

## ■ What's Up?

The merger transition team -- chaired by Lou Liebhaber, who is also COO at LVH -- continues to meet every Monday from 8 a.m. to noon, with representatives from both MHC and LVH. Topics for discussion and consideration are in the areas of human resources, finance, operations, patient care, marketing and business development, and information services, among others. This week, the group considered possible priorities for discussion and what those priorities may require in terms of resources. Over the next three weeks, the team will finalize the agenda and time line for activities over the next several months. That information will be published in the Oct. 15 *Merger Update*.

## ■ Rumor Control

Heard a rumor? Unsure what is fact, what is fiction? Call 402-CARE with your question. You may leave your name and phone number and we'll get back to you individually. Or be anonymous if you wish, and if the issue has general interest, the response will be printed in *Merger Update*. Here are questions the hotline received last week:

**Rumor:** Inpatient psychiatry will be located at LVH and not at MHC.

**Fact:** A joint assessment is underway to examine inpatient psychiatry at MHC and LVH for potential "synergies." That makes sense, given that LVH has begun construction on a new East Building, with a fifth floor designed for inpatient psychiatry. Before that construction proceeds any further, it's prudent to examine the options: Should there be two inpatient psych units? If there only needs to be one, where should it be located? When an article appeared in the Morning Call about LVH's building plans and did not mention that inpatient psychiatry was being reevaluated, MHC employees made the incorrect assumption that the decision had already been made to locate inpatient psych at LVH, and not at MHC.

**Rumor:** LVH is "taking over" MHC's cardiac catheterization laboratory.

**Fact:** MHC has two technicians working in its cath lab, and needed an R.N. MHC requested and LVH provided an R.N. to MHC on a contract basis in order that MHC can run a full-service operation, something it has not been able to do since June. Ultimately, MHC intends to hire an R.N. to work at MHC.

**Rumor:** Chris Callahan, MHC's director of human resources, resigned because of the pending merger with LVH.

**Fact:** Chris announced his resignation on Sept. 16 to accept a position as vice president, human resources, at Saratoga Hospital and Nursing Center in Saratoga Springs, NY. His last day at MHC is Oct. 7. He will remain on the merger transition team until then.

"My resignation has nothing to do with the merger between Lehigh Valley Hospital and Muhlenberg Hospital Center," he said. "Searches for positions at this level of organizations take much longer than the five weeks it has been since the announcement of our merger. This new opportunity is a step up for me professionally, to the vice president level."

*continued on back page*

Issue no. 12  
September 24, 1997

# LEHIGH VALLEY MERCER HOSPITAL



"One of the regrets I have in leaving MHC, besides leaving a fine HR staff and good friends developed over four years of service, is that I won't be able to work closely with MaryKay Gooch (vice president, human resources, LVH) and the HR staff at Lehigh Valley. I believe that within a short period of time, the merger will be a very positive experience for the human resources function and employees of MHC and MRC."

**Rumor:** All MHC employees will have to re-bid on their jobs.

**Fact:** There are no plans to have employees "re-bid" for their current jobs. After the merger is finalized, we will review various options that are considered "best practice" for making health care integration decisions. With extensive involvement and input from staff, we will then decide what type of process to use to integrate departments and services. But whatever process is chosen will be guided by some key principles: fairness, respect for individuals, equity and integrity, in the best interests of high-quality patient care.

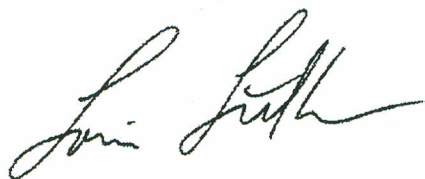
Decisions about programs, services and personnel will not be made unilaterally; "best practice" is the standard against which all decisions will be tested. There will be a lot of opportunity for involvement of employees at both MHC and LVH in the process of integrating functions. At the same time, not every decision requires or benefits by complete consensus, especially if the interests of our patients, staffs and community are best served by acting quickly.

## ■ Physicians' Team

A group of physicians from both MHC and LVH are meeting every two weeks to prioritize medical staff issues that will need to be addressed at both organizations once the merger is finalized. From MHC, members of the medical staff transition team are Hugo Twaddle, M.D., Gavin Barr, M.D., Marc Granson, M.D., and John Lang, D.O. From LVH, they are Bob Laskowski, M.D., Bob Murphy, M.D., Jack Fitzgibbons, M.D., Chuck Hoover, M.D., and David Caccese, M.D. Staff to the committee are Vince Tallarico, MHC, and John Hart, LVH. Although the plan is for each hospital to maintain its own medical staff after the merger is finalized, future changes in medical staff relationships will be a topic for consideration by the medical staff transition team.

## ■ A Line or 2 from Lou

Many of us are acutely aware that all eyes are upon us. Within our two organizations and in the community, there are many skeptics who question why we are doing this, and even more importantly, how. The first is a question we've answered many times, but it bears repeating: MHC and LVH decided to merge because we believe that a stronger organization will result, better able to manage costs and improve the community's access to the best possible care. The second is a question where clearly, our actions will speak louder than words. We are in a position to create a legacy that will ultimately define who we are and what we stand for. It is not the legacy of Horizon or HealthEast that for some, still seems to hover like a cloud over the brightest of possibilities. The legacy we are creating today will be of involvement, integrity and mutual respect and concern. It's a new legacy, of a new organization, full of new hope for better health for the people of the Lehigh Valley.



Lou Liehaber  
Chief Operating Officer, LVH  
Chair, Merger Transition Team