

# CheckUp

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VOL. 11, NO. 8 • AUGUST 20, 1998

## LVH AND CHILDREN'S HOSPITAL OF PHILADELPHIA to Build Pediatric Outpatient Center & ICU

THE CHILDREN'S HOSPITAL OF PHILADELPHIA AND LEHIGH VALLEY HOSPITAL (LVH) announced they will collaborate to develop a pediatric outpatient specialty medical center and inpatient intensive care unit, the first of their kind in the area.

The outpatient center, which will be called The Children's Hospital of Philadelphia Specialty Care Center of the Lehigh Valley, is anticipated to open within 18 months and will be on the campus of Muhlenberg Hospital Center (MHC) in Bethlehem. It will house pediatric and adolescent medicine specialists and offer a range of services, many of which are not currently available locally. An advanced pediatric intensive care unit also will be constructed at LVH's Cedar Crest & I-78 location and will begin operations by Jan. 1, 2000. When completed, the facilities will provide families living within the Lehigh Valley with easy access to highly specialized medical care for their children.

The Children's Hospital of Philadelphia and LVH will work with community-based primary care physicians and pediatric specialists, as well as consult with families throughout the area, to plan for the array of services that will be available. The shared goal is to complement and support existing pediatric services (allergy, cardiology, general pediatric surgery, neurology, ophthalmology and pulmonary) and provide new

services to the Lehigh Valley: Adolescent Medicine, Cancer Care, Child and Adolescent Psychiatry, Dermatology, Developmental Pediatrics, Endocrinology/Diabetes, Genetic Counseling, Gastrointestinal and Nutrition, Nephrology, Physical and Occupational Therapy/Rehabilitation, and Rheumatology.

Prior to the center's opening, specialists from The Children's Hospital of Philadelphia will begin seeing patients this fall at 401 N. 17th St.

"We are extraordinarily pleased that the country's first and foremost children's hospital has chosen to partner with Lehigh Valley Hospital," said Elliot J. Sussman, M.D., president and chief executive officer, LVHHN. "This is a major step toward enhancing the caliber and scope of children's health care services available right here in our community."

According to Steven M. Altschuler, M.D., physician-in-chief at The Children's Hospital of Philadelphia: "Many families we see at the main campus in Philadelphia are from the Lehigh Valley. To bring these services to the area will make a difference in the lives of these families, who before had to drive great distances to get the care their pediatricians and physicians believed they needed."



Following the announcement of the LVH/Children's Hospital of Philadelphia partnership, Kim Fritz (right) of Allentown tells TV 69's Janet Vasil that the effort will bring specialty medical care for her son, Kevin (center), closer to home. Kevin, age 10, suffers from spinal muscular atrophy and must travel to Philadelphia for non-routine care. Locally, Kevin is a patient of ABC Family Pediatricians.

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## HEART & UROLOGY PROGRAMS



## RANK IN BEST HOSPITALS REPORT

LEHIGH VALLEY HOSPITAL RANKED AS ONE OF THE TOP PROVIDERS IN THE NATION FOR CARDIOLOGY/CARDIAC SURGERY AND UROLOGY in U.S. News & World Report's ninth annual guide to "America's Best Hospitals."

Urology was ranked for the second year in a row. This was the first year LVH's cardiology/cardiac surgery program was ranked and is the only hospital in Pennsylvania outside of Philadelphia and Pittsburgh to be recognized in this category.

According to magazine officials, the top 42 medical centers in any specialty should be considered a leading center, however the rankings do not imply that other hospitals cannot or do not

deliver quality care. All the information that goes into the rankings relates to patient care.

"We are gratified that we continue to be nationally recognized for the quality of care we provide," said Robert J. Laskowski, M.D., chief medical officer, LVH. "We have superb physicians and patient care staff, not only in these two areas, but throughout our hospital who work hard for excellence."

According to U.S. News & World Report, this year's "America's Best Hospitals" assessed care for 16 specialties at 132 hospitals nationwide. Rankings for 12 of the specialties are based on reputation and various medical

**LEHIGH VALLEY**  
HOSPITAL AND  
HEALTH NETWORK

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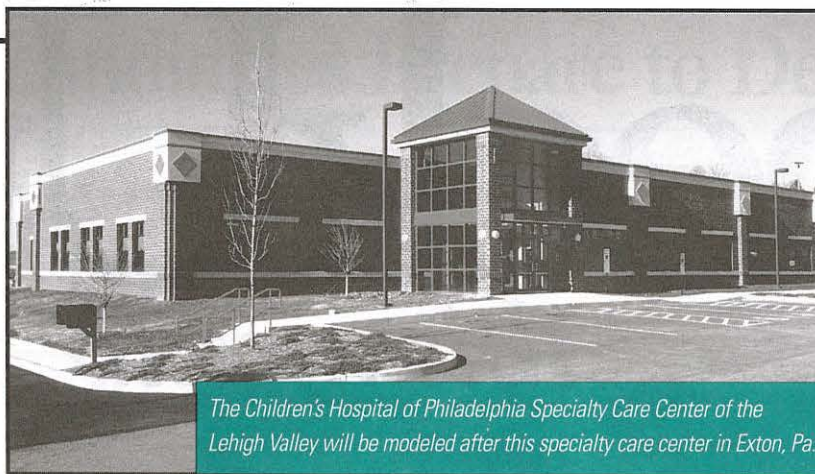
## Children's Hospital of Philadelphia

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John VanBrakle, M.D., chairman of pediatrics at LVH, agreed. "More than 1,000 children and their families travel outside our area each year for specialized medical care. Parents continually ask that these services be more convenient. Our goal is to provide most of the pediatric resources these children need in a setting closer to their homes and families' place of work. We believe there will be a tremendous benefit to all if the pediatric care they need can be provided within their own community whenever possible," he said.

LVH will construct the outpatient center, which will connect to the north side of MHC. Construction is expected to begin next summer. The center will be between 5,000 to 10,000 sq. ft.

The Children's Hospital of Philadelphia will lease, operate and staff the facility. It will work with LVH to recruit physicians in such pediatric specialties as oncology and gastrointestinal medicine. These physicians will live and practice full time in the Lehigh Valley. In addition, The Children's Hospital of Philadelphia will schedule its own pediatric specialists based at the Philadelphia hospital to come see area patients as needed. A small percentage of children with highly



The Children's Hospital of Philadelphia Specialty Care Center of the Lehigh Valley will be modeled after this specialty care center in Exton, Pa.

complex medical conditions will be treated at the Philadelphia location.

