

CheckUp

this month

LVHHN "Working Wonders" with Creative Ideas

SUE TREDINNICK HOPES HER TWO WORKING WONDERS IDEAS WILL BRING HER ENOUGH AWARDS PERQS FOR A SPA vacation. The nurse on the progressive coronary care unit (PCCU) was thinking about her proposals for the idea reward and recognition program before idea submission began Sept. 23. She filed them the first week with the help of her coach, Joan Robinson, clinical nurse facilitator on PCCU.

Tredinnick thinks LVHHN can be reimbursed for a common blood test done normally on the unit and not paid for, if the sample is sent out to the lab. She says her revenue enhancement Working Wonders idea would help recover lost charges. "The last hospital I worked for charged for this test," Tredinnick said.

Like Tredinnick, dozens of LVHHN employees have started Working Wonders in hopes of helping the organization cut costs while they earn merchandise, trips or cash. Some file the ideas as individuals, and others work in teams.

A crew of coaches helps them research and submit their ideas. When the ideas arrive at Working Wonders headquarters, they are reviewed by the steering committee for eligibility, then assigned to an evaluation leader who decides if the idea can be implemented. The payoff to the participants and coach starts when the green light is given.

Dave Freedman, Working Wonders process analyst, was first contacted during the launch week by Tredinnick and several teams to discuss revenue generation ideas. "There's lots of enthusiasm out there," Freedman said, noting that the PCCU nurse also discussed a cost-saving idea with him at their initial meeting.

Giving incentives for money-saving and revenue-enhancing suggestions is common in industrial and non-profit settings. Lucent Technologies, formerly AT&T, recently introduced a similar program to its 30,000 employees.

A Philadelphia Inquirer article in 1994 described Pennsylvania Hospital's "Light the Future" program, which rallied 57 percent of its employees and turned up \$6.2 million in annual savings.

"I'm certain the 5,000 plus employees, physicians and volunteers at LVHHN have thousands of great ideas for improving our service, quality and costs," said Lou Liebhaber, chief operating officer.

"Working Wonders gives us an outlet for that creativity and a way to reward and recognize it ...and have fun in the process."

Susan Bomboy and her teammates from NICU and the observation nursery bolted from the gate with their idea and enthusiasm, submitting the program's first idea. She and Vivian Faulke, Claire Gambel and Carol Brensinger, along with coach Wendy Amig, want to revamp the on-call

Please turn to page 2



Susan Bomboy files the first Working Wonders idea on behalf of her team. Idea submission began Sept. 23.



WORKING WONDERS
Partners in Progress

IN THIS ISSUE

- 1 Working Wonders
• Lab Moves
- 2 Family Practice Open House
- 3 Caccese Named to Medical Staff Post
• Benchmarking
- 4 Home Infusion Pioneer
• Procurement Focus 1998
- 5 FY97 Budget
- 6 Stereotactic Breast Biopsy
• Managed Care Forum
• Auxiliary "Parking Space" Fundraiser
- 7 High-Dose Rate Brachytherapy at Morgan Cancer Center
• Partners in PennCARESM
• PCC Update: 5B
- 8 Nite Lites at Dorney
• Mark Your Calendar
• Service Anniversaries

Health Network Laboratories Moves and Redefines Operations



Lisa Anthony (left), customer service coordinator, and Kim Sheckler, lab assistant, work with "Arnold," an automated guided vehicle that follows a track to transport specimens in the new core regional laboratory at 2024 Lehigh Street.

THE CONSOLIDATION OF HEALTH NETWORK LABORATORIES TO 2024 LEHIGH STREET WAS MORE THAN A CHANGE OF address. It was a redefining of Lehigh Valley Hospital and Health Network's clinical laboratory operation.

After a year of planning, the physical consolidation of routine laboratory testing for LVHHN occurred on Sept. 16. But, as David G. Beckwith, Ph.D., vice president of lab administration, explained, "it was not as much an event as it was a journey."

The laboratory project has two objectives, each of which has to stand on its own as a good business decision, Beckwith said. The first is to consolidate and create operations improvements of \$1 million. The second is to design a regional core lab capable of serving a broader community, including the PennCARESM net-

Please turn to page 2

**Family Physicians
Care for America Week**
Oct. 20-26, 1996

*The Department of
Family Practice
invites all LVHHN
employees and physicians to
a tour and open house at
Lehigh Valley Family
Health Center
1730 Chew St.*

(One block from 17th & Chew)

**Wednesday, Oct. 23 • 5 to 7 p.m.
Thursday, Oct. 24 • 2 to 5 p.m.**

*Learn more about the role of
the family practice specialty and
see where family practice residents
are trained.*

*Door prizes awarded.
Refreshments served.
Free parking in the Chew
& St. Cloud St. lot.*

Working Wonders
Continued from page 1

system in their area to make it more cost-effective. For Bomboy's team and others, the key to the quick start was planning: "I had been thinking about the idea for a while before the program began."

Dean Shaffer and his teammates from biomedical engineering, Troy Swartz, Karen Gass and Jim McCawley, had to scrap their first idea — to replace LVH's current sterilizing system with a less expensive one. "We found out that the new system was already ordered when we started researching the idea," revealed Shaffer, of the academic information and media services department (AIMS). Undaunted by the discovery, they are working on other ideas they hope will fly.

