

MAY 2004

SURGERY ANYONE?

Andi Parry, R.N., will open you up and get you to laugh at work. See pages 6 and 7.





What's Up, Doc?

Physicians say we make terrific partners in caring for our community's well-being—and that's a reason to celebrate!

focus on PRIDE

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What do we hold most important at LVHHN?

We all share a deep commitment to care for our community's well-being, and our organization's four major priorities enable us to fulfill that commitment.

We champion *operations improvement*, finding cost savings and time efficiencies to help us provide better care. We construct a *functional plan* to create the latest technology and facilities so we always meet our community's needs. We provide *care management* by analyzing clinical data to ensure our high quality of care. And we measure *member satisfaction*, listening to our patients through Press Ganey surveys and to our colleagues and physicians through satisfaction surveys.

We recently hired a professional survey team to independently gather the opinions and input of a random sample of our 1,200 medical staff physicians. We asked them to rate how well all of us work in partnership with them—and they gave us more good news, as you'll read on pages 4 and 5 in this issue of *CheckUp*.

Our physicians say they hold all of us in high esteem for the care and services we provide. They tell us LVHHN is filled with quality people. They tell us our physician-to-physician services—intensivists, hospitalists, emergency department colleagues, radiology and laboratory—are excellent. And above all, they say we're engaged in and confident of the work we do.

Of course, there are always areas that need fine-tuning. As with all of our satisfaction surveys, we take those comments seriously and create action plans that will improve our work environment. Last spring, 300 physicians and LVHHN leaders met at Lafayette College for

"Good to Great," a retreat teaching us how to better partner with our medical staff. We contributed so many ideas that day and as a result, many of those ideas are in motion.

Projects like Growing Organizational Capacity (GOC) are addressing other issues that will allow us to serve our community better. Look inside this *CheckUp* to learn more about one GOC project—the pull system—a new way to get patients from places like the emergency department and post-anesthesia care unit to an inpatient bed quicker.

This *CheckUp* also tells the story of good things that are already happening, thanks to our partnership with physicians. You see it in Geoffrey Hallock, M.D., who worked with a team of colleagues to perform a one-of-a-kind procedure that saved a young boy's injured leg—and he chose to do that procedure here because of our resources. You see it in Andi Parry, R.N., a physician liaison who builds relationships with her bright spirit and touch of humor.

The physician surveyors told us to "celebrate" our survey results—and you can read more about why on pages 4 and 5. It's because everyone on our team strives to create a most satisfying and effective work environment and gives constant and careful consideration to the needs of our patients. It's a partnership for the community unlike any other, and one that proves All Hospitals Are Not Alike.

Lou Liebhaber, Chief Operating Officer

“He’ll Walk Again”

High Five!

Geoffrey Hallock, M.D. (left), Jerimie Smoak and his mother, Evelyn, have good reason to celebrate.

A young boy almost lost his leg—but then he found old-fashioned caring and modern medicine 500 miles from home



It happened 500 miles away in Estill, S.C.—12-year-old Jerimie Smoak was riding his bike near his home when suddenly he was struck by a car and hurled through the windshield. He broke bones, lost skin on his shin and ankle, and was at risk for losing his leg.

Doctors down South tried to help him—but it was one doctor here who made all the difference. Little did this boy and his mother know that a physician who carries a little black doctor’s bag (known as his “lunch bag” for the last 22 years) and has an office decorated as a mini-Cooperstown (site of the baseball hall of fame) would save Jerimie’s leg.

This physician is Geoffrey Hallock, M.D., associate chief of plastic surgery—but how did Hallock and this family connect? It was because Hallock had such an influence on one of his former residents, Meghan McGovern, M.D., who is now Jerimie’s doctor in Savannah, Ga., and often calls Hallock to say “hello” and ask for advice. “Dr. Hallock is a great teacher and mentor—and he is one of the nation’s renowned experts in the surgery that Jerimie needed,” she says. “I knew LVHHN was the best place for Jerimie.”

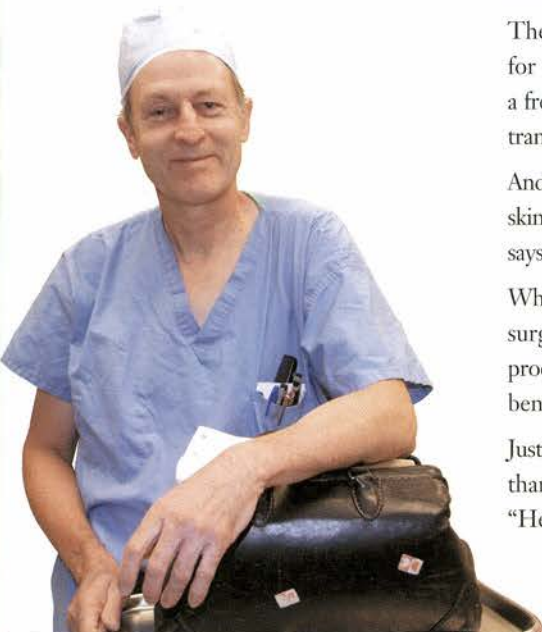
The challenge would be getting Jerimie and his mother here, because they didn’t have funds for a flight. Hallock and David Rice, director of microsurgery, knew just what to do. They arranged a free flight through Angel Flight East—Rice is a volunteer pilot for this nonprofit group that transports patients and families in need of medical care.

And when Jerimie arrived, the duo went to work again—in the operating room this time, transplanting skin, muscles and blood vessels from Jerimie’s back to his damaged leg. “Without the surgery,” Hallock says, “Jerimie undoubtedly would have been seriously disabled and even was at risk for losing his leg.”

While Hallock is on staff at all other local hospitals, he chooses to perform this highly complicated surgery “only at LVHHN because it has the best people and best facilities.” “You could say the procedure (called free-flap reconstruction) is ‘magic,’ ” Hallock says, “because 95 percent of people benefit in ways they or we never imagined.”

Just look at Jerimie who is sure to walk again and probably even ride a bike again. “We can never thank Dr. Hallock enough for saving Jerimie’s leg,” says Evelyn Smoak, Jerimie’s mother. “He’s a wonderful man.”

Geoffrey Hallock, M.D., has sutures, gauze, novocaine and sometimes even lunch in his black bag—and he has a wealth of knowledge in his mind and a lot of caring in his heart.



Dennis Lockard

Come On, Let's Conga

Start up the music. Get on your feet.

The physician satisfaction
survey results are in!



TOP 10 TUNES"

The survey ranked physician satisfaction from 1 to 5, with 5 being excellent and 1 poor.