The center at Muhlenberg will be modeled after The Children's Hospital of Philadelphia Specialty Care Center in Exton, Pa. That center has 14 exam rooms, an outpatient surgical suite, an audiology suite, a diagnostic radiology suite, an ophthalmology suite and a physical/occupational therapy suite, along with various testing facilities.

Similar outpatient centers are located in King of Prussia, Pa. and Voorhees, N.J., with the latest one scheduled to open in April in Chalfont, Pa.

Pediatricians from LVH will collaborate with The Children's Hospital of Philadelphia to develop a Level II pediatric intensive care unit at LVH. This unit has the

capability to care for severely ill children requiring hospitalization, including children on ventilators, those recovering from extensive surgical procedures, and others requiring continuous bedside nursing care. The new unit also will be able to stabilize and support a patient during the critical time before transfer to The Children's Hospital of Philadelphia should the nature of

the illness require the care of a Level I unit.

The LVH pediatric intensive care unit will be adjacent to the pediatric inpatient unit and the new neonatal intensive care unit at the Cedar Crest & I-78 site. It will extend the capabilities of LVH's Level 1 Trauma Center, one of four trauma centers in the state that is also qualified to treat children with critical injuries.

The Children's Hospital of Philadelphia opened in 1855 as the nation's first children's hospital, and today provides medical and surgical care to children from throughout the world. It has been ranked by U.S. News and World Report as one of America's best pediatric hospitals for seven years in a row. ■

by Constance Walker

## ABOUT OUR PEOPLE...

The following employees in sterile processing recently earned certification from the National Institute for the Certification of Healthcare Sterile Processing and Distribution Personnel: **Kathy Briggs, Daniel Eckert, Holly Gaugler, Stephanie Gross, Wade Huber, David Lembach, Brenda Owens, Gary Sicher and Ginger Swinscoe.**

Perfusion department members **Ralph Montesano** and **Michael Quinn** were elected charter president and treasurer, respectively, of the Pennsylvania State Perfusion Society. **Debra Zarro** serves on the society's fund-raising committee.

**Ruth Davis, R.N., M.B.A.,** and **Daniele Shollenberger, R.N., M.S.N.,** care management systems, presented "Improving Collaborative Practice Patterns" at the User and Educational Conference for Transition Systems in May in Miami Beach, Fla.

**Sheila Sferrella, administrator, radiology,** was elected to a two-year term on the American



### THEY WALKED FOR THOSE WHO CAN'T

The "Walking Wonders" team from ambulatory surgery at 17th & Chew won the "traveling" Silver Team Award for raising \$1,000 for the Multiple Sclerosis Walk held in April. Team members sharing the award are: (L-R) Rosemary Wimmer, Cathy Person, Joni Landis and Mary Bowers. An estimated 50 walkers from LVH raised more than \$3,500 for the MS society, according to Nancy Eckert, nurse coordinator for the MS Center at LVH, who attended the awards meeting in June on behalf of the hospital.

Healthcare Radiology Administrators' board of directors.

**Will Miller, M.D.,** department of family practice, co-authored several articles in the May issue of *The Journal of Family Practice: The Value of a Family Physician, Understanding Change in Primary Care Practice Using Complexity Theory, Illuminating the "Black Box", and Primary Care Practice Organization and Preventive Services Delivery.* ■

### COMING TO THE GREAT ALLENTOWN FAIR THIS YEAR? ...Why not park in lot 7 and help the Allentown Auxiliary raise money for the hospital?

During Fair week, Sept. 1-7, auxiliary members will man 17th & Liberty St. lot, an annual fund-raising activity that has resulted in an annual donation of \$7,000 to LVH.

Second-shift at 17th & Chew can park FREE in lots 5 and 6 from Tues.-Fri. On Sat., Sun. and Mon., the auxiliary will charge for parking in lot 7 between noon and 9 p.m.

## Heart & Urology Programs

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data including mortality rate, service mix and technology. Those specialties are: cancer, cardiology/cardiac surgery, endocrinology, gastroenterology, geriatrics, gynecology, neurology, orthopedics, otolaryngology, pulmonary disease, rheumatology and urology. Rankings in ophthalmology, pediatrics, psychiatry and rehabilitation were based on reputation alone.

To be considered for ranking, a hospital had to be a member of the Council of Teaching Hospitals (COTH), or be affiliated with a medical school, or have a minimum of nine out of 17 key technologies readily available. This year, 1,985 hospitals were evaluated.

LVH's cardiac surgery program was recognized recently for its quality in a state report on open heart surgery by the Pennsylvania Health Care Cost Containment Council, achieving better-than-expected outcomes. The report supported the growing evidence that high-volume heart surgery programs have the best results. Since the heart surgery program began in 1975, about 20,000 bypass operations have been done at LVH.

The heart program was ranked 28 on the "America's Best Hospitals" list for cardiology/cardiac surgery.

The urology division has nine board-certified physicians who run an active oncology program. The division is involved in Prostate Awareness Week — a program every September that offers free prostate cancer screenings — and last year, implemented brachytherapy — the

use of radioactive seeds in the prostate to treat prostate cancer — "with excellent results," Laskowski said.

The division has an aggressive quality assurance program and last year began an active participation in the residency training program at LVH, participating in surgical training and weekly seminars with Penn State University's College of Medicine, Hershey. The program was ranked 29 on the "America's Best Hospitals" list for urology.

The geriatrics division at LVH also has been nationally recognized, ranking on "America's Best Hospitals" list in 1996 and 1997. ■

by Constance Walker

# Shock-Trauma and CNS Merger Set for September

FEWER INPATIENTS AND BRIEFER STAYS IN THE SHOCK-TRAUMA AND CENTRAL NERVOUS SYSTEM UNITS HAVE LED TO the decision to merge the units Sept. 9. This will reduce the total number of beds and staff, and save several million dollars per year.

The new 12-bed "Trauma/CNS Unit" will occupy the former shock-trauma (STU) area at Cedar Crest & I-78, and treat both trauma and neurosurgery patients. The merged unit will contain eight fewer beds than the combined total of STU and central nervous system (CNS), which have 12 and eight respectively. After the merger, the special care unit will move to the vacant CNS space on the sixth floor at Cedar Crest.

Clinical work redesign over the past year has significantly decreased the patient census and length of stay in both units, said Kate Quinn O'Hara, administrator for STU and CNS. "Because of these trends and the expected loss of trauma patients to a local competitor, we saw an opportunity to merge the two similar units and improve our overall costs," she added.

According to Michael Pasquale, M.D., chief of trauma and the STU medical director, "We're seeing the same number of trauma patients in the ED, but admitting fewer. We don't need as many beds." Pasquale and Mark Lester, M.D., neurosurgeon, have been named co-medical directors for the merged unit.