Charlotte Gross coached a team at 2166 S. 12th St. that completed their two ideas in the first week of submission.

Denise Mitchell and Judy Reynolds, benefits analysts with Spectrum

Administrators, recommended methods for improving the claim submission process and cutting paper use.

Replacing printed memo stationery with a computer-generated form is one cost-saving idea filed by Kelli Ripperger and Judy Szep, secretaries in pediatrics. They are working on other similar ideas and are pretty excited. "Hopefully, this will benefit everyone," Ripperger says.



Debra Bower (left) and Sally McGinley, patient accounting, work with coach Chuck Nace on their proposal to eliminate inpatient file folders.

Debra Bower and Sally McGinley, patient accounting, worked with their coach Chuck Nace, director of financial planning, on their proposal to eliminate inpatient file folders in their department. According to the team, keeping "hard copies" of patient accounts is duplicating what's put on PHAMIS. In addition to reducing needless work, their idea could cut down on clutter in their offices, free up file storage space and nearly eliminate cost of retrieving records kept off-site. Nace is optimistic about the idea's chance of approval: "It's a slam-dunk," he declares.

Liebhaber points out the value of seeking work improvement, revenue generating and quality enhancement ideas in one's own work area: "Each of us is an expert in the work we do. By approaching our jobs with the goal of making LVHHN a better place to work, volunteer or be a patient, we should all be able to discover ways to literally work wonders for us and our community."

EDITOR'S NOTE: Because of deadlines and space, many Working Wonders ideas and the names of their sponsors don't appear in this article. Look for stories on Working Wonders winners in future issues of CheckUp This Week and CheckUp This Month!

For more information about Working Wonders idea submission, call program headquarters, ext. 7551. ■

Lab Consolidation
Continued from page 1

work — the integrated delivery health care system in which LVHHN participates.

To help accomplish these goals, Health Network Laboratories moved the core lab to an off-campus location and completed a series of operation improvements including consolidating several sections into two key areas (one automated and one manual); flattening the organizational chart and cross-training employees; selecting strategic, long-term vendors and partners; and implementing a laboratory robotics/automation system.

The results so far have been impressive. Operating expenses already are down to levels committed to when the project was initiated and the unit cost per test has dropped to benchmark levels compared to other labs serving integrated delivery systems.

"Laboratories are realizing that their primary function is to quickly transform data into useful information for the clinician," he said. "We need to redefine our role so that it is one of information broker. It is this information that provides for the prudent management of health and wellness in the community served by an integrated delivery system."

Six key elements were addressed:

Process re-engineering — organizing staff into cross-trained production teams with a technology rather than a scientific discipline focus and designing the facility into automated and manual work stations.

Organizational robustness — establishing a structure and systems that support self directed and managed teamwork.

Supply chain optimization — identifying preferred suppliers willing to partner with Health Network Laboratories to share risk and managed cost outcomes.

Behavioral alignment — managing staff expectations through communication, information sharing and applied change management.

Total enterprise quality management — focusing on information management and clinical pathways to optimize outcomes and cost effectiveness.

Customer service — rethinking everything the lab does from a patient-focused viewpoint, including hours of operation, access sites, courier runs and physician resources.

The 2024 Lehigh Street site became the logical choice for the core laboratory because LVHHN already owned the property, there was room for expansion, it gave the lab its own identification to attract regional business and it offered easy access to major roads, Beckwith said.

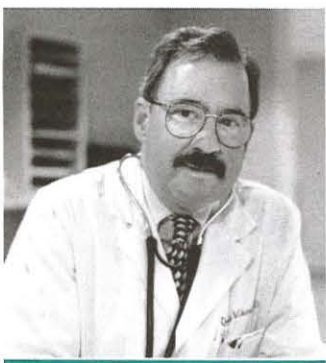
Rapid response labs will continue to operate on both campuses, as will transfusion medicine, HLA, anatomic pathology services and frozen sections to provide urgent care testing and coordinate with pathologists at the hospital.

The first phase of the automated system (LAB-InterLink LAB-Frame Custom) is scheduled to be in operation by the first of the year. "New technology will expand the number of tests, where tests are performed, and productivity and cost effectiveness of test systems," Beckwith said. "Automation is an important component of this plan because it helps position LVH competitively, allowing us to do the work locally and provide the service to others locally. The new system allows us to leverage capacity, thereby dropping costs."

The automation system uses software that "intelligently routes specimens to work cells, determines which test to perform, and archives and retrieves specimens from storage," he said.

The success of the lab project does not hinge on the building's physical alteration alone. "This is a culmination of a lot of effort and a lot of change for the lab staff," Beckwith said. "The new design means we must develop skills that traditionally have been undeveloped in laboratorians — planning, cost accounting, change management, stakeholder management and project management."

The result will be increased efficiency of critical specimen and information flow, improved specimen tracking, a lower unit cost per test, and a workforce that provides enhanced value to LVHHN. ■



Caccese Chosen President-Elect of Medical Staff

DAVID M. CACCESE, M.D., chief of the internal

medicine division, was elected unanimously as president-elect of the medical staff at the September quarterly medical staff meeting. He will assume the position in January when Robert X. Murphy, M.D., becomes president; Caccese becomes president in January 1999.