Attribute/Service	LVHNN Rating	Jackson Database	Action Strategy
1 Nurses in the OR	4.29	3.83	Celebrate
2 Nurses' level of professional skill and competence	4.14	3.61	Celebrate
3 Intensivist program	4.12	n/a	(LVHNN category, not in database)
4 Overall quality of the nursing staff	4.12	3.54	Celebrate
5 Nurses' level of respect for the medical staff	4.08	n/a	(LVHNN category, not in database)
6 Nurse director or head nurse	4.03	3.60	Celebrate
7 Laboratory services	3.98	3.51	Celebrate
8 Pathology services	3.96	3.60	Celebrate
9 Education opportunities and resource available to the medical staff	3.90	n/a	(LVHNN category, not in database)
10 Medical staff services office	3.88	n/a	(LVHNN category, not in database)

If you liked the sounds of the record-breaking employee satisfaction survey, then get in line to celebrate the results of a recent physician satisfaction survey.

The survey, conducted by the Jackson Organization, went to 375 members of the medical staff late last year, asking them to rate LVHNN departments and services. An impressive 195—or 55 percent—responded. Jackson then compared results to its national database—giving an action strategy to “improve” in areas where scores fell below that database and “celebrate” where scores rose above.

“When it comes to rating quality of services, physicians are very critical, so our results are very impressive,” says Alex Rae-Grant, M.D., medical staff president. “More than nine out of 10 physicians say they are satisfied with LVHNN and rank us above our peer group of hospitals nationwide in almost every category.”

Why We Should Dance

- Most physicians say they plan to refer more patients to LVHNN and in most cases saw no reason to refer them anywhere else.
- Most physicians say they are satisfied that management is preparing the organization to meet the future needs of the community.

Who's Leading the Line?

- **Nursing colleagues.** They have the respect and admiration of our physician colleagues, especially for their quality, skills and competence.
- **The intensivist program,** showing that our hospital-based intensive care physicians are meeting the goal of improving critical care medicine. Look for even better care as we



Grab a Dance Partner! They're doing the conga and celebrating our successful partnership with physicians. The LVHHN dancers: Andrea Long, R.N.; chief operating officer Lou Liebhaber; Lisa Forstburg, R.N.; medical staff president-elect Donald Levick, M.D.; Corrie Miller, R.N.; Herbert Hoover, M.D.; public affairs senior director Susan Hoffman; Robert Murphy, M.D.; Catherine Wisneskie, R.N.; and past medical staff president Edward Mullin, M.D.

begin our "tele-intensivist" service, allowing the intensivist to monitor many critically ill patients in different locations at once (like having a private physician at the bedside at all times) and nurses to spend more time with patients because of electronic charting.

- **Laboratory, pathology and radiology** services all receive superior grades.
- **Emergency department physicians** for quality.

Where We Need Improvement

While the competency of nurses and technology in our operating rooms (OR) scored high, physicians say turnover time and the availability of anesthesiology could be improved. The good news: an OR team is working on increasing on-time case starts, talks are beginning about creating more OR space and anesthesia chair

Thomas McLoughlin, M.D., is creating scholarships and educational opportunities to attract more nurse anesthetists, a role in demand nationwide.

Action underway also is encouraging in the emergency department, where physicians say communication could be better. "The Growing Organization Capacity project is addressing communication and process to help patients move from the ED and onto a unit to receive timely and comfortable care," says chief operating officer Lou Liebhaber. "Every member of the multidisciplinary team has a voice in how we can work better." (Read more in this month's GOC insert about the pull system.)

The Next Step

The survey produced a 116-page report, which the medical staff leadership is using to develop an action plan that will improve

patient care and physician satisfaction even further. "Partnership with our physicians in caring for our patients is essential to our success," Liebhaber says. "It is our job to make sure that we understand how we can be even better partners. This survey will be our road map."

While LVHHN physicians were polled in the past, the Jackson survey is a more comprehensive tool, Rae-Grant says.

"This survey gave us numbers to compare to national averages and sets a benchmark so we can measure our progress," he says. "We're planning on doing this again and most organizations score higher on each subsequent Jackson survey. That gives us even more reason to celebrate."

Gary Kimball

Tips for an even better workplace—In the next *CheckUp*, read about departments that improved the most in employee satisfaction from 2002 to 2004, and learn tips that can help you improve your work environment, too.

OPERATION?

Wear your "Candid Camera" glasses

—and appreciate daily absurdities. (Come on, they're good stories to tell!) When things go awry in the neurosciences center, administrative secretary Sharon Bartz and her colleagues throw on wacky glasses and bang out their frustrations with a toy hammer and nails.

Play like a child.

Remember when you used to play dress up? Well, the pharmacy department does that—sort of. Pharmacist Ann Wotring was one of the lucky ones who appeared on the pharmacy's intranet site, her head pasted on Wonder Woman's body. Check out the team's goofy photos at www.lvh.com/webpublic/CheckUpHumor/.

Start a joy journal.

Write down things that make you chuckle, like compliments from Mr. Wonderful. "You look so beautiful in the morning," Mr. Wonderful says with a squeeze of his hand. He regularly cheers up the neurosciences center staff!



Who's That Clown?

Andi Parry, R.N., stood in Newark Airport eagerly introducing herself to the man with a wiry 6-foot-4-inch build, long stringy gray hair and handlebar mustache. Yes, she was about to hop on a plane with this mysterious man who shuffled in his size 17 shoes, tipping his rainbow-colored Sherlock Holmes hat to passersby.

He was, in fact, the great Patch Adams, M.D., who makes a world of sick people laugh again. Inspired by his mission, Parry donned her own clown attire and joined Adams on a tour to

cheer up people in Russia. That was 14 years ago and what she learned was invaluable—"We need humor right here, in our lives and hospital," Parry says. "Everybody should have a rubber chicken and whoopee cushion."

Parry, a physician liaison, has liked a good laugh since she was a child, putting on backyard plays and idolizing Carol Burnett and Lucille Ball. "When we grow up, we work hard, we think silliness is for kids," she says. "But adults need clowns, not children."

To help inject humor at work, Parry went to clowning school with Joe Vincent, M.D., and his wife, Emily. "I flunked juggling, making balloon animals and joke telling," she says. "But it doesn't matter—because I have my secret weapon."

That's her 32-year-old daughter Kristen, who has Langer-Giedion Syndrome, a rare genetic disorder. "No matter how stressful the day, Kristen keeps me positive," says Parry (a mother of three, with a son serving in Iraq). "Kristen always wants to be silly and laugh—her smile lights up a room."

If you need a funny bone transplant, take some tips from this surgical team



Keep fun props in your desk and car.

You'll find chattering teeth, noise makers and red clown noses in Andi Parry's stash. Cut Parry off in traffic and she'll draw out your funny bone by flipping on a red nose and waving. But remember to use the AT&T test—is it appropriate, timely and tasteful?

Make time for humorobics.

Heidi Derr, health services coordinator, and her colleagues challenge each other to lunchtime Pictionary tournaments. These sketch artists also track the adventures of their own cartoon character, Stumpy. One colleague even took him on vacation and included him in photographs.