The average length of stay for trauma patients is a day shorter than six months ago, due chiefly to newly devised clinical protocols that focus on providing the right care in the right setting, Pasquale added. "We don't keep blunt cardiac injury patients for a mandatory 24 hours in shock-trauma anymore, for example. We do an EKG (electrocardiogram), and if it's normal, we discharge the patient."

Likewise, most brain surgery patients, whether being treated for trauma, cancer or another neurologic condition, now spend only a day in CNS, down from three to four days last year, said Carol Fox, R.N., the CNS director since 1994, who will be patient care director of Trauma/CNS.

Shock-trauma's current director, Mary Jean Osborne, R.N., calls the merger "a good idea, one whose time has come." She is working with Fox to prepare for the integration of the units' staff member committees and reviewing the educational requirements for the new nursing staff.

"We're changing cultures, which is challenging," Osborne says. "Some of these are long-standing committees." After the merger, she will assume the patient care director position in the open-heart and transitional open-heart units.

All staff will require several months of cross-training before being able to care for both trauma and

neurosurgery patients, according to Fox. "The patients, though similar, are not identical. Initially, staff will treat the types of patients they're familiar with, while they develop expertise in caring for the other types of conditions."

The consolidation will reduce a total of 22 FTEs from both units. Fox reports that most staff have been placed in positions on the new unit, filling vacancies that have been open since January.

And while staff may have some discomfort or concerns about the upcoming change, Pasquale and Lester have nothing but praise for the planning and people involved.

"The decision-making process has gone smoothly because it involved nurses, physicians and respiratory therapists," Pasquale noted. "The change has been painful for staff, but they have been truly phenomenal in handling the situation."

Lester agrees: "They have shown incredible professionalism and are very committed to the merger. Mary Jean and Carol have done an impressive job working with the staff. The merger is a real tribute to their leadership." ■

by Rob Stevens

## Muhlenberg Rehab Center Earns Top Accreditation

MUHLENBERG REHABILITATION CENTER (MRC) HAS EARNED THE HIGHEST LEVEL OF ACCREDITATION FOR THE second consecutive time from the national authority on medical rehabilitation. The Commission on the Accreditation of Rehabilitation Facilities (CARF) awarded MRC a three-year accreditation in the category of "Medical Rehabilitation Programs, Comprehensive Inpatient Category Two, Skilled Nursing Facility (Adult)," following an on-site survey of MRC in May.

MRC's first certification in 1995 marked the first time a facility in Pennsylvania received a three-year accreditation in the Adult Skilled Nursing Facility category.

"We are proud and pleased to have obtained this level of accreditation for the second consecutive time," said Elizabeth Forro, administrator of MRC. "It reflects not only our commitment to quality programming, but also the extraordinary efforts of the skilled professionals who care for our patients each day."

According to Donald E. Galvin, Ph.D., president and CEO of CARF, "Muhlenberg Rehabilitation Center demonstrates quality rehabilitation programs, measured by rigorous standards. This three-year accreditation is a credit to the high-caliber operations of MRC and its commitment to continuous quality improvement." ■

by Melissa Wright

## NICU Seeks Improvement Through Benchmarking

WITH THE CHANGING HEALTH CARE INDUSTRY, THE QUESTION BEGS: HOW CAN YOU CUT COSTS AND INCREASE quality of care?

The neonatal intensive care unit (NICU) is looking for the answer through a national benchmarking program of the Vermont Oxford Network. Through the Network database, NICU has access to outcomes data and research, representing 20,000 premature infants at 250 hospitals. During the next 2-1/2 years, NICU's multidisciplinary teams will visit hospitals with excellent outcomes and participate in face-to-face brainstorming with the other NICUs in the program.

"If we identify superior performance, we can adapt that same quality of care here," said Sharon Smetzer, director of NICU.

Premature babies are among the most expensive patients to care for, costing about \$1,000 a day. NICU treats about 350 infants a year and by decreasing their stay by two days, the unit could cut costs by at least \$700,000 a year. "We're confident we can do this responsibly, and improve the care for these vulnerable babies," Smetzer said.

NICU has already created a "family discharge planning guide," which outlines the parents' responsibilities in caring for their newborn, and provides a checklist to ensure parents feel comfortable with feeding, safety, CPR, home monitoring and medication administration. With the guide, parents begin planning six weeks prior to discharge.

Diane Kennedy, NICU nurse, helps parents Jennifer and Paul Christman feel comfortable caring for their premature daughter, Kelly.



"They can accomplish their responsibilities sooner," said Barbara Werner, patient care specialist and an OI team member. "Previously, discharge was sometimes delayed because the parents didn't feel confident taking their infant home. Maybe they hadn't taken their CPR course or didn't have a car seat."

When benchmarked with other hospitals in the Vermont Oxford Network, the NICU at LVH compares favorably for length of stay and outcomes. "There's always the opportunity to do better," Smetzer said. "We have to continually seek ways to improve upon our practice."

To do that, it takes input from every discipline. "Each person has their own area of expertise and ideas about how we can improve," Werner said. "For example, a respiratory therapist might know something that a nurse or neonatologist might not know and vice versa. We can learn from each other and make decisions as a team to provide efficient and effective care." ■

by Pamela Maurer



Lou Liebhaber, COO

# 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.

## Shared Vision, Efforts and Success Lightens Our Challenges

I DIDN'T ENTER HEALTH CARE THINKING THAT HOSPITALS COULD SOMEDAY BE PLAGUED BY BILLION-dollar debts, bankruptcy and Medicare reimbursement shortages, and I expect you didn't either. Financial misfortunes you've heard about recently in the media may be "business as usual" in some hospitals, but not at LVH/N.

We've weathered threats to our future, and continue to be challenged to improve our care and costs. But I'm optimistic about our long-range outlook, because we're united by the vision for healthier communities that our founders shared.

Today, this vision is translated into our four Institutional Priorities, which give us direction as we navigate the swirling seas of uncertainty.

I'd like to give you a brief update on the network's key achievements in fiscal year 1998 and our planned activities this fiscal year, all in the context of these Institutional Priorities. I think you'll agree that they reinforce our claim that *ALL HOSPITALS ARE NOT ALIKE*.

### PennCARE

Our network of 11 hospitals and members of their medical staffs is vital to our ability to thrive in the growing managed care environment. Just how successful is PennCARE? It finished 1997 as Eastern Pennsylvania's only integrated delivery system to record a surplus of revenues from the Aetna/U.S. Healthcare contract. And the HMO is relying on

PennCARE as its partner for years to come.

