *Country Rhythm Band*

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YOU could win FREE tickets to
Dorney Park & Wildwater Kingdom!
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Details upcoming on e-mail.



SERVICE ANNIVERSARIES

Congratulations to the following employees on their June 1998 service anniversaries! Thank you for your continuing service to Lehigh Valley Health Network.

Twenty-Five Years of Service

Keel Y. Choi
Nursing Float Pool
Sandra K. Zengion
Muhlenberg Hospital Center
Michele D. Saladyga
4S Medical/Surgical Unit

Twenty Years of Service

Susan Arner
4S Medical/Surgical Unit
Joan Heller
Medical Records Transcription
Joann M. Pastula
4S Medical/Surgical Unit
Brenda L. Omron
Nursery
Janice E. Wilson
Nursing Administration
Kathy Clevenger
Cardiac Cath Lab
Jann Buczewski
3C Staging/Monitored Unit
Cynthia M. Bailey Schmoeyer
Ancillary Diagnostic Area
Jobeth Newhard
Pulmonary
Cindy Harwi
Burn Unit

Fifteen Years of Service

Mary E. Dischinat
Heart Station
Carol Ann Faust
Pharmacy

Lisa Lynn Miller
6C Medical/Surgical Unit
Pamela Moore
Supplier Services
Kathleen Felix
4C Medical/Surgical Unit
Jean C. Klingman
Acute Coronary Care Unit
Allene D. Rock
7A M&S Nephrology Unit
Jane A. Halpin
6N Adult Psychiatry Unit
Maryann D. Bulishak
Human Resources Administration
Debra E. Tenges
Information Services Development
June D. Kellogg
Vascular Lab
Sharon J. Keiser
Open Heart Unit
Kimberly Kemp
Histology
Linda M. Yost
Obstetrics
Lisa M. Kern
Neonatal ICU
Donna L. Polaha
7B Medical/Surgical Unit
Marlene Leidy
Operating Room
Cathy J. Kistler
Neonatal ICU
Carol L. Jenkins
Obstetrics

Ten Years of Service

Theresa Paisley
6C Medical/Surgical Unit
Kay Fritz
Obstetrics
Beth A. Kushner
Perinatal Unit
Sharon Kromer
7A M&S Nephrology Unit
Ruth Wittman-Price
Obstetrics
Lori J. Merkle
Perinatal Unit
Colleen A. Gallagher
GICU
Nicole R. Reimer
6C Medical/Surgical Unit
Carol A. Galloway
7B Medical/Surgical Unit
Alma M. Bedeau
Progressive Coronary Care
Rochelle M. Foster
Transitional Open Heart Unit
Christine M. Krause
Transitional Open Heart Unit
Joseph V. Provenzano
Special Care Unit
Rita D. Prusak
GICU
Lynda A. Thom-Weiss
Neonatal ICU
Beth A. Hall
Special Care Unit
Karen E. Phillips
GICU

Angella R. Weierbach
Perinatal Unit
Christine M. Platia
GICU
Kathleen A. Johnston
4C Medical/Surgical Unit
Cheryl Sweigart
GICU
K. Naylor-Reichenbach
Acute Coronary Care Unit
Debra A. Yasenchok
Acute Coronary Care Unit
Marie A. Steiner
4C Medical/Surgical Unit
Kathy S. Kochanek
6B Medical/Surgical Unit
Scott C. Berger
Lab-Information Services
Lisa A. Saylor
Special Care Unit
Terua L. Erdman
Shock/Trauma Unit
Kathleen A. Clewell
4A (7C-4C) Medical/Surgical Unit
Margaret M. Solt
Nursing Float Pool
Donna J. Kolbush
4C Medical/Surgical Unit
Lisa M. Romano
Nurse Staffing Office
Christopher A. Sarley
Academic Medical Info Services
Anne S. Rabert
Special Care Unit
Laurie A. Griesel
Labor & Delivery

Tammy L. Sands
Trauma Reg Res Ctr.
Robert N. Leshko
Respiratory Therapy
Glen D. Fuhrman
Bio-Med Engineering
Beth I. Henderschedt
Partial Hosp Adult Psych
Maureen C. McFarland
Mental Health/Retardation
Nadine M. Koenig
Toxicology
Marie H. Popp
Home Care-Skilled Nursing
Sandra Rezac
Toxicology
Karen L. Seabourne
Radiology-Diagnostic
Carol A. Kriebel
Patient Accounting
Lisa Flok
Radiation Oncology
Francine B. Hassler
5B Medical/Surgical Unit
Margaret A. Carl
4A (7C-4C) Medical/Surgical Unit
Janine M. Barnaby
Pharmacy
Cheryl Ann Rowan
4C Medical/Surgical Unit