Get a funny bone transplant.

Pulmonologist Joe Vincent, M.D., studied "laughter medicine" in clown school and humor workshops. You, too, can take a humor workshop (see What's Happening on pages 12 and 13) and study to be a LVHVN volunteer clown by calling Betty Anton, 610-402-8897.

So, challenge Parry by being too serious and she'll make you laugh. Get in a tough situation and she'll call a special "code" that brings people to your aid. She'll even make a funny face (she practices them every morning) and sing a song.

Parry's singing began when she was an ICU nurse. She had a singing partner, Sherry Semmel, known as "Singing Shery." You could hear them belting out Sonny and Cher's *I Got You Babe*... but one day their good times came to a tragic end when Semmel died in a car accident. Parry drew on her resolve, comforting colleagues by

saying, "God needed another angel in his choir." "Life is difficult," Parry says, "but how you deal with it makes you happy or miserable."

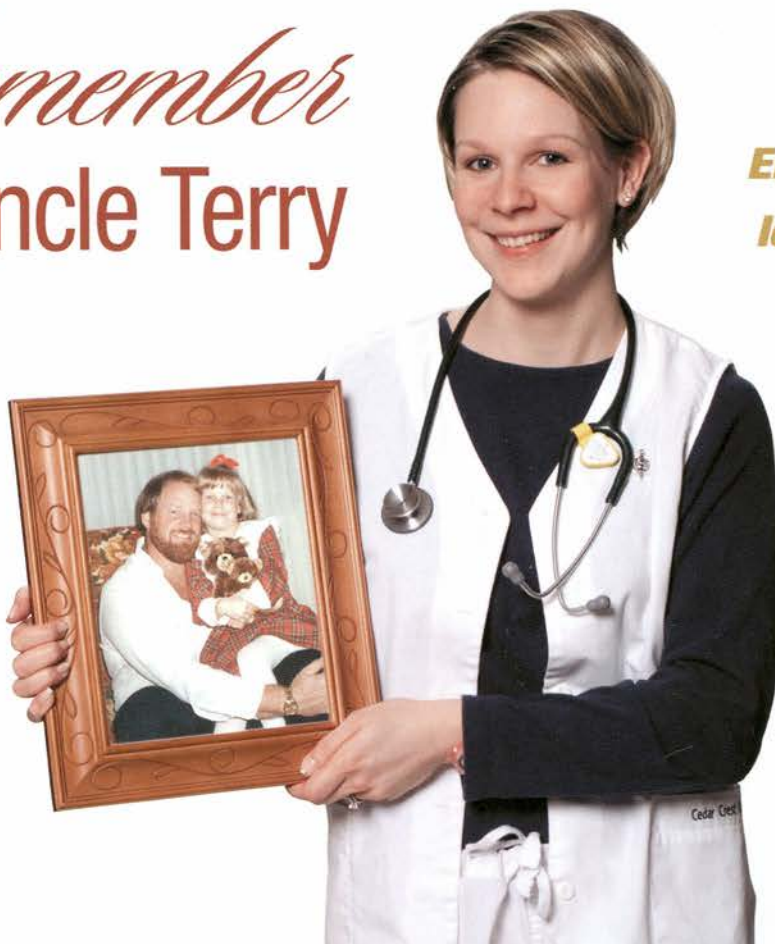
Parry chooses to be happy and passes that onto colleagues by hosting her own humor course. And she's created a mental scrapbook of stories that fulfill her—she recalls checking the grip of a patient in a coma. There was no response, but Parry spastically dropped to the floor as if he broke her hand. "When his family arrived, I said, 'Hey, show 'em how hard you squeezed my hand,'" she says. "He grabbed my hand and opened his eyes with a smile."

So who needs juggling jesters when we have Andi Parry? "Just like my patient, we should all wake up with a smile," Parry says. "We all have the potential to make our workplace and world special."

Joe Candio Jr. and Pamela Maurer

Learn how to "Laugh Yourself Healthy" by reading *Healthy You* magazine's humor feature at www.lvh.org/humor or call 610-402-CARE.

Remember Uncle Terry



**Erin Colley, R.N.,
learns how life—and
death—can be your
greatest teacher**

Erin Colley's first patient was her Uncle Terry Yoder. She's here with him at age 5 and later cared for him as his student nurse at LVHHN. She was even his godmother as he was baptized Catholic in his hospital bed. She tells her story in her award-winning Friends of Nursing essay—read it at www.lvhhn.org/memorable.

Uncle Terry—he was one of Erin Colley's favorite uncles. Mention his name and she can hear him now. "Oh my sweet niece," he would say when she would respond to his bedside. Colley wasn't an R.N. yet, but you could say she was his nurse.

She was actually a student nurse, working as a clerk on the unit where her Uncle Terry was losing his 6 1/2-year battle with skin cancer. She did everything a student nurse could do—took his blood pressure, gave him back rubs and scratches, and more. "We had wonderful talks about life, about death and shared our own laughter and tears—all usually over a bowl of Fruit Loops," Colley says. "I knew he was preparing for his new journey."

And Colley was preparing for her journey, one that began with her childhood dream to care for people. She began her road to this greater purpose when she enrolled in nursing school at Cedar Crest College and earned an Anderson Scholarship, part of a \$29 million trust from the late Carl and Anne Anderson. A former Air Products executive, Carl Anderson volunteered 3,000 hours building the LVH-Cedar Crest hospital—and Colley is among more than 170 nurses who have received his scholarship and agreed to work here upon graduation.

"Erin had a 3.8 grade point average, and also exhibits the attitude and desire we look for in our nurses," says Valerie Kocher, clinical services, nursing liaison. And what attracted Colley to LVHHN? "I've been able to do research, base my practice on evidence, find mentors in the critical care internship and be part of a Magnet hospital," she says. "But the patients touch me the most—we share their good times and their bad times. They trust us with their lives, and we learn from them."

Colley's latest milestone: she passed her boards last month. "I can finally walk into a patient's room and say 'Hi, I'm Erin, your nurse,'" she says. And every time she sings that phrase, she feels thankful for the nursing education that LVHHN helped make possible, and for the life lessons from caring for Uncle Terry, who passed away on June 1, 2002.

"While I will have many memorable moments in my nursing career, I believe Uncle Terry will be my most memorable," she says. "He taught me, better than any class every could, that a patient is more than a blood pressure and a pulse, but instead a whole person—body, mind and soul."

Take a writing workshop, peruse poster presentations, go to the plant sale—all part of Nurses' Week. Learn more in What's Happening on pages 12 and 13.

Growing Organizational Capacity

Making a "Push" for the Pull System

It's a more streamlined way to get
patients into inpatient beds

QUICKER

It was considered a "push" system, but in reality, the old way of getting patients from the emergency department (ED), post-anesthesia care unit (PACU) or express admission unit (EAU) to an inpatient bed wasn't a system at all.