Also, PennCARE has nearly completed negotiations with the Penn State/Geisinger Health Plan (PS/GHP) to provide services to their members in the northern reaches of the network and new members in the Lehigh Valley, where PS/GHP will soon expand. This means LVH could receive tertiary patient referrals from up north or be directly responsible for additional "covered lives" in the Lehigh Valley.

PennCARE hopes to enter the Medicare managed care market early next year with the launch of MedCare Plus. Success in managed care for seniors requires a focused comprehensive care management program, supported by current data on clinical outcomes and resource consumption, and PennCARE is well on its way to putting these tools in place.

### Functional Plan

Many of you have relatives and friends who once worked for Bethlehem Steel. The sad lesson from this story is the importance of planning for the future.

How are we ensuring that our network remains a vital health care resource far into the next century? Here are some of the network's accomplishments during the most recent fiscal year and progress you'll witness in FY99:

- We broke ground for the East Building and erected its steel frame. By the end of this year, the frame will be enclosed, and by next July, the first floor will be occupied.

- A new partnership with Children's Hospital of Philadelphia will provide many specialty pediatric services to the Lehigh Valley for the first time. This project will serve children, who otherwise would have to travel to Philadelphia or New York for their care.
- We will develop a cancer program at MHC this year. Patients diagnosed at MHC will also be treated there and have access to the resources of the John and Dorothy Morgan Cancer Center.
- Our Health Services Division announced the Trexlertown medical mall project last year, which will offer our neighbors healthy choices. The facility will welcome its first patients in November.
- Early this month, the first LVH departments moved into the 1770 Building (formerly the IBM building) on the MHC campus, which will save the network rental costs of \$350,000 per year.
- The network continues to invest in technology that enhances patient care and helps us to work more accurately and efficiently. We recently purchased a device that removes kidney stones more safely and with less pain than previously, and are beginning to use technology to create, store and transmit digital radiologic images, sometimes to remote locations.

### Operations Improvement

Being cost-effective is critical to survival in this era of lower payments, and our OI program is more necessary than ever.

We fell \$5 million short of our OI goal in FY98, but began promising work toward hitting this year's \$17.5 million target. The other good news is LVH's total OI achievement since the program's beginning exceeds \$85 million, and our actual cost per case decreased last year by 3 percent.

Most of our OI savings in FY99 will come from the clinical OI initiatives in 11 areas.

Many are accelerating the transition from inpatient to outpatient care. This allows patients to go home sooner, where they continue to receive care from their families and from our Home Care nurses. It's a win-win: less time in a hospital, fewer readmissions and healthier and happier patients.

In our efforts to have the right people doing the right work at the right cost, we are on track to reduce 500 FTEs at LVH by the close of this fiscal year, and to date, no layoffs have resulted. We have seen incredible collaboration across the network as nearly 100 affected employees were placed in new jobs in only two days.

You can have fun and earn cash prizes while bolstering our OI effort through the revitalized Working Wonders program. This all-cash spinoff of

## TEAMWORK SCORES SSP WIN

### WE DID IT!

In the first year of LVH's Shared Success Plan (SSP), our team rose to the challenge and raised our monthly Press, Ganey score for "likelihood of recommending the hospital" to 89.4, which is above the minimum target, 88.7. We also reduced our expense per adjusted admission to \$8,301, nearly the SSP maximum. What a team!

Because of this outstanding work, LVH staff members who participated in the FY98 SSP are eligible for a cash bonus this November. The exact amount will be calculated after the financial "books" are closed at the end of October.

The SSP was announced June 1997 when LVH's new compensation plan was launched. LVPG and LVHS have separate bonus plans and do not participate in LVH's SSP. Muhlenberg Hospital Center and Muhlenberg Rehab Center will participate in this year's SSP. These details are forthcoming in CheckUp.

We've "raised the bar" for success in FY99 because of higher customer expectations and increased financial pressures from our payers. And we've changed the Press, Ganey targets from numerical scores to percentiles reported quarterly. Customer service and financial progress will appear routinely in CheckUp.

I'm confident that our talented and committed hospital team will continue their outstanding efforts and help us reach these goals:

### PRESS, GANEY:

**Threshold** — maintain current 68th percentile

**Target** — 3 percentage point improvement

**Maximum** — 5 percentage point improvement

### Patient services expense per adjusted admission:

**Threshold** — \$7,096 (budget)

**Target** — \$7,025 (1 percent less than budget)

**Maximum** — \$6,883 (3 percent less than budget)

Continued on next page ➡

# SERVICE STAR IS ONE OF THE FAMILY

THE LAST YEAR WAS THE MOST DIFFICULT IN EDWARD GORRIE'S LIFE. MULTIPLE SCLEROSIS LIMITED HIS ability to shave, shower and feed himself, but four times a week Home Care health aide Dennis Cook was there to help.

"We didn't have any family around here, so Dennis became a part of our family," said Ed's wife, Rose. "He was so encouraging to Ed. He would try to get him to eat and bring in goodies to pique his appetite."

Talking about it brings Rose Gorrie to tears, but she finds comfort in reminiscing about the ways Cook would try to lighten the mood.

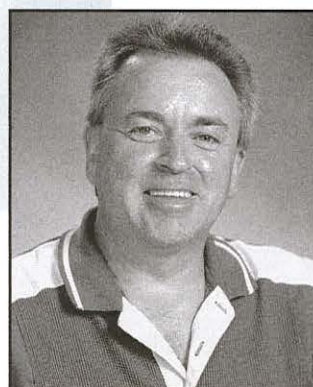
"Dennis always had a sense of humor and never became flustered, no matter what the circumstances were," Rose Gorrie said. "While getting ready for the

day, Dennis would put aftershave on Ed and then slap some on himself. The two of them together really smelled nice. I would say 'where are we going tonight?', even though I knew we weren't going anywhere."

Now, Ed is gone, and helping him go with dignity earned Cook July's Service Star award. "Ed would be thrilled to know Dennis got this award," Rose Gorrie said.