"This is a major responsibility that I take seriously, understanding the importance of the position," he said. "It's a sign that my colleagues respect and have confidence in my ability to be effective in the role."

His principal challenge will be to represent the diverse interests of the medical staff, and ensure that they are brought to the attention of hospital administration. "We need to move together in order to

move ahead," Caccese said, "and that requires collaboration and understanding."

The time he's spent as division chief and as chairman of the care management committee of the Lehigh Valley Physician-Hospital Organization has given him the opportunity to understand organizational structure and learn administrative skills. "The interests of the medical staff and the administration will not always be the same, but we need to develop a level of commitment and trust that works both ways," he said. "I have a chance to help bridge the gap that's no better, no worse than it's ever been. It's just different because of all the changes in health care."

He's encouraged by what he feels is a "progressive hospital management team that's positioning LVH to be a leader" for the future, and by a medical staff of "relatively young, bright people who are excellent physicians, comparable to any university hospital I've been associated with." A consider-

able number of "independent thinkers" among both groups lends strength, but he cautions "it can get in the way of a collaborative effort."

"We need to be aware when the interests of the group supersede the interests of the individual," he said. "My primary responsibility is to the medical staff, and my primary role is to help the administration understand physicians' concerns, and vice versa, to forge the kind of collaborative relationship we need to move ahead."

Caccese has been a member of the active medical staff of LVH since 1976. He is also affiliated with Good Shepherd Rehabilitation Hospital and Leader Nursing and Rehabilitation Center. He is a clinical associate professor of medicine at Penn State University's Hershey Medical Center. He received his medical degree from the University of Pennsylvania and completed his residency at the Hospital of the University of Pennsylvania. ■

Benchmarking Update: Learning from the Best — to Become the Best

DEPARTMENT HEADS THROUGHOUT LVHNN ARE TALKING WITH THEIR COLLEAGUES AROUND THE COUNTRY AND right here at home to learn "best practices," as LVHNN begins its quest to become a benchmark health care organization.

It's all part of the network's goal to reduce costs while maintaining high-quality health care to remain competitive in a continually evolving marketplace.

An analysis of benchmarking information collected by department heads and their staffs in August and September showed LVHNN at about the midpoint for costs per unit of service, compared to similar health care organizations.

"On the whole, that's about where we expected to be," said Jim Burke, vice president, operations, who is coordinating the effort. "We have a fair amount of work to do to get us to a point where we can be counted among the top 25 percent for performance on costs. And that's our goal."

The data report was developed by the MECON-PEERx operation benchmarking database service, with the most comprehensive analysis product of its kind, including data from more than 550 subscribing hospitals. In LVHNN's "cohort," or comparison group, there were more than 40 hospitals (see list on right).

The report provided comparisons of each department or function at LVHNN to benchmark departments or functions among the cohort. Managers met with MECON staff and LVHNN internal resource experts earlier this month to compare their individual department data reports to benchmarks, as opportunities to improve the department's operating performance.

The next step, Burke said, will be for department heads, vice presidents and facilitators to study the data, and to contact benchmarking partners in similar departments across the country to talk directly with those who have successfully balanced produc-

tivity and cost performance with high-quality care and patient satisfaction. New information and ideas will then be used to develop and implement action plans to achieve benchmark results, some to be incorporated into the budget for fiscal year 1998. Communicating with and involving staff along the way is a necessary and important part of the process, he added. The entire process will take several months depending on individual department opportunities.

"This is an opportunity to learn from each other, too," Burke said. "We shouldn't frame our benchmark discussions and planning so narrowly that we miss the chance to look cross-functionally."

The network-wide expectation is that each department will operate among the best 25 percent of health care organizations in the data base, he said. For those departments with significant opportunities, special attention and assistance will be provided and a multi-year improvement plan may be necessary.

Burke called benchmarking "an engine for ongoing learning."

"It's a chance to learn from the best in the business, to become the best in the business." ■

Benchmarking Schedule KEY TARGET DATES

— October through December —

Data analysis; discussions with benchmarking partners; communication with staff

— December —

Action plan update requested

— Jan. 15, 1997 —

Action plan update submitted

— Jan. 30 - Feb. 15 —

Review by OI steering committee; FY98 commitments specified

Some of LVHNN's Primary "Cohort" Hospitals

Mercy Hospital (Pittsburgh)

University of Southern California - Davis

Medical Center (Sacramento)

St. Francis Hospital (Hartford, Conn.)

Swedish Medical Center (Seattle)

Rush-Presbyterian (Chicago)

Methodist Hospital of Central Memphis

St. Elizabeth's Hospital
(Belleville, Ill.)

Baystate Medical Center
(Springfield, Mass.)

University of Nebraska Medical Center
(Omaha)

Fairfax Hospital (Falls Church, Va.)

Penn State Hershey Medical Center

Moses Cone Memorial Hospital
(Greensboro, N.C.)