"The ED and other areas tried to push patients onto units, but every unit had its own way of doing things, and that created confusion," says 4C and EAU director Tami Lee, R.N. "We needed a uniform way to help stop ED diversions and operating room holds while increasing patient satisfaction."

*So the pushing
stopped...and the pulling is starting.*

Lee and a team of nurses, physicians, nurse educators, case managers, information services technicians, management engineers and organizational development consultants tackled the challenge by creating a "pull" system, a major growing organizational capacity (GOC) project. Pull is based on a manufacturing concept that anticipates demand for a product, and the team here has applied that concept to anticipate demand for care. Electronic bed-board colors signal colleagues to anticipate and plan for when they can "pull" a patient onto their unit, instead of reacting to patients being "pushed" onto their units.

Still in its infant stages (the system started at LVH-Cedar Crest in late January and LVH-Muhlenberg in mid-March), pull is experiencing growing pains. "This is very different from the way we're used to operating, and it will take everyone's patience and talent to make it run smoothly," Lee says. "But when it runs smoothly, our patients will be the big winners."

Results are already positive—the time it takes to move a patient from the ED to an inpatient bed has decreased by 30 minutes. ■

Read how "pull" is getting its grip on the ED, PACU and inpatient units inside.

As pull team leader, Tami Lee, R.N., tugs away at reducing delays by helping units anticipate when new patients will arrive.



Where “Pull” Is

TAKING HOLD

The Emergency Department

Ever drive in the dark *without* headlights? That’s how Keith Micucci, R.N., and his LVH–Cedar Crest ED colleagues felt at times before the pull system. “Sometimes patients would ask when a bed would be ready, and we didn’t know the answer,” Micucci says.

Pull is giving caregivers and patients a clearer light at the end of the tunnel. In the ED, the system starts with a brown light—the bed-board symbol signifying an empty and ready-to-be-cleaned inpatient room.

As the DBST cleaning team comes onto the scene, patient logistics alerts both the ED charge nurse and the receiving unit point person (either an R.N. or administrative partner) via page. The ED nurse then begins filling out a “no-delay nurse report”—an online form giving the patient’s receiving floor nurse an update on the new arrival. “It eliminates multiple calls to give a verbal report, allowing us more time at the patient’s bedside,” Micucci says.

Once the report is filed, the ED nurse alerts a patient transporter. He arrives just as the bed board turns from yellow (indicating the room is being cleaned) to green (indicating the room is ready to be occupied). A courtesy call or page is then sent from the ED to notify the unit of the patient arrival, so when he arrives, colleagues are ready to offer a warm welcome.

The ED is making changes to make pull work better. They include having four ED-specific transporters on standby and picking up telemetry boxes from a unit prior to patient movement to curb delays.

Micucci already feels the positive results of pull. “Now I can tell patients exactly what room they’re going to,” he says. “That makes patients and families happier.” ■

Keith Micucci, R.N., emergency department, and Deb Bauer, technical partner, PACU, use their energy to make pull work for everyone.

Introducing the Pull

610-402

If you have an issue or concern with the no-delay nurse report, you can call 610-402-8323. Please include your name and time with each message for an accurate follow-up by the pull team. Anonymous.



Where “Pull” Is

BEING REDEFINED

Pull isn't perfect—yet. That's something technical partner Deb Bauer learned when she first started transporting patients from the PACU to inpatient units.

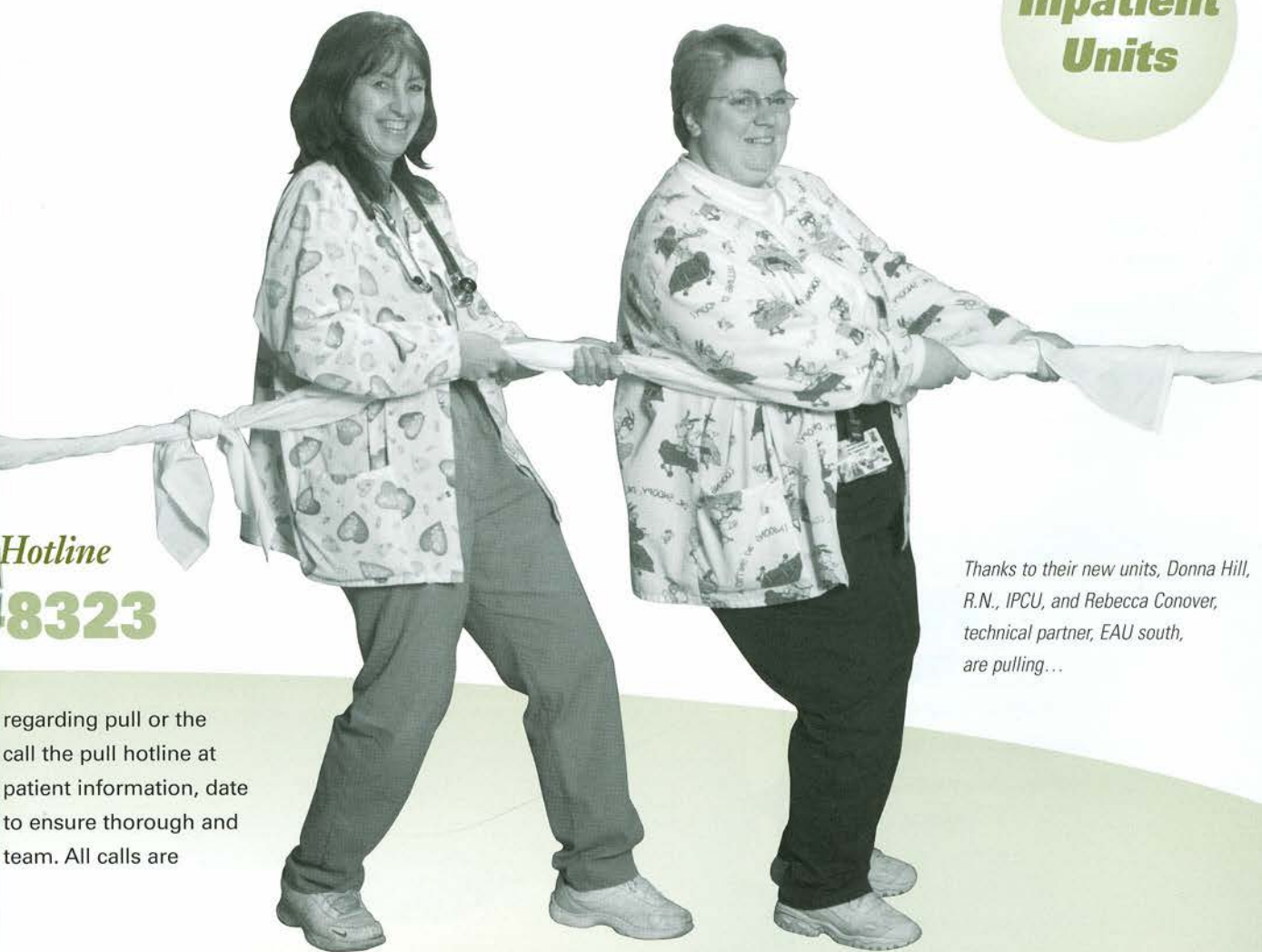
While nurses on inpatient floors receive pages telling them a patient is coming, the message didn't always carry through to all unit colleagues and that led to some surprised looks when Bauer arrived. So she and her fellow PACU technical partners, who transport all post-surgery patients to inpatient floors, developed a plan.