An original Service Star who helped develop the PRIDE initiative, Cook often receives thank-you cards for his care. Other nominees for Service Star were Melissa Aguilar, Hospice, and June Schlicher and Collee Yons, cashiers at 17th & Chew. ■

by Pamela Maurer



Dennis Cook, July's Service Star

This letter from Ed Gorrie's children truly shows Cook's humanity:

*Dear Dennis: I would like to thank you for everything you did for our parents. You cared for our father in such a way that allowed him to maintain his dignity, and for that we will be forever grateful. Emotionally,*

*you were a tremendous help to Mom. She called me every day and often mentioned how great you and (Home Care nurse) Rita Bendekovits were. Your condolence card truly touched me when you said that Dad was "tired." He was and we are relieved that his suffering has come to an end. We'll be in touch when things settle down here. Mom has a difficult time ahead of her but she is the strongest person I know. She'll make it. Thank you for your compassion.*  
Love, The Gorrie Kids

## Issues & Initiatives

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the initiative launched nearly two years ago promises quicker processing of ideas with help from the Working Wonders staff. I encourage you to team up and help achieve our \$2 million Working Wonders goal.

This year we'll see LVH staffing ratios approach national benchmarks, while we monitor their impact on quality and patient satisfaction. Is it possible to balance cost and quality? Look at what we achieved so far in the midst of the most difficult times in our history:

JCAHO accreditation with commendation for the network; U.S. News & World Report's best hospitals list for cardiology and urology; and the ranking of LVH's open heart surgery program as one of the state's best in the most recent Pennsylvania Health Care Cost Containment Council report.

### Member Satisfaction

Thanks to your hard work, we saw our patient satisfaction scores rise higher than ever last year, a remarkable feat given the formidable odds we faced.

As a result, we met the Press, Ganey score in our Shared Success Plan and hit our financial target as well, further evidence that quality can improve as expenses are reduced. (See "Teamwork Scores SSP Win," page 4.)

Many clinical units and services improved considerably in FY98, including the perinatal unit, food services, transitional trauma, progressive coronary care and the cancer center. They showed that focusing on a team goal does bring results.

We've learned already this year that if we get distracted our patient satisfaction scores will slip. Let's redouble our efforts to put our patients at the center of our attention. Our PRIDE behaviors help us put customer service into action, so we meet the patients' expectations.

Let's also remember that PRIDE applies to our treatment of each other. The "care" in health care is an attitude we should personalize in relating to all of our customers, including our colleagues.

Sharing work, challenges and success makes it a little easier on everybody. Our organization must continue pulling together with a common purpose. Fortunately, we're united by our vision of the future of health care and prepared to surmount the challenges in our path. ■

DURING HER FIRST EIGHT YEARS AS A NURSE AT LVH'S 17th & Chew site, Sonja Mendez worked eight hours some days, and 12-hours on others. Most days she worked with different care givers than on the previous day, treating different patients. Her 4S unit took a primary nursing approach to patient care, while most others used a team concept, and the differences often resulted in poor communication, marginal patient satisfaction and inconsistent care.

Today, Mendez, a patient care specialist on 7A at CC& I-78, sees a dramatic difference since her unit launched work redesign based on patient centered care (PCC) three years ago on June 19. 7A was the first unit at LVH to implement PCC, bringing a patient-focused, team approach to the bedside.

"Patients now develop a relationship with their team, especially the chronic patients," Mendez explained. "Families also become familiar and friendly with staff." Her 24-bed unit treats patients with kidney disease, many of whom have diabetes.

One benefit of PCC is increased patient satisfaction. According to Shelley Mesics, R.N., 7A's patient care director, the unit's Press, Ganey score for nursing has jumped 10 points since 1995. LVH as a whole ranks at the top in this category among all hospitals in its Press, Ganey peer group.

Staff and physician satisfaction are also on the rise on 7A, as are most key quality indicators. These items are measured every six months by the professional development department. The data for 1998 will be reported in an upcoming CheckUp article.

Craig Reckard, M.D., general surgeon and chief of transplant surgery, says PCC has changed patient care on 7A. "I think there's better continuity of care with the team approach. I was initially skeptical, but I'm becoming more positive about it as the kinks are worked out," he said.



Sonja Mendez, R.N., 7A patient care specialist (right), and technical partner Catharina Rieder review a patient's vital signs "on line." 7A, which pioneered patient centered care at LVH, is LVH's pilot site for the use of wireless laptops for on-line documentation.

One "kink" Reckard would like to see fixed is the telecommunications process. "It's sometimes hard to reach a nurse by phone on the evening and night shifts," he says. Yehia Mishriki, M.D., likes the physical changes on PCC units. "The chart is now kept outside the patient's room, so I don't have to

look for it when I'm doing rounds," explains the medical director for 7B, where PCC was introduced July 12, 1995. "I like the pull-down table top in the hall for writing progress notes and the practice of stocking standard items in the patient rooms."

"I think these improvements have freed up 15 percent of my time," Mishriki estimates. He too sometimes has trouble finding a nurse, but adds that he's heard staffing is leaner in Philadelphia.

The team approach is also working on 7B and 6C, says Maryann Rosenthal, the units' patient care director. "Many patients who routinely come back to 6C ask to be taken care of by their team," she said, adding, "Both units have been recognized for their patient satisfaction."

7B was honored for the "Most Improved Patient Satisfaction" at the 1996 Star Celebration, and a 6C team received a Friends of Nursing award for PCC at last year's gala. Besides pleasing patients, PCC has many advocates on 7B, especially staff who have seen "the old way." Judy Berrier, R.N., an 18-year veteran of 17th & Chew, says teamwork is a plus for staff and patients.

Her feeling is echoed by long-time LVH staffer Judy Young, R.N., and patient care coordinator Angela Rinaldi, R.N. For technical partner Marty Bright, PCC brought opportunities for increased clinical involvement, something he has craved for many years. "I can draw blood, do EKGs and change dressings. Life is a lot better under PCC," he beams. ■

by Rob Stevens



*Zalika Bailey (left) and her nurse, Linda Miller (right), play with a Mulan doll as Zalika's parents, Basil and Ayana watch in amusement.*

## TRAUMA IN THE POCONOS: *A Personal Account of LVH's Response*

had been identified upon arrival. So, while the medical staff was attending to injuries, the phones were ringing off the hook with parents frantic to find their children. Slowly, the children were identified and the parents notified.

While all of this was happening, I was answering media inquiries about the accident and the patients' conditions. At 11 p.m., I got word that the families of the children were on their way from New York. Carol and I met at the emergency room to prepare for the families' arrival. I had expected to walk into something out of a movie with people all over the emergency room, crying and yelling in pain. It was nothing like that.

"With everything that we had going against us – pediatric traumas, no identification, families in New York – things went so smoothly," said Bill Albright, the chaplain on-call. "Staff came along to help with no hesitation."

It would be a long night for the families, so we set aside a room with coffee and muffins. When they couldn't be with their children, it was a place they could go to find comfort in each other and talk with Bill.

