A&SHHC JOINS BURN FOUNDATION

A unified system of burn care throughout Eastern Pennsylvania will result from an agreement signed Thursday, November 8. At a meeting of the Trustees of the Burn Foundation of Greater Delaware Valley, the Hospital Center was welcomed to membership in the Burn Foundation’s consortium of specialized burn care facilities.

A&SHHC’s 6-bed burn unit will share with the Foundation’s original two members, Crozer-Chester and Saint Agnes Medical Centers, the responsibility of caring for patients with severe burn injury in a broad corridor of Eastern Pennsylvania. The shared area extends northward roughly from Northern Bucks County to New York State. Crozer-Chester and Saint Agnes will continue to accept virtually all burn patients referred from elsewhere in the consortium’s service area, including the rest of Eastern Pennsylvania, Central and South Jersey, and Delaware.

"The three hospitals have informally shared referrals in this part of our service area ever since they opened their burn units,” noted Burn Foundation President Peter A. Brigham at the meeting. “Recent moves toward a merger reflect an increasing realization of the benefits of a more formal relationship.”

The burn centers at the three hospitals together admit about 400 patients per year, the largest coordinated regional burn care program in the country. The Hospital Center’s 6-bed unit, directed by Walter Okunski, M.D., now joins the 15-bed center at Crozer-Chester, headed by Charles E. Hartford, M.D., and the 11-bed center at Saint Agnes, directed by Frederick A. DeClement, M.D., in making up a 32-bed consortium.

Since A&SHHC will now participate in the helicopter transfer system supported by the Burn Foundation, patients requiring such a method of transfer will be assured of its availability for transport to any of these specialized burn facilities. Regular contact between the facilities will provide a number of other benefits. These include:
- A more equal distribution of patients whenever occupancy is abnormally high or low at any of the three facilities.
- A sharing of professional experience among members of three burn care teams.
- A broader data base for joint studies.
- Additional resources and contacts for the development of the Foundation’s burn prevention program.

BURN FOUNDATION FACTS & FIGURES

- Patients with severe burn injury are referred from over 200 community hospitals in Eastern Pennsylvania, Central and South Jersey, and Delaware
- About 20% of all hospitalized burn patients are referred to specialized burn centers
- Most burn center patients are burned over at least 30% of their body surface, are extremely young or old, have accompanying injuries, or are badly burned on critical body areas (hands, feet, eyes, face)
- Scalded children aged 1 to 4 make up a substantial portion of burn center patients
- About 70% of burn patients are injured in household accidents suffering flame injuries from careless use of smoking materials or flammable liquids, scalding injuries from hot tap water, coffee, or tea, or kitchen spills
- About 20% of burn patients are injured at work
- The remaining burn injuries result from auto accidents or other outdoor mishaps
- Special centers for burn care have developed mainly in the past 10 years
- Only about 150 hospitals have regional burn care centers like those belonging to the Burn Foundation’s consortium
- The Greater Delaware Valley Burn Foundation is unique in the nation
LEHIGH VALLEY HOSPICE, INC.:
VISION TO REALITY

Today in the Lehigh Valley, something which has been termed a "shared vision" by so many for so long is becoming close to being a reality. That was the theme which pervaded the first public forum of the Lehigh Valley Hospice on October 16.

Planning for the first hospice in the Lehigh Valley has been underway for over 2 years. The Allentown Rotary Club made a commitment to working to develop a hospice following the visit of Dr. Thomas Symington, noted British physician and oncology expert, in 1977. Other hospitals and health groups had also realized the need for a hospice and in 1978, an expanded steering committee comprised of 26 interested community members joined the planning to see the fruition of the idea.

The committee, with the support of funding from the Dorothy Rider Pool Health Care Trust, brought in Dr. Robert W. Buckingham, III, Director of Research and Evaluation at the first hospice formed in this country in New Haven, Connecticut, to consult in the formation of the Lehigh Valley Hospice.

A planning subcommittee was formed to work with Dr. Buckingham and it was decided that the Lehigh Valley Hospice should not be modeled after either the British or New Haven models, but rather be designed to meet the needs of this community.