Using a survey initially designed to identify transport delays, PACU learned from inpatient unit nurses that a courtesy phone call (in addition to a page) prior to the patient leaving PACU went a long way. Now it's done before every transport, “and it's leading to a lot less frustration when we arrive,” Bauer says.

Like Micucci, Bauer sees more satisfied patients thanks to pull. “I can tell a patient, ‘your bed is cleaned and you'll be there soon,’ instead of, ‘we're working on it,’ ” she says.

She also knows pull is still experiencing growing pains, but is confident it's the best way to reduce delays for patients and eliminate operating room holds that can delay surgeries. “As long as we keep the lines of communication open between us and the inpatient units, we can all work together to make this a success for everyone,” she says. ■

Inpatient Units



Hotline
8323

regarding pull or the
call the pull hotline at
patient information, date
to ensure thorough and
team. All calls are

*Thanks to their new units, Donna Hill,
R.N., IPCU, and Rebecca Conover,
technical partner, EAU south,
are pulling...*

Here a Bed, There a Bed...

Everywhere a Bed!

Two new units bring 32 additional patient beds

It started with a simple conversation between patient logistics director Lisa Romano, R.N., and clinical services senior vice president Terry Capuano, R.N. "You mean those surgical staging unit beds aren't used in the afternoon?" Capuano remembers asking Romano.

Just three meetings and a lot of behind-the-scenes work later, LVHHN's newest eight-bed patient care unit was born.

Called the express admission unit (EAU) south, it uses a portion of the surgical staging unit, where patients are prepared for surgery each morning. EAU south is open from 2 p.m. to midnight, temporarily housing medical and surgical patients from the emergency department until a permanent inpatient bed is ready.

"On the EAU south, ED patients who are waiting for their inpatient bed have a place to call their own for a few hours," says unit director Tami Lee, R.N. "There, they can complete their admission paperwork and rest in a quiet, more private area."

EAU south is an extension of the original EAU (now called EAU north), which treats patients admitted directly from physicians' offices.

"It's been so successful that starting an EAU south is a natural," Capuano says. "It's a wonderful way to give our patients the best care."

The EAU south, which opened March 1, is one dynamic part of find-a-bed, a Capuano-led growing organizational capacity (GOC) project that's locating more patient beds to help LVHHN treat more community members. Already, 32 new beds are here in 2004, including the EAU south and the 24-bed IPCU (interventional progressive coronary unit), which opened in late January.

Led by director Paulette Kennedy, R.N., the IPCU is the final phase in the expansion of The Regional Heart Center at LVH-Cedar Crest. The unit treats patients undergoing interventional cardiac catheterization procedures (such as stent placement) and also treats less acute monitored heart patients.

"It's amazing how far heart care here has come," says IPCU nurse Donna Hill, R.N., an LVHHN colleague of 17 years. "When I first started, sometimes patients had to go to Washington, D.C., for certain procedures. Now we do it all, from heart surgery to angioplasties to stents, and having a separate IPCU is one part of that great care." ■

...more inpatient beds to
LVH-Cedar Crest.



SERVICE STARS of the MONTH

The Real Lifesavers

It was a snowy January day. José Ortiz and Susan Druckenmiller were processing mail in the LVH-17th and Chew streets mailroom with fellow clerk Pat Flamisch when Druckenmiller heard Flamisch gasping for air. She was choking on, of all things, a peppermint Lifesaver.

Druckenmiller began the Heimlich maneuver, but couldn't dislodge the Lifesaver. She called for Ortiz, who was able to successfully free the mint. Flamisch's lungs filled with air and her heart filled with gratitude. "We were close co-workers and friends before, but now they are my heroes," she says.

The three have worked together for several years, but usually don't work in the same mailroom. It was serendipity that they were together, and they ponder, "What if we weren't there? What if we didn't know CPR?"

"There wasn't time to think," Ortiz says. "But we fell back on previous CPR training to react quickly." Both their certifications had lapsed, but they now have renewed interest in brushing up on their skills.

Now Flamisch asks herself, "What if my family member would begin choking?" Never having had CPR training, she plans to take a course with her husband—and has given up Lifesavers.

"You just never know when and where you might need CPR," she says. "Lehigh Valley Hospital saves lives every day, just not usually in the mailroom!"

Erin Alderfer

CPR Saves Lives—So Get Trained!

See *What's Happening* on pages 12 and 13 for May's dates and times. To read a *Healthy You* article about "Why You Should Know CPR," call 610-402-CARE or visit www.lvh.org/cpr.



JOSÉ ORTIZ and SUSAN DRUCKENMILLER SERVICE STARS

Congratulations to Award Nominees

Resa Herr, manager, medical records, home care and hospice

Nominated by Diane Fink, R.N., director and George McCracken, administrator, home care staff

Renee Johnson, R.N., LVH-Muhlenberg

Nominated by Rosemarie Huyett, R.N.

Marianne Kostenbader, R.N., manager

Nominated by Sharon Borger, administrative secretary, emergency medicine institute

To nominate a star, go to e-mail's bulletin board at **Forms_rewards**. Right click to "use form."

WORKING WONDERS



Tod Cook, biomedical equipment technician, plans on taking up a new hobby and purchasing a Kayak with his Working Wonders award. Cook has used his keen eye for detail to help other departments in the hospital save money through the Working Wonders program.

Recently, Cook suggested that we buy wires (for patient monitors) directly from the producer, rather than a supplier. He came up with this idea when he noticed the name of the supplier on the box was different than the maker of the product—being more observant saved the hospital more than \$3,500. "I look at everything around me and ask, 'Is this the best way possible?'" Cook says.

You can do the same. Here's how:

Think about saving time.

You don't always have to think about dollars. Ask, "How can we do this more quickly without compromising quality?"

Sweat the small stuff.

Ask questions about the little things that seem routine. These often lead to the biggest savings.

Research the practicality of your idea.

Review journals and literature, look at how other hospitals do it and talk to colleagues to see if your idea would work.

Joe Candio Jr.

How It Adds Up

IDEAS To purchase patient leadwires from the manufacturer rather than a supply and distribution company.