Shands Hospital of the University
of Florida (Gainesville)

University of Michigan Hospitals
and Clinics (Ann Arbor)

Good Samaritan Regional
Medical Center (Phoenix)

Pioneer in Home Infusion Therapy Fills New Position

IT'S 10 YEARS AGO AND LATE AT NIGHT. HOME CARE NURSE DARLA STEPHENS IS DRIVING DOWN A WINDING country road near Kreidersville, toward the home of a seriously ill, single mother. Stephens is on her way to administer a new treatment in home health, total parenteral nutrition (TPN), to the woman whose medical condition left her with an impaired digestive tract. This treatment enables the woman to receive nourishment at home, where she can be with her teenagers.

Fast forward to 1996. A leader in home infusion, Stephens recently filled the newly created position of home infusion coordinator (HIC) at LVH. Although commonplace today, home infusion was revolutionary in the Lehigh Valley a decade ago when Stephens became involved with it. Encouraged by insurance providers trying to lower costs, home infusion technology has developed rapidly with the advent of new and improved medications and small, portable infusion pumps.

Stephens was among the first nurses to become certified to administer infusion at home. She recalls being on call and providing home infusion to an elderly, bed bound, Slatington man at midnight and 6 a.m., and teaching a young couple to administer IV antibiotics to their seven-year-old child with cystic fibrosis.

Through her extensive experience with home infusion, Stephens is aware of the challenges and accomplishments of home infusion. She hopes to allay any concerns that their patients medical needs can be met safely at home.

This sensitivity to patients, families and doctors, coupled with her knowledge of the administration of antibiotics led to the Stephens' selection for the home infusion coordinator position. The position

was created based on the recommendation of a work group developed to find methods to better serve patients with septicemia and other diagnoses treated in the hospital with antibiotics.

The work group members are Luther Rhodes, M.D., chief of infection control; Barb Leri, pharmacy; Terry Burger, infection control; Susan Lawrence and Patti Kopko, clinical resource management; Elizabeth Karoly, case management; the peripherally inserted central catheter team and representatives from Lehigh Valley Hospital and Health Spectrum Pharmacy.

Stephens will be working with patients who are hospitalized for infections requiring extensive intravenous antibiotic treatment for anywhere from a few days to several weeks. These include infections of the bloodstream, bone, skin, lining of the heart and lungs. A goal of the position is to ensure a smooth discharge process for the patient.

Among her duties are to identify hospitalized patients who will need long-term antibiotics; assess whether they are good candidates for home infusion and to initiate a process to set up home infusion so everything is ready when the doctor discharges the patient. This includes coordinating the delivery of services provided by all home care agencies and infusion companies, not only Lehigh Valley Home Care and Health Spectrum Pharmacy. She will work with clinical resource managers to ensure coverage of appropriate health services through Medicare or other insurance. If the patient does not have adequate coverage, Stephens will contact government and community organizations to investigate possible funding sources.

"I hope to examine the entire home infusion process to make it easier for everyone to use with



Darla Stephens discusses self-administered home infusion with patient Victor Laczo before his discharge. Stephens was recently named LVH's home infusion coordinator.

improved patient care," Stephens says. "I want to develop improved paper flow with less telephone calls for doctors, nurses and discharge planners."

Stephens is encouraged by the support she has received from Rhodes and everyone else involved with the process. In addition to the physicians, she relies strongly on the nurses on the unit, discharge planners and home care coordinators, who are experienced in working together to plan for discharges involving home infusion.

"Darla was one of the original nursing pioneers in home infusion," says Cynthia Runner-Heidt, director of patient care, Lehigh Valley Home Care. "I'm confident that she will perform the duties of this new position extremely well."

Stephens, who has been PIC (peripherally inserted catheter) certified since 1989, is a graduate of Allentown Hospital School of Nursing and is a certified intravenous nurse. She serves on the editorial board of *Nursing Voice* and won the Friends of Nursing Patient and Family Education Award. ■

"Procurement Focus 1998" Targets Supply, Service Quality, Cost Savings

LVH IS ON A BOLD COURSE TO REDESIGN HOW IT PURCHASES AND DISTRIBUTES SUPPLIES AND SERVICES, with a goal of cutting these costs by \$7.5 million by the end of 1998, while maintaining or enhancing quality. Stu Paxton, vice president, is at the helm of this team effort named "Procurement Focus 1998."

"Significantly reducing our supply costs will be an important step in helping the organization survive in the current and future cost-driven environment," Paxton said. "The key to our success is the development of solid internal and outside partnerships."

LVH spends about \$100 million annually on goods and services, more than any one hospital in the Greater Lehigh Valley. This amount includes basic medical/surgical supplies, medications, lab consumables and office supplies. Currently, more than 5,500 vendors, distributors and contractors are part of the supply chain linked to the organization. According to Paxton, Procurement Focus 1998 will lay a foundation of mutual success

through "preferred" arrangements with a limited number of vendors and suppliers who will provide most of the organization's products and services. A key feature of these agreements will be the sharing of financial risks between LVH and its outside partners.

Current efforts focus on quickly trimming the list of vendors that sell LVH nearly \$20 million per year in common medical/surgical supplies, from more than 500 to no more than 75 to 100, according to Paxton. "We expect that more than 75 percent of our needs can be met by 10 to 12 suppliers whom we'll select in the next few months," he said.