The Lehigh Valley Hospice chose to utilize existing agencies and services to avoid duplication of programs already in operation. The hospice will then take on the role of coordinating those services and programs for its patients and work to fill in any deficiencies which may currently exist.

To implement the final program, a 19-member board of directors, representing the entire service area, was elected and approved by the steering committee. The first board meeting will be held on Thursday, November 15, 1979. Representatives on the board from the A&SHHC staff are Florence E. Brown, Assistant Administrator, Nursing Service, and David Prager, M.D., Chief of Hematology/Medical Oncology.

And so it is that this shared vision develops into something which is real. In the Lehigh Valley, this program will bring comfort and support to patients and families facing a terminal illness together; to offer to patients the ability to live life to the fullest in comfort and dignity, until they die, and to their families the ability to care for their loved ones in life, and help in dealing with their grief after death.

AUXILIARY CHRISTMAS BAZAAR

Friday, November 16, is the date of the annual Hospital Center Auxiliary Christmas Bazaar. From 9:00 A.M. to 4:30 P.M., the Main Lobby will be the place to get early Christmas gifts, stocking stuffers, and other seasonal goodies. See you there!

NEW EQUIPMENT AND NAME FOR EEG LAB — Betty Moncrief, Chief EEG Technician, adjusts the new Electromyography/Nerve Conduction Velocity equipment recently acquired by the new EEG-Neurodiagnostic Lab. The lab, which is supervised by Peter Barbour, M.D., and Physical Medicine, will be able to provide visual and brainstem auditory evoked potential studies with the equipment.
It's almost 7:00 A.M. Patients begin arriving in the holding area of the Hospital Center's Operating Room Suite. Here, the patients are checked, and I.V.'s are started by the Operating Room Nurses. As the routine begins, so does another busy day.

Wednesday, November 14, has been declared "Operating Room Nurses Day," by the Association of Operating Room Nurses to make the public aware of the nurses' professional status in providing quality care. For our O.R.'s 40 full-time R.N.'s, and 10 part-timers, providing direct care to patients involves utilizing the nursing process and discriminating judgment in making independent nursing decisions. Their environment, one seldom seen by most other hospital employees, and rarely seen by outsiders, is a collaborative working relationship with surgeons and anesthesiologists where nursing care before surgery, during the surgical procedure, and after surgery is meticulously planned.

In this unique setting, the symbiotic relationship of the O.R. nurse and the surgeon is both exciting to watch and essential to quality patient care. The duties of the O.R. nurse are split into two areas, the scrub nurse and the circulating nurse. Portrayed in the O.R. setting, and quite visible is the scrub nurse. He/she is the one who assists the surgeon by draping the patient, applying gauze, suction, and by anticipating the surgeon's every move and being ready with the right instrument.

The circulating nurse is behind the scenes. He/she is in charge of the operating room. Some of the circulating nurse's duties include checking all supplies and equipment, making sure everything is sterile, and getting the next case ready.

These nurses have the responsibility of directing the surgical team in each O.R. by assuring this safe environment and by teaching and supervising staff members.

According to O.R. Supervisor Mildred Guzara, R.N., breaking into the field is tough. "In the past, nursing students used to get pretty much exposure to the O.R. And we used to be able to provide on the job training to the nurse interested in a career as an O.R. nurse." Now, she says, "Things are different. Because of the amount of specialized surgery going on at A&SHHC, we can't give on the job training. And because of this, we demand experienced O.R. nurses." And, once part of the O.R. team, experience is not hard to get: In 1978, over 9,700 cases were performed in the Hospital Center's O.R. that represents almost 17,500 surgical hours. This year, 10,500 cases are projected, or over 18,700 hours.

The scope of this nursing specialty encompasses the many activities which assist the surgical patient.

Through pre-operative assessment of the patient's health needs, the surgical procedure itself and the post-operative recovery, the nursing care plan for each patient is always directed toward providing continuity of care.
HOSPICE MEANS CARING

Hospice is not a new term and, in fact, was coined during the middle ages to mean a place where people on religious pilgrimages and journeys, as well as the ill and dying, could find care, comfort, and hospitality. The hospice concept as we know it today, however, came into being through the work of Dr. Cicely Saunders, an English physician who wanted to bring humanistic care to the dying. St. Christopher's Hospice in London was the result.