BY Tod Cook, biomedical equipment technician

ESTIMATED ANNUAL SAVINGS \$3,795

AWARD AMOUNT \$379

Submit an idea via e-mail's bulletin board at **Forms_LVH** or by clicking "**Working Wonders submission form**" on the intranet (www.lvh.com).

The Man Behind the Portrait

Fred Jaindl loved his community and his family—and his spirit lives in our hospital and our hearts

Some know him only from his distinguished stance and stoic stare as they pass through the Fred Jaindl Family Pavilion.

But what that portrait doesn't say about the late Fred Jaindl is that he would "show up at cystic fibrosis fund-raisers, cheer on his grandchildren at basketball games, and uphold a work ethic that trickled down to family," says Karen Nuschke, R.N., 4A, a Jaindl family friend.

The community was Fred Jaindl's playground and his family was his pride-and-joy. They dined together every week on turkey dinner, carrying on his mother's tradition. They worked the family business together—the turkey farm, the bank, the land company—and they made important decisions together, too, such as the one to support Lehigh Valley Hospital.

"Fred Jaindl's belief has been that we live in a community where we *care* about our neighbors, even if we don't *know* our neighbors," says Elliot J. Sussman, president and chief operating officer. "The Jaindl family has touched our lives in more ways than most of us realize—whether you've broken bread over a Jaindl turkey, received care in the Fred Jaindl Family Pavilion, live on the land they cultivated or enjoy the scenery of their farms."

Fred Jaindl has given so much—and when the Jaindl family needed support, LVHHN was there for them, whether through the birth of children or during illness. Wanting to ensure the hospital would be there to help their family and community for years to come, they contributed \$6 million (the largest gift at that time) to fund the Fred Jaindl Family Pavilion. Thanks to the Jaindl family, other families experience the birth of their children, sick mothers and babies receive expert attention, and people receive diagnostic tests all in one place and care for the most complex heart problems and critical illnesses.

Health care has always touched the lives of the Jaindl family. Fred Jaindl's wife, Anne, worked as a nurse; so did her mother and sister. Today daughter Alice Brown, who once cared for patients here, is the family's company nurse.

Fred Jaindl himself wanted to be a doctor, but he never left his father's farm. He would always say, "The backbone

of Pennsylvania Dutch is hard work, smart work, honesty and family"—so he helped his father operate the business, then a 60-acre, 2,000-turkey farm. But you could say Fred Jaindl was a doctor, Anne Jaindl said in a 1999 *CheckUp* interview. Farming is somewhat like medicine, she said, and Fred Jaindl was "very tuned into animal feelings and people feelings."

That sensitivity attracted Anne Jaindl to her husband when they met 54 years ago, when he would "travel" with her brother, Buddy. In a 1999 interview, Fred Jaindl recalled their courtship: "I heard he had a nice-looking sister, so I went to his house. She was there with her boyfriend, but that didn't stop me. I saw her at a basketball game the next week...and we got married three months later."





Do you have a Fred Jandl memory to share?

The Jandl family is asking to hear your stories—so please write them down and address your note to the Jandl family and send it interoffice to Public Affairs, 1249 South Cedar Crest Blvd. Your stories will be included in a scrapbook of memories that the family will create for each Jandl grandchild. (If you don't have a memory, you may send a condolence.)

The Jandl family (below) delivered flowers

from Fred Jandl's memorial service to remember him at his portrait in the Fred Jandl Family Pavilion, LVH—Cedar Crest. Shown in this 1999 photo are...in the first row seated (l-r): Elizabeth Brown, Julie Jandl, Zachary Jandl, Luke Jandl, Adam Jandl, Josh Jandl, Ericka Leuthe and Joanna Jandl. Middle row seated (l-r): Mary Jandl, Pat Jandl, Ben Jandl, Alice Brown, Beth Jandl, Jackie Jandl, Cathy Leuthe, Emily Brown and Jacob Jandl. Last row standing (l-r): George Bogner, Joe Brown, Mark Jandl, Anne Jandl, Fred Jandl, David Jandl, Jim Leuthe, John Jandl Jr. and John Jandl. (Not pictured, Derick and Michael Jandl.)

Soon the couple began the family they always dreamed of having. While Fred Jandl toiled on the farm, Anne Jandl cared for their eight children at home—and today, there are 14 grandchildren who also will carry on his strength and values. “Fred Jandl was at the heart of our community, and his friends and family adored him for his loyalty, his character and his sense of humor,” Sussman says.

Even those who know him only from his portrait, “felt his loss—everyone from the nurses to support staff,” Nuschke says. But the Jandl family asks us not to mourn Fred Jandl. They ask us to celebrate him and help keep his legacy alive.

Pamela Maurer and Sally Gilotti



You don't have to wish upon a STAR

What's



VYou can join STAR to help prevent breast cancer. AiJee Ng, R.N., float pool, and Betty Heckman, volunteer at LVH-17th and Chew, hope to reduce their chances of developing breast cancer by participating in STAR, the Study of Tamoxifen and Raloxifene. This national research study compares the effectiveness of tamoxifen and raloxifene in preventing breast cancer—and it's your last chance to enroll. If you're interested and 35 or older, postmenopausal and at increased risk for breast cancer, call Debbie Kane, 610-402-0581.

**MAY
2**

MS Walk

9 a.m.

Rose Garden Pavilions, Allentown

Join the MS Center in the MS Walk. To join the team or sponsor a walker, contact Mary Jane Bohunicky at 610-402-6769.

Sun., May 2

**MAY
4 & 5**

Diamond and Gemstone Jewelry Fund-raiser

8 a.m. - 4 p.m.

LVH-Muhlenberg Visitor's Lobby

MichaelBarryJewelers.com offers jewelry, starting at \$100. Proceeds benefit the LVH-Muhlenberg Auxiliary.

Tue., and Wed., May 4 & 5

**MAY
5**

Where to Step In Part II:

A Manager's Guide to Coaching and Counseling

9 - 10:30 a.m.

Building on *Where to Step In I*, this program focuses on effective communication for use in disciplinary situations. For details, contact Preferred EAP at 610-433-8550.

Wed., May 5

**Starts
May 5**

Save a Life — Take CPR

• Orientation

Fri., May 21

1:30 a.m. - 3:30 p.m.

George E. Moerkirk Emergency Medicine Institute, ground floor

• Certification

Wed., May 5

9 a.m. - 12 p.m.

George E. Moerkirk Emergency Medicine Institute, ground floor
Lecture and demonstration for people with expired CPR training.
Take the written and practical test at any time below.

Testing is one hour. LVH-Cedar Crest, Classrooms 1 and 2
Wed., May 26 10 a.m. to Thursday, May 27, 1 a.m.; 7 a.m. - 11 a.m.

• Recertification

LVH-Cedar Crest, Classrooms 1 and 2
For those with current CPR certification. Testing is one hour.
Wed., May 26 10 a.m. to Thursday, May 27, 1 a.m.; 7 a.m. - 11 a.m.
For details on all courses, call 610-402-7099.