Materiel management staff, product users and Owens & Minor, LVH's preferred distributor for medical/surgical supplies, will collaborate on this selection process based on clinical and non-clinical criteria. "We expect to accomplish a lot in a short time, drawing on the expertise of the suppliers and distributors. Combining our core expertise and aligning our goals will be key to helping us reach our cost-savings objectives," Paxton added.

Product standardization decisions on items like heart valves will be approached differently, because significant physician input is required, Paxton said. Individual teams are in the planning stages to address these exceptions, drawing on the experience of teams like the one that achieved success with orthopedic implants during the past year.

Vendor consolidation, or obtaining certain items from as few vendors as possible at a contracted price with the promise of volume commitment, also offers LVH many opportunities to streamline procurement effort and lower costs. Automation of the entire process and inventory management will reduce the voluminous paperwork and financial burden found in traditional purchasing systems.

"We've taken an aggressive approach to implementing this strategy, because as each month passes, our excessive costs continue to affect LVH's overall performance," Paxton continued. "Partnership with LVH employees and physicians is critical."

Look for more information on "Procurement Focus 1998" in a future Issues & Initiatives. ■

LVHHN Maps Programs and Financial Goals for FY97

SAY "FISCAL BUDGET" OR "FINANCIAL PLAN" AND MOST EYES GLAZE OVER WITH THE THOUGHT OF columns filled with numbers that dictate what can't be done. But these two documents actually are road maps to what can be done.

"Through these documents, we can allocate resources appropriately, which allows us to carry out our mission of serving the community," said Elliot Sussman, M.D., president and CEO of LVHHN. "These financial maps provide for our growth so we can remain leaders in an increasingly competitive health care environment."

Change in health care services at LVHHN in fiscal year 1997 come in the form of new and expanded services and technology that will help the organization enhance its capabilities as a tertiary care referral center and a community hospital, Sussman said.

Growth is expected in new or expanded services and new technology, including a bone marrow transplant program, a comprehensive breast health services program, the increased use of stents for angioplasties, an immunotherapy laboratory and the increased use of ReoPro to prevent reocclusion of arteries after cardiac catheterization procedures.

PennCARESM and Valley Preferred contract growth is expected to increase the use of inpatient services during FY97. This type of growth is important because it can offset other declining admissions and shortened lengths of stays.

Qualities that differentiate LVHHN from other health care networks become more important as competitive pressures increase in

the changing health care market and delivery system, Sussman said. Government reimbursements are decreasing, the growth of managed care is shifting health care to more outpatient services, employers and insurers are scrutinizing costs, and everyone is seeking quality and health outcome measurements.

"LVHHN will compete effectively in this market by providing high-quality care and balancing growth with cost reductions in an effort to put the right amount of money in the right places," he said. "This institution's board of trustees, who represent the community, and its management must take long views of capital needs and spending. A good example is the investment we recently made to upgrade our emergency department at Cedar Crest & I-78, which will increase patient satisfaction and provide operating efficiencies. The quickly changing health care environment requires this kind of continuous evaluation of LVHHN's needs, commitments and spending abilities so we can decide what facilities and program development will benefit current and future generations.

"The result of being a financially healthy institution is optimum care for our patients at the best price, fulfillment of community responsibility and organizational growth providing future opportunities for employees," Sussman said.

Cost per adjusted admission — what it costs us to take care of a patient — is a key competitive issue, agreed Vaughn Gower, senior vice president of finance and chief financial officer for LVHHN. For this reason, the FY97 annual budget focuses on patient services margin

(patient operating revenue minus patient operating expenses). The network's patient services margin dropped 55 percent in FY96 compared to the prior year. The goal is to restore this margin to a level that will provide sufficient cash flow to save for future needs, pay for FY97 equipment and facilities, and repay debt, he said. That level is a five percent margin on patient services revenue—double that of FY96.

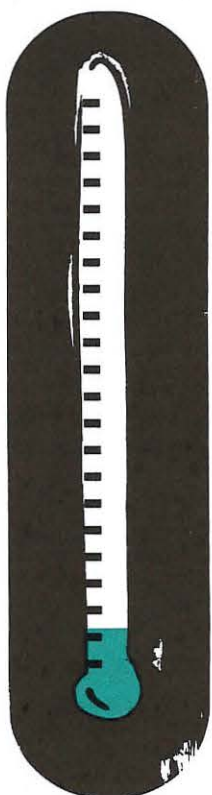
About \$500,000 of the \$7.5 million budgeted margin increase will be generated from improvements at the Lehigh Valley Physician Group and the Health Services Division. Hospital improvements, mainly through operations improvement and growth expectations, account for the rest of the increase, Gower said.

About 80 percent of the \$22 million budgeted for operations improvements in FY97 is specifically identified in budget line items and make up the majority of the patient services margin improvement, Gower said. The OI projects fall into two categories: work force expense reduction activities developed last spring and clinical cost improvement through the use of process improvements and supplier relationship changes.