Sadly, one child died that night in the shock-trauma unit. However, our emergency department and trauma team stabilized the other children over the following days, and most were released that weekend.

Later in the week, I talked with two families after their daughters, Candise Clark and Zalika Bailey, had received skin grafts to treat serious abrasions. The

New Yorkers couldn't thank and praise Lehigh Valley Hospital enough. "My daughter has been given excellent care from Dr. Okunski, the pediatric staff and the trauma team," said Donna Clark, 6-year-old Candise Clark's mother.

It wasn't just the medical care that impressed her, but the personal attention provided by the child care specialists. "Candise wouldn't talk until Fran [Feathers] got to her," she said. "Fran was able to make her smile and even laugh a little bit."

In fact, Candise and Zalika were kept quite busy by the child care specialists and volunteers with nail polishing, videos and game playing. But they weren't the only ones able to make the girls smile.

Support partner Bob Rausch and his dancing mop did the trick as well. Bob would always stop in to give the girls a little hug, a kiss on the forehead or even some Swedish fish to let them know he cared.

Ayana Bailey, 7-year-old Zalika's mother, had the option to transfer her daughter from Lehigh Valley Hospital to a hospital closer to home and her other children. However, the family decided to stay. "The teams you have working together here to keep the children healthy are wonderful – the trauma doctors, pediatric staff, social workers, occupational therapists, trauma nurses, plastic surgeons – everyone!" Ayana exclaimed.

I think her thought sums up what I felt. It amazed me at how many different people and teams worked together to help make these children better. ■

*by Kristen Hoffman*

THE SONG AT THIS PARTICULAR PARTY COULD HAVE GONE: HAPPY BIRTHDAY TO YOU... AND YOU... AND YOU... AND YOU!

Sound redundant? Not when you're singing to quadruplets.

Several doctors, nurses, residents and staff gathered at 17th & Chew last month to celebrate the first birthday of Jonathan, Morgan, Kyle and Rebecca Kaschak, who were born on July 22, 1997.

"The birthday party was just another example of everybody at Lehigh Valley Hospital going above and beyond the call of duty," said mother Karen Kaschak. "It was a nice reminder of how far the kids have come and how fortunate we have been."

Last year, Karen Kaschak of Hazleton spent 66 days on bed rest in LVH before giving birth to the quads by Cesarean section. Because of her long hospital stay, she delivered her babies at 34 weeks, beyond the 29-week goal for multiple births.

"I got to know a lot of people at Lehigh Valley Hospital, and many of them have become a part of our extended family," she said. "I was so happy they got to see the fruits of their hard work, to see the kids doing so well."

Healthy as can be on their first birthday, the babies were crawling around the room, trying to walk, goo-goo-ing and ga-gaa-ing and showing off their individuality to

## A Happy Birthday "Four" the Kaschak Quadruplets



*Karen Kaschak celebrates her quadruplets' first birthday at LVH.*

*Top: Mom holds Morgan and Rebecca.*

*Bottom: Kyle, busy big sister Amanda and Jonathan*

the staff who cared for them when they weighed less than four pounds.

There's Jonathan, the oldest. "He takes after me," said dad James Kaschak. "He's pouts a lot and makes faces."

Then there's Morgan, who was on oxygen battling respiratory distress days after birth. "She really pulled herself out and actually, ended up coming home first,"

mom said. "She's very independent." "She's the leader of the pack," dad said. "She steals toys from the others and crawls to the corner. She tells them in her way that this is mine, and you have to try to get it from me."

And Kyle, who was born the biggest. "He's the lovable one," James Kaschak said. "He just wants to cuddle."

Last but not least is Rebecca, the youngest and the tiniest at 16 pounds. "She's the demanding one," said Karen Kaschak. "And she's determined. She just might be the first to walk."

If the quads don't keep the Kaschaks busy enough, they have another child, four-year-old Amanda. "She's the best big sister," Karen Kaschak said. "She doesn't want to leave them alone. She calls them her babies."

So just how do the Kaschaks keep up? "We've converted our living room into a nursery and have learned to keep a record of who eats, who had their diapers changed, who sleeps," Karen Kaschak said. "The only place we ever really go is the doctor's office, and there's not a lot of time to sit around or watch TV, but we wouldn't want it any other way."

And if it wasn't for Lehigh Valley Hospital, my babies wouldn't be here to...crawl out the door," Karen Kaschak said with a laugh as she dashed after Rebecca, who darted into the hallway.

Never a moment's rest at this party, especially with quadruplets on a sugar high. ■

*by Pamela Maurer*

## FROM KIDS TO COLLEGE

### Former Peds Nurse Heads Cedar Crest Health Office

IF YOU HAD ASKED NURSE PRACTITIONER NANCY CRANE-ROBERTS THREE YEARS AGO WHAT SHE WOULD be doing today, boy would her response have been wrong!

Then, she worked in the pediatrics clinic at 17th & Chew. She liked her job; however, a nagging voice inside her whispered that maybe it was time for a change.

Meanwhile, at the request of Cedar Crest College, the Health Services Division of Lehigh Valley Hospital and Health Network developed a program to provide health care services to local colleges. The program needed someone to operate the health office, maintain records, give physicals to athletes, coordinate health education and work with physicians in providing primary care to the students.

Nancy Crane-Roberts was the perfect match, said Jacqueline Jones, dean of Student Affairs, Cedar Crest College. Familiar with working with Lehigh Valley Hospital through activities like Spirit of Women, Cedar Crest was well aware of the reputation of the hospital, its doctors and staff.

Besides Crane-Roberts, the College Health Program staff at Cedar Crest includes Renee Wolst, a part-time medical assistant, and Susan Gible, an athletic trainer. Lehigh Valley Family Health Center

(LVFHC) and South Side Family Practice provide medical care several hours a week at the campus and in their office as needed. LVHIN's courier service is available in case students require non-emergency treatment at LVFHC or diagnostic treatment at LVH.

Lehigh Valley Health Services' Guidance Program provides counseling and other behavioral health services. Charlotte Gross of Health Services is a liaison between Cedar Crest and LVHIN and promotes College Health activities. Chris Rock, administrator, Health Spectrum Pharmacy and Medical Products, supervises the program.

"We are very happy with the College Health Program," Jones said. "When it was time to renew the contract, we never questioned it."

From August 1997 through May 1998, the College Health office received more than 1,900 student visits. The Counseling Center, staffed by therapists from Preferred EAP, logged 280 visits.