Test Your CPR Skills

Sat., June 19

Fire, Police and Public Works Appreciation Day

12 - 3 p.m.

Hanover Township Community Center
3630 Jacksonville Road, Bethlehem

Compete in the CPR-Automated External Defibrillator relay race, a community health initiative sponsored by LVHNN. For details, contact 610-402-CARE.

**MAY
4 - 14**

Nurses' Celebration

• Poster Exhibits

Posters presented at national conferences by the nursing staff will be on display.

LVH-Cedar Crest Jaindl Pavilion

LVH-17th and Chew Main Hallway

LVH-Muhlenberg Main Lobby

• Nurses, Write Your Story

Tell us about your most inspirational day as a nurse, or about the patient who changed your life. Your story could be published in a LVHNN nursing book. Submit your story to Barbara.Verage@lvh.com, Center for Professional Development.

• Writing Workshop

11 a.m. - 1 p.m.

LVH-Cedar Crest, Classroom 1
and broadcast on closed circuit TV—channel 23

Denise Hayes R.N., CRNP, MSN, of Lippincott Williams & Wilkins Publishers, is offering this writing workshop. RSVP by May 9 to Barbara Versage, 610-402-1789.

• Plant Sale

An assortment of spring hanging baskets and potted plants are for sale. Proceeds benefit Friends of Nursing.

LVH-Cedar Crest Anderson Lobby 8 a.m. - 4 p.m.

LVH-17th and Chew Main Hallway 8 a.m. - 4 p.m.

LVH-Muhlenberg Main Lobby 8 a.m. - 4 p.m.

• Table Top Displays

Displays will feature photos of staff members selected to receive 2004 Friends of Nursing award recipients.

LVH-Muhlenberg Cafeteria May 7 - 14

LVH-17th and Chew Cafeteria May 17 - 24

LVH-Cedar Crest Cafeteria May 24 - 30

May 4 - 14

Thu., May 13

Thu., May 6

May 7 - May 30

Happening at LVHHN

**MAY
6**

Facilitation Workshop

Thu., May 6

8 a.m. - 4:30 p.m. LVH-Muhlenberg, Banko 1 & 2
Learn how to become an effective leader and facilitator. E-mail
gwen.rosser@lvh.com to register.

**MAY
6**

Mary Kay Cosmetics and Perfume Sale

Thu., May 6

7 a.m. - 5 p.m. LVH-Muhlenberh Visitor's Entrance Lobby
Proceeds will benefit LVH-Muhlenberg Auxiliary. For details, contact Beth
Mavis at 484-884-2299.

**MAY
11**

Give Blood

Tue., May 11

6:30 a.m. - 4:30 p.m.
LVH-Cedar Crest Anderson Wing Lobby, Classrooms 1,2,3

**Starts
May 11**

Weight Watchers at Work

LVH-Cedar Crest • Tuesdays, starts May 11 • 11:15 a.m. - noon.
Classroom 1

LVH-Cedar Crest • Tuesdays, starts May 11 • 4:45 - 5:30 p.m.
Auditorium

LVH-17th and Chew • Thursdays, starts May 13 • 11 - 11:45 a.m.
1st floor conference room

Payment of \$89 is reimbursable through Choice Plus. Send checks to Lehigh
Valley Hospital, Healthy You Programs, 3401 Fish Hatchery Rd, Allentown, Pa.
Indicate which session you plan to attend. Register by April 28.

**MAY
15**

Cystic Fibrosis Foundation Walk

Sat., May 15

Check-in 9:30 a.m. Lehigh Valley Parkway Iron Bridge
Walk begins 10:30 a.m.
10K walk to benefit cystic fibrosis. To register, contact Carol Trunzo
at 610-402-3174.

**MAY
18**

Bag Lady of Bethlehem

Tue., May 18

8 a.m. - 4 p.m. LVH-Muhlenberg Visitor's Entrance Lobby
Handmade leather goods are for sale. Proceeds benefit the LVH-Muhlenberg
Auxiliary. For details, contact Beth Mavis at 484-884-2299.

**MAY
20**

In The Bag

Thu., May 20

8 a.m. - 4 p.m. LVH-Cedar Crest Anderson Lobby
Handbags and luggage, up to 70 percent off. For details, contact Nancy
Schmoyer at 610-402-8519.

**MAY
27**

Taking Control of Your Stress

Thu., May 27

9 a.m. - 10:30 a.m.
Learn strategies and techniques to deal with stress. For details, contact
Preferred EAP at 610-433-8550.

**JUNE
24**

Humor in the Workplace

Thu., June 24

9 - 10:30 a.m.
Learn how to use humor appropriately and avoid becoming a "Terminal
Professional." For workshop details, please contact Preferred EAP at
610-433-8550. Read about humor on pages 6 and 7.

The Recreation Committee Appreciates You

This coupon is good for a FREE bagel or cookie to be redeemed
in any cafeteria at any site during the week of April 26 - 30.

Must be original coupon, no photocopies.

Meet LVHHN's New PHYSICIANS



Melissa A. Geitz, D.O.

DEPARTMENT

Medicine

DIVISION

General Internal Medicine

PRACTICE

Lehigh Valley Hospitalist Services

EDUCATION

Bloomsburg University

Lake Erie College of Osteopathic Medicine

RESIDENCY

UMDNJ/Kennedy Memorial Hospital



Gerald M. Miller, M.D.

DEPARTMENT

Medicine

DIVISION

General Internal Medicine

PRACTICE

Solo

EDUCATION

Lafayette College

Hahnemann Medical College

RESIDENCY

Hahnemann Hospital



Karla M. Stanz, D.M.D.

DEPARTMENT

Dental Medicine

DIVISION

General Dentistry

PRACTICE

Michael C. Rowland, DDS

EDUCATION

Villanova University

University of Pennsylvania School of Dental
Medicine

RESIDENCY

Lehigh Valley Hospital-Muhlenberg

1 All Eyes on the ICU

Already nationally recognized for critical care, LVHHN is now a national leader in mixing technology and human expertise to take better care of critically ill patients. The tele-intensivist service is the only of its kind in the country. Steven Matchett, M.D., chief, critical care medicine, demonstrated on March 8 how specially trained intensivists are able to monitor patients and clinical data from a remote location and interact with the care team to treat patients 24 hours a day. The data is gathered electronically, which allows for unlimited analysis and frees at least an hour of each nurse's day for more bedside care. The tele-intensivist service is expected to go live at LVH-Cedar Crest in July and at LVH-Muhlenberg later this year.