The newly introduced benchmarking project will not materially impact the financial results for FY97; however, it lays the groundwork for effective operations improvements throughout the network in FY98. The Working Wonders idea reward and recognition program, which began last month, also will contribute to the organization's future OI effort, Gower said. ■

Operations Improvement

FY 1997 GOAL
\$22 Million

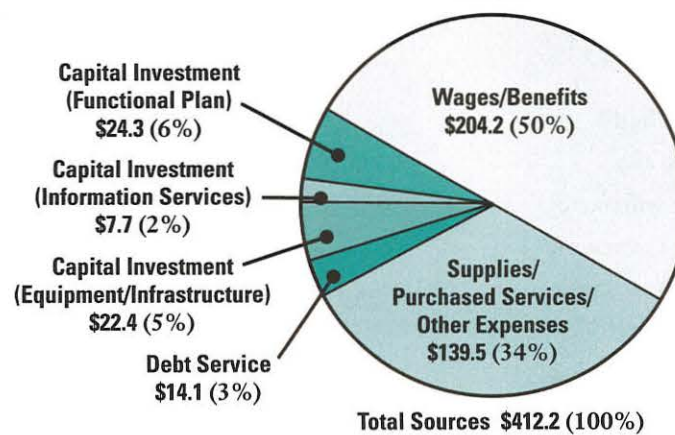


\$2.1
Million
through
August 1996

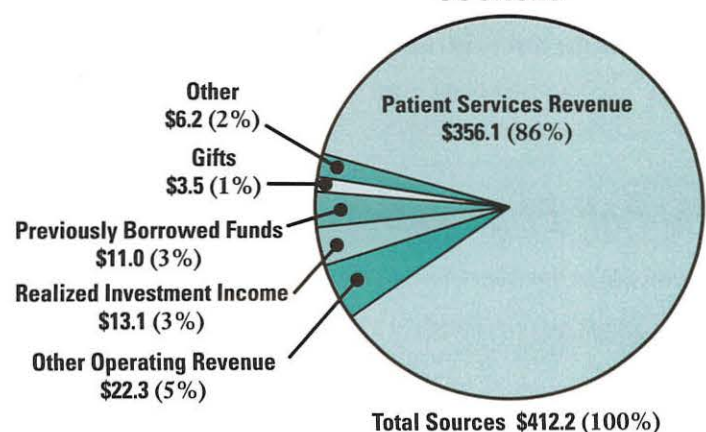
Lehigh Valley Hospital and Health Network Sources and Uses of Funds: Fiscal Year 1997 Budget

(\$000)

USES



SOURCES



LVH Adds Stereotactic Biopsy Technique to Diagnose Breast Cancer

IN THE PAST, WHEN A MAMMOGRAM REVEALED AN ABNORMALITY OR LESION IN A BREAST, WOMEN EITHER AGONIZED during a "wait-and-see" period or they had it removed surgically. However, about 80 percent of these abnormalities are benign and present no health risk.

Since August, Lehigh Valley Hospital has been developing another option to diagnose breast cancer using stereotactic breast biopsy. The procedure joins ultrasound guided biopsies as a less invasive way to obtain tissue sample. It requires much less recovery time than an excisional biopsy and leaves minimal scar tissue, which makes future mammograms easier to read, said Mark Gittleman, M.D., a surgeon and breast cancer specialist at the John and Dorothy Morgan Cancer Center.

"Ultrasound may be preferable in certain situations, however the physician must be able to see the lesion by ultrasound to use this procedure," he said. "For example, stereotactic is preferable for microcalcifications, which are not usually seen by ultrasound. With stereotactic, we now can offer a second means of saving the patient a trip to the operating room, thus replacing a vast majority of open biopsies."

LVH is using the latest, most comprehensive stereotactic biopsy equipment with computerized, digital imaging. During the procedure, which takes about 45 minutes, the patient lies face down on the examination table and the breast is positioned through a special round opening in the table. The table is elevated so the physician and technologist can work from below. Images of the same area are taken from several different angles. A computer program combines these views into a single image, provides information about how deep the potential tumor lies in the breast (information not available with a conventional mammogram), and helps position the biopsy needle. The patient is then given a local anesthetic, and the needle, about the size of a pencil, removes several samples of tissue.

The procedure currently is performed in the Multi-Purpose Area of the John and Dorothy Morgan Cancer Center. The equipment will move to the second floor of 1240 South Cedar Crest early next year when construction is completed on a new evaluation center for Breast Health Services.

"This demonstrates a team effort between radiology and surgery for breast cancer diagnosis just as we have with breast cancer treatment," said Gittleman, who was the first to perform stereotactic biopsy at LVH.

Although stereotactic biopsy has many benefits, "it does not replace other breast cancer diagnostic procedures," said Constance Sutilla, M.D., medical director of breast imaging services at LVH. Sutilla, who joined the hospital's radiology department in July, performed the procedure in her previous position as medical director of the Women's Imaging Center at Presbyterian Medical Center, Philadelphia.

Not every woman with a suspicious spot on a mammogram is a candidate for the procedure. Stereotactic biopsies are least useful when the possible cancer is close to the chest wall.



Mark Gittleman, M.D., a surgeon and breast cancer specialist at the John and Dorothy Morgan Cancer Center, demonstrates the latest stereotactic breast biopsy equipment. A patient would lie face down on the elevated table while the physician and technologist work from below. The digital image, projected on the computer screen, helps position the biopsy needle.