As defined by Dr. Robert W. Buckingham, III, Director of Research and Evaluation, New Haven Hospice, Connecticut, hospice is “a community caring for its own.” In America, death has been a “hidden issue” and because it has been hidden, it is feared. To many Americans and to many physicians, death represents a failure. When a cure is impossible, one often hears the words, “we have done everything we can do.” In a hospice, that phrase is not accepted, and, in fact, is where hospice caring begins.

The purpose of the hospice is to meet the unmet needs of the dying patient and the primary care people around the patient such as their family. Pain control, symptom control, emotional and physical support, are all part of the hospice mission. The medically oriented program is primarily concerned with relief of the symptoms of a terminal illness. The hospice personnel also educate and train the patient’s family to cope and deal with terminal illness.

Death has traditionally meant a “coming apart” of the family. The hospice philosophy instead supports dying as a “coming together.” Whenever possible, death at home is supported. Today, 82% of all Americans die in institutions and 18% die at home. In the New Haven Hospice organization, 76% of the patients die at home, 24% in institutions — the trend is reversible.

Hospice caring does not stop at death. Taking care of the family after death is also an important part of the program. Stress often causes illness and grieving is a major cause of stress to family members. One of the program’s goals is to decrease the morbidity of the grieving process using lay volunteers to work with family members, again, a community caring for its own. Lay volunteers are an essential part of the program.

According to Dr. Buckingham, all hospice organizations should adhere to the following principles:

- patients need to be as symptom free as possible so their energy can be used to live life as fully as possible
- medical and nursing skills must be easily accessible by patients and family members
- continuity of care should be maintained by the same health care team whether the patient is at home or in the hospital
- 24-hour care must be available for the patient and family members from a multidisciplinary team including a physician, nurse, social worker, and clergy member
- patients should be treated as a person first, not a disease entity; humanistic care must be integrated with medical and nursing care
- patients’ families need support, advice and training
- hospice personnel must be able to receive from patients as well as give to them
- the hospice must perpetuate among the dying a continued self respect and dignity without fear of being a burden to others
- families must become a part of the care giving and the decision-making team

The final goal of the hospice is to educate families and the medical and nursing communities to give the kind of care now offered in a hospice setting throughout the community so that 20 years from now a hospice per se will no longer be needed — it will be a way of giving care. And that is the most important thing to remember about hospice: it is not an institution, it is a way of giving care — a community caring for its own.

on call

Appearing on “On Call: A Valley Health Series” on WLVT-TV, Channel 39, will be:

November 12, 7:30 P.M.
November 17, 7:30 P.M. — “Dermatology” — Dr. David Vasily and Dr. Alan Schragger, both local dermatologists, discuss causes and prevention of common skin problems, from acne to dry skin. Viewers will see some of the latest techniques used in treating skin problems.

November 19, 7:30 P.M.
November 24, 7:30 P.M. — “Learning Disabilities” — Joseph Kender, Ph.D., and Mrs. Judy Body, a mother of a child with a learning disability, talk about this disorder which is often undiscovered. There are many children who have the proven capability in school, although their performance is lacking. Diagnosis and training will be discussed.

L.P.N. PHARMACOLOGY COURSE

Applications for and information about the 98-hour L.P.N. Pharmacology Course, sponsored by the Lehigh County Community College, are available from the Nursing Service Office. The course will be held on Tuesdays, beginning January 29, 1980, from 7:00 P.M. to 10:00 P.M., at Lehigh County Community College, Science Technologies Building — ST 127. Fee for the course is $82.50 (text not included).
THREE JOIN FOUNDATION BOARD

In conjunction with A&SHHC's membership in the Burn Foundation of Greater Delaware Valley, three representatives of the hospital have been appointed to the consortium board. Roger W. Mullin, Jr., has been appointed as a representative of the Hospital Center's Board of Directors, Ellwyn D. Spiker as the Administrator of A&SHHC, and Walter J. Okinski, M.D., as the Director of the Center's Burn Unit.