2 Good Samaritan

When Marc Shalaby, M.D., came upon an accident along I-78, he immediately pulled over to help. He found Elizabeth Driver from Phillipsburg, N.J., unconscious and slumped over her steering wheel. Another driver had helped to stop Driver's car after she suffered a seizure. Shalaby checked her vitals, stayed with her until the ambulance crew arrived and then helped her into the ambulance. Shalaby insists that he didn't do anything out of the ordinary, but Driver, now recovered, disagrees. She wrote him a heartfelt letter to express her appreciation. "I can't thank him enough for his kindness," she says.



3 Mark of Excellence

Colleagues remember their friend and fellow respiratory therapist Mark Custead, who died in May 2003 from pancreatic cancer. Larry Mann, director of respiratory therapy (second row, right), and Praxair, Inc., a supply company of gases for hospital equipment, held an educational and awards ceremony on March 16 in his memory. The awards recognized respiratory therapists from area hospitals who portray excellence. The winners are, starting with the front row from left to right, Denise Focht and LVH-Cedar Crest's Uma Bhatt. In the second row are Maggie Brezak, LVH-Muhlenberg, Patty Longenhagen, LVH-Muhlenberg, and Linda Comman, LVH-Muhlenberg, recipient of the director's award, created by Mann.

4 Take This to Heart

Survivors like Edward Lick get special teaching from cardiologists like Gerald Pytlewski, M.D., after suffering a stroke or heart attack. LVH is the only hospital in the region offering the "Get with the Guidelines" discharge program that provides patients with preventative strategies like diet, exercise and medication regimens. This teaching is important as people survive cardiovascular problems—in fact, LVH stands alone as the only hospital in Pennsylvania with lower than expected mortality for heart bypass surgery (in-hospital and within 30 days of discharge), according to a new independent state report. The report also shows LVH-Muhlenberg with an "as expected" mortality of zero and shortest length of stay in the state following bypass surgery.

5 Sue, Do My Job!

Sue Serio (right) and the Fox-29 Philadelphia TV crew spent the morning recently in the mother-baby unit. The broadcast team came to LVH after Connie Gioielli, R.N., saw the regular Tuesday "Sue, Do My Job" segment, and wrote the station to invite Serio to come in and help with newborns. Serio interspersed her weather forecast every 10 minutes during the 5:30-9:00 morning news cast with tasks such as weighing and taking footprints.





Why Spend the Cash?

Why is a \$60 million LVH–Muhlenberg expansion necessary? Because more patients are arriving at the hospital's front door, seeking LVH's care. Investing in new technology (a "gamma knife" to best treat cancerous brain tumors) and improving facilities that hadn't been significantly upgraded in 23 years (creating 80 all-private patient rooms) enables all LVH–Muhlenberg colleagues to continue delivering that care.

While LVH is a nonprofit corporation under the federal tax code, making a "profit," or margin, is still of utmost importance, because that "profit" is reinvested into facilities and services to meet the community's needs. "Like your personal savings leads to a home for your family or a college education for your children, LVH's savings are used to give our community a future of good health and quality care," says chief financial officer Vaughn Gower. "We've seen other hospitals not make a margin, not invest in facilities and equipment, and as a result, they are not able to care for their patients. We can't let that happen here."

What creates that "profit," or margin? "Everybody doing their unique jobs well and creating ideal patient experiences that make patients value the care they receive here," says chief operating officer Lou Liebhaber.

The true bottom line: delivering the best care leads to satisfied patients, which allows us to make margins, which allows us to improve the health of the community. Read more about the financial decisions that shape LVH's future in next month's *CheckUp*.





Celebrating 35 years!

Constance Saylor, Receptionist

Ambulatory surgical unit

Most Memorable Moment Here

While working as a switchboard operator at LVH—17th and Chew, I took the last call before the calls were forwarded over to the new LVHHN (when Allentown Hospital and Lehigh Valley Hospital merged.) I spoke with an ob-gyn doctor, and I told him he was just in time. I then connected him to the admissions office for deliveries.

Other Areas Where I've Worked

Switchboard operator, telecommunications, medical records and pathology

My Inspiration at LVHHN

The great improvements over the years at LVHHN

Best Virtue

I enjoy helping and working with people.

Favorite Pastime

Embroidery

Favorite Cafeteria Food

Hamburger taco

35 YEARS

Constance Saylor
AMB Surg Unit—Staging

Suzanne Smith
Community Health

Judith Smith
Emergency Service—17th

Margie Snyder
Patient Care Svcs—4S

Juanita Miller
Express Admissions

Denise Wright
Adult Psychiatry Unit

Katherine Wuerstle
Emergency Department

Michael Krestynick
LVAS—LVH Muhlenberg

Mark Lester
Neurological Surgery

Patrick McCollan
Biomedical Services

Patrick Morgan
Operating Room

Colleen Rock
Spec Pharm CC Third Party

Susan Rounds
LVH—M Float Pool

Michelle Rummel
Dept. of Medicine

Erin Shay
Aids Activity Office

Gerald Sherwin
Breast Center/General Surgery

Mark Short
I/S Financial & Admin Systems

Barry Slaven
Surgical Specialists/Trauma

Van Velsor
Float Pool

Kevin Virgo
LVAS LVH—CC

Mary Young
LVH—M Heart Station

30 YEARS

Frances Caruano
Mental Health/Retardation

Earl Carver
Medical Library

Paulette Hawkey
7A—Neuroscience Unit

Donna O'Donnell
Medical Records Coding Reg

Donna Rose
ASU-PACU/OR

Miriam Turnbach
ASU-PACU/OR

15 YEARS

Christine Budihas
Info Services Operations

Wendy Cramsey
Neonatal ICU

Sonja Handwerk
Kidney Acquisition

Suzanne Jany
Breast Health Svcs—17th

Terry Koehler
Patient Care Svcs—4S

Susan Long
Progressive Coronary Care Unit

25 YEARS

Alan Keller
Plant Engineering

Karen Schleicher
Labor & Delivery

Janette Tough
Medical Oncology MHC

Bonnie Wehr
Supply Distribution Services

10 YEARS

Constance Brown
Progressive Coronary Care Unit

Michelle Christman
Home Care

Teri Gerhard
Home Care

Ilene Harrison
Social Work

Michelle Lapp
Labor & Delivery

Diane Messenlehner
Claims Adjudication

20 YEARS

Susan Dreher
Pediatric Unit

Joanne Hatch
Operating Room

5 YEARS

Rasheeda Beckles
Sterile Processing

Amy Billman
Hamburg Family Practice Ctr

Maryann Chafin
EMedical Records Transcription

Nirmal Chana
Adult Psychiatry Unit

Kenneth Coburn
PennCare Exec

Cindy Feinour
OB Maternal Fetal Medicine

Kimberly Fenstermacher
Acute Coronary Care Unit

Shelly Gerlach
Emergency Service—CC

Cynthia Goodman
Mumma Radiology Admin

Deborah Halkins
Management Engineering

JoAnne Harder
LVPG Accounting

Susan Johnston
Info Services Administration

Ellen Jones
Respiratory Therapy

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