"This is an exciting step for the hospital because stereotactic biopsy is essential as part of a comprehensive service for breast health," Sutilla said. "Reflecting our commitment to the highest quality of service, we will be seeking joint accreditation for both radiologists and surgeons working in the stereotactic facility. It is necessary for a facility to be diverse and offer the best available means of diagnosis to a patient and stereotactic biopsy will find its own place in the array of diagnostic modalities."

STEREOTACTIC BREAST BIOPSY SUPPORT TEAMS

LVH Technicians

Tracy Arnold, R.T. (M)
Tindra Bassler, R.T. (M)
Sue Steigerwalt, R.T. (M)
Mary Cramsey, R.N.B.S.

Multi-Purpose Area Staff

Debra Knappenberger, R.N., O.C.N.
Janette Tough, R.N., O.C.N.
Kathleen Krause, R.N., O.C.N.
James Naughton, R.N., O.C.N.
Mary Green, R.N., O.C.N.
Brenda Deysher-Mohr, U.C./N.T.A.
Susan Eckhart, U.C./N.T.A.



Constance B. Sutilla, M.D.

◆ LVHNN
Recently appointed medical director of breast imaging services at Lehigh Valley

Hospital and Health Network. Joined LVH's radiology department in July specializing in mammography, cross-sectional imaging and chest quality assurance.

◆ Previous Employment

Medical director of the Women's Imaging Center in the department of radiology at Presbyterian Medical Center, Philadelphia. In that position, she did clinical work involving mammography, thoracic imaging, ultrasound and CT. She also taught and supervised residents in chest radiology and mammography.

◆ Certifications

American Board of Radiology
National Board of Medical Examiners
National Commission for the Certification of Physician Assistants

◆ Medical School

Medical College of Pennsylvania, Philadelphia; graduated first in class.

◆ Internship

Albert Einstein Medical Center, Philadelphia

◆ Internal Medicine Residency

Yale University School of Medicine
Chief Resident, Diagnostic Radiology

◆ Fellowship

Yale University School of Medicine
Thoracic imaging and mammography

◆ Professional Memberships

Radiology Society of North America
American College of Radiology
Philadelphia Roentgen Ray Society

"The highest level of expertise and quality of care at this institution is what brought me to Lehigh Valley Hospital and is what makes me proud to be a member of the staff."

Health Care Expert to Discuss Managed Care Trends — Nov. 14

LVHNN employees and physicians are encouraged to attend a forum featuring a national authority on managed care, health care management and strategy and marketing, Nov. 14, 11 a.m. at 17th & Chew or 2 p.m. at Cedar Crest & I-78.

Keynote speaker Christine Malcom will report on "The Health Care Market Evolution Continues: News from the Front," exploring how health care changes and trends affect your life.

Malcom is vice president for managed care and network development at University HealthSystem Consortium in Illinois. For more than a decade, she has published articles and spoken nationally on health care topics. She is responsible for supporting the business strategies of 70 U.S. academic health centers.

The event is sponsored by the professional nurse council of Lehigh Valley Hospital, the LVH board of associates, Lucent Technologies and the Allentown/Lehigh County Chamber of Commerce.

Register soon by calling 402-CARE. Space is limited. ■

A Note of Thanks...

The members of the Allentown Auxiliary of Lehigh Valley Hospital thank employees for their support of parking space rentals in lot 7 at 17th & Chew during The Great Allentown Fair. Spaces were rented evenings and weekends as a fundraiser. The beautiful weather and ideal location of the lot combined to help the Auxiliary raise almost \$7,000 in seven days. These funds will be applied to the upcoming gift to the hospital in December.

High Dose Rate Brachytherapy Benefits LVHVN Cancer Patients

IMAGINE A CANCER TREATMENT USING A RADIOACTIVE SOURCE 10,000 TIMES THE DOSE RATE OF CONVENTIONAL approaches. Using advanced computer technology, this relatively new cancer treatment — high dose rate brachytherapy (HDR) — offers patients who qualify a number of advantages and is now available at the John and Dorothy Morgan Cancer Center.

HDR spares healthy tissue, which minimizes side effects associated with radiation treatment. It can be performed on an outpatient basis since it takes minutes instead of hours. Other advantages include reduced risk of radiation exposure to patient visitors and medical personnel, little or no patient discomfort, cost efficiencies over standard therapies, and, in many cases lower complication rates and comparable cure rates than standard therapies.

"HDR opens up a new avenue of radiation," said Victor Risch, M.D., Ph.D, chairman of radiation oncology at Lehigh Valley Hospital. "It allows us to shape the dose and put the radiation directly in the cancer."

The procedure has been available at the hospital since April and uses a multidisciplinary approach as

members of the medical staff place catheters in the patient, and radiation oncologists work closely with radiation physicists Shih-min Lo, Ph.D., and Tanxia Qu, Ph.D., to plan the treatment. The physicist and a treatment planning specialist calculate and design the HDR treatment while the radiation



Radiation physicist Tanxia Qu, Ph.D., connects catheters to the applicators of the HDR unit, a single, high intensity radioactive source stored within a shielded safe.

technologist and radiation oncologist calculate the exact size of the treatment area and confirm the placement of the patient's catheters using a simulator. The patient is then transferred to the treatment room and the catheters are connected to the applicators of the

HDR unit, a single, high intensity radioactive source stored within a shielded safe. From a computerized control room the radioactive material is automatically placed or "afterloaded" into the applicators and delivered to precise locations in the patient. By conforming exactly to the size and shape of the tumor, HDR concentrates the radiation and the treatment time. The patient is monitored via closed-circuit TV and a two-way intercom during the treatment, which usually takes less than 10 minutes. Carmine Pierno, M.S., LVH's radiation safety officer, was instrumental in design-

ing the treatment area, Risch said.