The College Health staff and other members of the LVHIN team presented 28 educational programs on topics including healthy eating, date rape, homesickness, HIV, smoking and surviving final exams. Cedar Crest was also a screening site for depression and eating disorders. The Allentown Health Bureau and Health Services offered free



Nancy Krane Roberts (left), Director of Health and Counseling Services, Cedar Crest College, cares for student Erin Fowler (sitting), while her friends Amy Wagner and Dean Jacquelin Jones (far right) lend their support.

HIV and chlamydia testing at the campus. Health Promotion and Disease Prevention offered aerobic classes.

"Taking a holistic approach, we are committed to offering students choices," Jones said. "Cedar Crest couldn't be happier with Crane-Roberts and her colleagues at College Health."

And, the feeling is mutual. Crane-Roberts, who received her doctorate degree in nursing science in July, thinks her current job is nearly perfect.

"This has been one of the most satisfying professional experiences of my career," she said. "Our hospital and health network have so many interesting opportunities. I would encourage anyone to consider these positions seriously. They might find an ideal position that they never even considered." ■

by Mary DeHaven

## FAMILY CAREGIVER CANCER EDUCATION PROGRAM BIDS A FOND FAREWELL

DURING THE PAST FIVE YEARS, THE FAMILY CAREGIVER CANCER EDUCATION PROGRAM (FCCEP) HAS HELPED thousands of cancer patients and families deal with the hardships of the disease. Now, the John and Dorothy Morgan Cancer Center is challenged to continue the work started by this program.

The Pennsylvania Department of Health introduced the FCCEP in 1993 as a response to increasing demand on families resulting from the shift from inpatient to outpatient cancer care. The department awarded a three-year contract to four health care providers — the Morgan Cancer Center, the Pittsburgh Cancer Institute, the Milton S. Hershey Medical Center and the University of Pennsylvania. The Morgan Cancer Center was responsible for 17 counties in northeastern Pennsylvania.

"The shift in patient care often results in placing great demands on family members and others in the non-medical community, most of which are unprepared to assume such caregiving roles," said FCCEP Director Lorraine Gyauch, M.A., R.N. "This program empowered caregivers — professional or personal — to provide a caring presence, education and support to those living with the cancer experience."

To enhance patient care and quality of life for the family, the FCCEP included caregiver and local instructor courses for family caregivers and health care professionals; support groups; distribution of the free "Helping People Cope: A Guide for Families Facing Cancer" manual; a state toll-free

number 1-800-PA-CANCER connected to the Pennsylvania Cancer Community Resource Database, operated by the nurses of 402-CARE at LVH.

But the Lehigh Valley had other needs. The program was not reaching the growing Latino

population which presented the Morgan Cancer Center FCCEP with a language challenge.

The Latino Outreach Effort earned the Morgan Cancer Center a two-year extension on the contract. Resources were produced in Spanish and disseminated through the bilingual teaching team and community outreach workers.

The contract ended in July, but there are efforts to keep features of FCCEP alive, Gyauch said. Suggestions include offering the Local Instructor Course through the Morgan Cancer Center Education Program and the Family Caregiver Course through Support Services. Also, the Community and Latino Outreach Effort could continue through the hospital's Community Health Department. As for the staff, most are job hunting, while others are going back to school.

The FCCEP owes its success not only to the entire staff but to people who participated in the program. "Family and friend caregivers have touched and taught each other and the staff through their profound insight and willingness to embrace joy, challenge and pain," Gyauch said.

One of her fondest memories involves a gentleman who was caring for his wife. Attending the family caregiver class and later the bereavement class, he learned to take time for himself and accept support. The program gave him strength and the ability to handle the experience; without it, he said, "it would have been like going into a gun battle with a sling shot." ■

by Candace Rishko, work-study student

### "FIVE YEARS OF TOUCHING LIVES"

- More than 1,500 lives touched in education sessions.
- More than 82,000 copies of "Helping People Cope" distributed throughout the U.S. and in nine international sites.
- More than 30,000 pieces of printed materials about cancer and caregiving distributed throughout Region III.
- More than 2,700 calls addressed at the 1-800-PA-CANCER toll-free information line.

### Family Caregiver Cancer Education Program Staff

- Gary Marshall, M.B.A., Project Manager
- Lorraine Gyauch, M.A., R.N., Program Director & Oncology Nurse Educator
- Therese M. Gyauch, M.A., Outreach Program Coordinator
- Maribel Landis, R.N., Oncology Nurse Educator
- Mary O'Donnell-Miller, B.S.N., R.N., Oncology Nurse Educator
- Joan Hoffman, L.S.W., Social Work Educator
- Louisa Weber, M.A., N.C.C., Social Work Educator
- Anne Winkler, Ed.D., R.N., Education Consultant
- Catherine Kline, R.N., Oncology Nurse Operator
- Jill Korn, R.N., Oncology Nurse Operator
- L. Chris Morehouse, R.N., Oncology Nurse Operator
- Katy Kelly, Outreach Worker
- Angel Lahoz, Outreach Worker
- Alicia Phan, Outreach Worker
- Annette Rodriguez, outreach worker
- Jacqueline Torres, Outreach Worker
- Ilene Guldin, Secretary
- Raquel Quinones, Intern

# Legislative Candidates Prepare to Debate

*As the November election moves closer, LVH employees will get three chances to hear candidates express their views on key issues. The Lehigh Valley races are going to be a decisive force in determining control of the state House of Representatives.*

## SENIORS' HORIZONS FORUMS

Two separate events will be featured as part of Seniors' Horizons, an information and entertainment fair sponsored by LVH's Vitality Plus, American Association of Retired Persons, League of Women Voters, Lehigh County Area Agency on Aging and Northampton County Area Agency on Aging. This fifth annual event encourages healthy, independent living and will showcase product and service exhibits and health experts to answer questions.

The two candidates for the 15th Congressional District will battle in a debate on Aug. 20 at 1 p.m. on the grounds of Musikfest at Main and Lehigh streets in Bethlehem. Roy Afflerbach, Democratic State Senator of the 16th district, will go up against local businessman and restaurant owner Pat Toomey, the Republican candidate, in a hotly contested race.

Susan Hoffman, executive director of Vitality Plus, commented on the importance of this event: "It provides an

opportunity for older adults to become more informed on current legislative issues."

A forum for candidates for the state legislature will be Aug. 21 at 11 a.m., also on the Musikfest grounds. Expected attendees include: Representative Charles Dent (Democratic nominee for 16th Senatorial District), Representative Lisa Boscola (Democratic nominee for 18th Senatorial District), Representative T.J. Rooney, (Democratic incumbent for 133rd Legislative District), Representative Julie Harhart (Republican incumbent for 183rd Legislative District) and Representative Leonard Gruppo (Republican nominee for 18th Senatorial District). The event will be moderated by the American Association of Retired Persons.