Barbara Snell, R.N., has been appointed Head Nurse, 4B. Barbara worked at Gnaden Huetten Memorial Hospital before joining the staff of 4A in October, 1974. She is a graduate of Geisinger Medical Center, Danville, Pa.

Mary Jane "Petey" Shoemaker, Vice President of the A&SHHC Auxiliary, was recently presented with an Outstanding Citizen Award in Emmaus by Borough Mayor William Lobb. Mrs. Shoemaker was honored for her "life to her community to promote fuller justice and well-being of all citizens."

Angelo Reck, Housekeeping, has been appointed Housekeeping Group Leader, second shift. Angelo has been at the Center since March, 1979.

Andrea Sawka, Assistant Director of Medical Records, has obtained her Accredited Record Technician (A.R.T.) licensure. The accreditation is given by the American Medical Record Association after successful completion of their national exam.

Justine DelViscio, Associate Director of Nursing Services, will be retiring from that position at the end of November. Mrs. DelViscio began at the Hospital Center in August, 1978; before that, she was Assistant and then Associate Director of Nursing at Charlotte Memorial Hospital and Medical Center, Charlotte, North Carolina. She received her nursing diploma from Philadelphia General Hospital, where she had over 20 years experience as a staff nurse, head nurse, assistant supervisor, and clinical supervisor in medicine. Mrs. DelViscio also has a B.S.N. from Villinova University, Philadelphia. Mrs. DelViscio and her husband will make Avalon, New Jersey their new home.

Halloween Highlights - Some of the more bizarre happenings at the Hospital Center on October 31 included some potent witches brew, compliments of the Dietary Department, and scare tactics by the "Boo-tiful" ladies of the Medical Records and Transcription Departments.
A “Diagnosis and Management of Pneumonia — 1979” symposium, scheduled for November 14, at the Holiday Inn of Bethlehem will feature three Hospital Center medical staff members: Joseph E. Vincent, M.D., Medical Staff President; John P. Galgon, M.D., Director of the Respiratory Therapy and Pulmonary Function Departments; and John A. Kibelstis, M.D.

Seven other specialists will also be featured at the continuing medical education program of the Lehigh Valley Regional Lung and Health Association.

Dr. Vincent will speak on “Respiratory Defense Mechanisms,” Dr. Galgon will discuss “Legionnaires Disease,” and “Pulmonary Disease in the Compromised Host” will be covered by Dr. Kibelstis.

For further information on the program, contact the Lehigh Valley Regional Lung and Health Association, 1930 Union Boulevard, Allentown.

**Benefit Changes**

The Hospital Center has recently amended both the group life insurance contract with Massachusetts Mutual Life Insurance Company and the group long-term disability contract with the Mutual Benefit Life Insurance Company.

**Life Insurance**

Under our previous life insurance contract, benefits were reduced by 50% of your annual salary at age 65. For example, if your salary was $15,000, your group life insurance policy was worth $7,500. Effective immediately, benefits will now reduce at age 65 by 35% of annual salary. For example, $15,000 annual salary at age 65 now equals $9,750 (35%). These reductions in benefit are based solely on age. The 35% reduction remains until age 70, when it becomes a 50% reduction of your annual salary.

**Long Term Disability**

Under our previous contract, long term disability benefits ceased at age 65. Effective immediately, disabilities commencing prior to age 60 will continue to have an age 65 benefit period. For persons who become totally disabled at ages 60-64, the benefit period will be three years or to age 65, whichever is later, rather than terminating at age 65. For persons who become totally disabled at ages 65-69, the benefit period will be two years, provided that no benefits will be payable after the disabled persons 70th birthday.

**In Memory of Karen W. Weston**

The love of those who have gone before us, and passed through the valley of the shadow of death, cannot fail, for love is stronger than death. Yet the breadth of Heaven enlarges men's hearts, not contracts them; fills them with more love, not empties them of that they had before.

— St. Bernard