Five Years of Service

Denise M. Terleski
Lebrich & Rusch-Spinosa

Jacqueline L. Williamson
Occupational Therapy
Stefano F. Agolini
PGME-Surgery
Chris C. Chang
Pediatrics
Stephanie L. Faenza
5C Medical/Surgical Unit
William F. Biery
HSMF Allentown Clinical
Beverly Jo Malinowski
Home Care-Skilled Nursing
Patricia J. Marsella
Hospice-Skilled Nursing
Brian D. Lenich
Sp Pharmacy CC & I-78
Dona C. Hobart
PGME-Surgery
Paul M. Frassinelli
PGME-Surgery
Stephen K. Klasko
OB General-EXEC
Katrina A. Fritz
3C Staging/Monitored Unit
Christine E. Kratzer
Emergency Service-C
Marjorie J. Drake
Medical Records
Sylvia A. Serfass
Hospice-Home Health Aide
Charlotte M. Walker
Hospice-Home Health Aide
Michelle E. DePhillips
6S Adult Psychiatry Unit

Learning to BE THE BEST — FROM THE BEST

Don't miss this special presentation by Quint Studer, president of Baptist Hospital, Pensacola, Fla., on how he has helped hospitals achieve national prominence for customer service excellence.

JULY 13 • 11:30 a.m. - 12:30 p.m., CC auditorium • 2:30 - 3:30 p.m., MHC (1st floor conference rm.)

Last December, Baptist Hospital was chosen the winner of the Service Excellence Award, co-sponsored by Modern Healthcare Magazine and Marriott Corp. for patient satisfaction in the top 2 percent of hospitals in the U.S.

Before joining Baptist Hospital, Studer helped Holy Cross Hospital, Chicago, move from the 5th to the 99th percentile in Press, Ganey rankings, which earned them the "Great Comeback" award from the American Hospital Association in 1994. In 1996, Holy Cross won the Enterprise Award for Best Business Practices in Customer Service, co-sponsored by Fortune Magazine and Arthur Andersen World Wide Consulting. ■

New Budget

Continued from page 5

and community service during FY99. Most of these costs represent operating expenses, which include health promotion and disease prevention, medical education, clinic subsidies and uncompensated care. The plan also accounts for an anticipated payment shortfall of \$1.1 million from Medicare and nearly \$5 million from Medical Assistance.

"Lehigh Valley Hospital and Health Network takes its role as a community resource to heart," Liebhaver said. "We exist because of our community. And, in spite of the challenges from the government and other payers, we continue to provide more free care and related services than any other health care organization in the region...because it is our mission and the right thing to do." ■

by Rob Stevens

LVH'S STAFFING RATIO CAN IMPROVE

Though LVH's forecasts a total reduction of 500 FTEs by the end of FY99 to meet inpatient volume decreases, according to Vaughn Gower, chief financial officer, there's still room to improve the hospital's ratio of "FTEs per occupied bed," a common staffing measurement throughout health care.

The hospital was in the 63rd percentile for staffing in FY97, according to the MECON benchmarking data, said Gower. "By the end of FY99, we'll achieve the 54th percentile...if no one in the database improves," he explained. The ideal benchmark target is the 25th percentile. MHC, on the other hand, is at or near benchmark, Gower added.

Despite seeing some 2,000 more admissions in the past three years, the dramatic fall in length of stay at LVH has actually resulted in more than 100 fewer occupied beds. "Our daily bed occupancy is down by 20 percent since '95," Gower said.

"So far, we haven't reduced staffing to the same degree that our bed use has declined," he explained. "Our total FTE per occupied bed ratio is 7 percent higher than in FY95."

If you have news or a story idea for **CheckUp This Month**, send your suggestion by the 20th of the month for publication in the following month to Rob Stevens, editor, public affairs, 1243 SCC-PA, using interoffice mail or e-mail. **CheckUp This Month** is an employee publication of Lehigh Valley Health Network's public affairs department. For additional information, call ext. 3000. Lehigh Valley Health Network is an equal opportunity employer. M/F/D/V

EDITOR Rob Stevens

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