## PNC and Medical Staff Sponsor Debate

The League of Women Voters will moderate a public forum sponsored by the LVH Professional Nurse Council legislative committee and the medical staff. On Oct. 15, 7-9 p.m., at the

LVH auditorium, Cedar Crest & I-78, Democratic State Senator Roy Afflerbach and Republican businessman Pat Toomey will present their views on several key issues identified by professional health care organizations and the public. Questions may be directed in advance to the legislative committee at ext. 1789. ■

by Scott Czerwonka, work-study student

## Celebrate the Stars - Oct. 2

MHC STARS TO ALSO SHINE THIS YEAR

MARK YOUR CALENDAR FOR

LVHNN'S 3RD ANNUAL STAR CELEBRATION

OCTOBER 2, 1998

THE HOLIDAY INN AND CONFERENCE CENTER

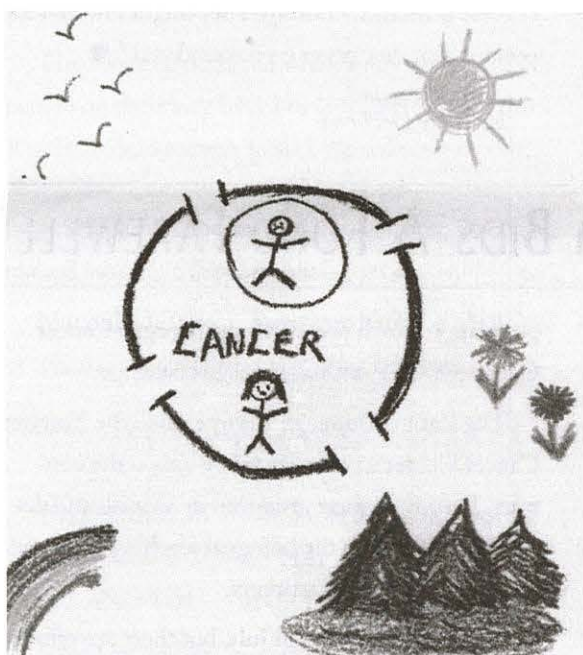
ROUTES I-78 AND 100, FOGELSVILLE

The evening's event begins with a light buffet at 6:30 p.m., followed by a short program and then dancing. Door prizes will be awarded; however, you must be present to win.

The Star Celebration honors employees with 10 years of service or more, as well as staff, departments and physicians who have demonstrated exemplary accomplishments or behavior at LVHNN. The stars from MHC will also shine at this year's celebration.

Invitations will soon be mailed to this year's honorees. Please R.S.V.P. immediately, as seating will be limited and a full house is expected again this year.

## ART EXHIBIT Illustrates Cancer Experience



**Exhibit Dates: Sept. 7 - 18**  
**John and Dorothy Morgan**  
**Cancer Center**

The John and Dorothy Morgan Cancer Center will host an art exhibit aimed at expressing the thoughts and feelings of those who have been touched by cancer personally or through others. In conjunction with a march Washington D.C. on Sept. 26, the exhibit strives to promote cancer awareness and funding.

The exhibit will feature various art forms, including photos, drawings, paintings, crafts, stories, poems and music. One of the drawings that will be on display at the exhibit is pictured at left. The artist is a woman who was a caregiver to her husband. The circles drawn around them symbolize feelings of confinement and illustrate the extent to which cancer controlled and restricted their lives. The woman has openings in her circle to show that she—unlike her husband—could escape through activities she loved, such as nature, reading, writing and yoga. These outlets allowed her to return refreshed and focused on helping her husband. ■

by Candace Rishko, work-study student



SEPTEMBER 19 • 6 p.m.

Don't miss your chance to buy tickets to  
LVHNN's 3rd Annual Black-tie Fundraiser  
Individual tickets still available: \$175  
Call Sheryl Hawk 402-3034



## SERVICE ANNIVERSARIES

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

### Twenty-Five Years of Service

Faye D. Haas  
Obstetrics

Gerard A. Hawkey  
Central Nervous Unit

William F. Klotz  
Supply Distribution Services

### Twenty Years of Service

Deborah A. Sterner  
Clinical Process Development

George F. Holzer, Jr.  
Information Services Operations

Susan E. Emrich  
Physical Medicine

Janet Miller  
Human Resources Administration

Linda M. Heil  
Operating Room

Mari L. Trengre  
Supplier Services

Ann E. Ferry  
Transitional Open Heart Unit

Rene P. Scheirer  
Ambulatory Surgical Unit-OR

Cynthia K. Poniktera  
Ambulatory Surgical Unit-Staging

Saralyn K. Foley  
Respiratory Therapy

### Fifteen Years of Service

Carol M. Hotchkiss  
Progressive Coronary Care Unit

Theresa M. Baranek  
Acute Coronary Care Unit

Nancy C. Dimler  
7B Medical/Surgical Unit

Rose A. Woodside  
3C Staging/Monitored Unit

Victoria A. Polinsky  
Nurse Staffing Office

Regina M. Nichols  
Pre-Administration Testing

Jane Deutsch  
Admitting Office

Annmarie Steber  
Home Care Pocono-Skilled Nursing

Susan M. Spirk  
Home Care-Skilled Nursing

Ian M. Gertner  
Neonatology

Catherine Blacksmith  
Radiation Oncology

Jane Marie Newton  
Nursing Float Pool

### Ten Years of Service

Sandra L. Brown  
Nursing Float Pool

Julie I. Brunner  
7B Medical/Surgical Unit

Migna L. Vargas  
Rapid Response-LVH

Cheryl A. Kennedy  
Pharmacy

Todd H. Althouse  
Security

Bonnie L. Walbert  
Emergency Service-A

Barbara A. Rehrig  
Emergency Service-C

Bernadette M. Maron  
Ambulatory Surgical Unit-Staging

Patricia A. Seier  
Patient Accounting

Gary W. Stone  
Clinical Social Work

Louis D. Englert  
6N Adult Psychiatry Unit

Shawna E. Mahinske  
Sterile Processing

David S. Halal  
5C Medical/Surgical Unit

James Young  
Master Facilities Administration

Susan H. Ferry  
Development

Gloria R. Bartholomew  
Sterile Processing

Robert J. Gross  
LVHS Administration

Eugene F. Anderson  
GICU

Janice M. Magliane  
5B Medical/Surgical Unit

Five Years of Service

Amy J. Flexer  
Day Care Center

Karen Henning  
Tamaqua HSP General & Admin

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

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