HDR is used both to lessen the severity of and cure cancers of the bronchus, esophagus, lung, pancreas, prostate, cervix, uterus, breast and brain. It also can benefit patients with recurring tumors, those who have undergone convention radiation treatments, those with inoperable but localized cancer, and patients who are not candidates for surgery, Risch said.

In actuality, HDR is not that different from what is done with conventional brachytherapy, Risch said. Brachytherapy, treatment delivered over a short distance directly into the affected area, was the first way radiation was ever given. Originally, the radiation was placed, by hand, into a patient's body. Today, standard brachytherapy is all done by "afterloading" where tubes are surgically placed in a patient, the patient is placed in a shielded room, and the radiation is then placed into the tubes. However, because of the long treatment time and the need for quarantine, the procedure still is done on an inpatient basis.

"HDR is a significant addition to the therapeutic medical resources in the Morgan Cancer Center, but we are being selective with its use because we do not have historical information to help us determine total doses," Risch said. HDR is a new tool. "As we gain more experience, we will know how to apply HDR in more situations. We are, however, very excited about the potential of this therapy and believe it is a powerful new approach to radiation delivery." ■

Partners in PennCARE

"Partners in PennCARESM" is a regular feature in CheckUp This Month providing news about programs and other activities in the PennCARESM network.

Easton Hospital, the newest PennCARESM member, is sponsoring the MOTHERWELL Maternity Health and Fitness Program

for all pregnant women, new mothers, and mothers and their infants at Valley Health Children's Services, Palmer Township. The program features Prenatal Exercise and Mother-Infant classes. The MOTHERWELL Maternity Health and Fitness Program follows guidelines of the American College of Obstetricians and Gynecologists. It has been endorsed and recommended by board-certified physicians specializing in sports medicine and obstetrics.

Easton's fall calendar of educational and community service programs features topics ranging from "For Parents-to-Be: Healthy Baby Update" to "Depression: Recognize the Warning Signs." Persons caring for older adults can learn about "Understanding the Aging Process," "Using Medication Safely" and "Legal and Financial Issues Affecting Older Adults," among other issues.

Women's Health at Muhlenberg Hospital Center, Bethlehem, served 130 patients — 41 of them brand new — in its first two months, July and August. The service is a cooperative arrangement with LVHVN. Two LVHVN obstetrician/gynecologists involved in the service, Michael

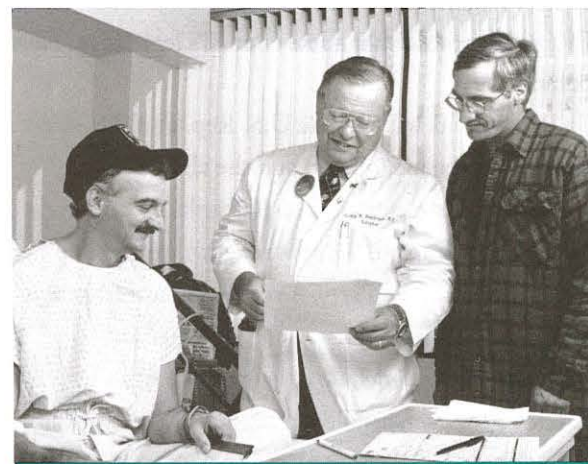
Sheinberg, M.D., and Zirka Halibey, M.D., were on-site 15 half-days during that period. They

expanded their hours to five half-days a week as of September, and physicians from College Heights ob/gyn are joining the group.

Hazleton-St. Joseph Medical Center and **Hazleton General Hospital** are in the final stages of creating the Greater Hazleton Health Alliance, a non-profit corporation that will manage the daily operation of each hospital and allows each hospital to maintain its own identity.

St. Joseph's Medical Center last year introduced a new security program in its maternity department designed to keep newborns safe and offer peace of mind to parents. St. Joe's also provides KID C.A.R.E., which allows parents to authorize emergency medical and surgical procedures in advance. KID C.A.R.E., an exclusive service of St. Joe's, is offered at no charge.

North Penn Hospital, Lansdale, recently celebrated the 10-year anniversary of Rainbow Shines, its day care program for sick children. The first hospital-based program of this kind in Pennsylvania, it provides care by nurses in a warm, just-for-kids environment while their parents are at work. ■



Craig Reckard, M.D., chief of transplant services (center), discusses the surgery with kidney transplant patient Robert Snyder (left), and his brother and kidney donor, John Snyder, on newly redesigned unit 5B.

PCC UPDATE 5B Opens as PCC Unit

Patient care unit 5B reopened in September after construction to enhance implementation of patient centered care. According to Lois Zellner, R.N., director, 5B/5C, this is the first redesigned unit that incorporates distinct patient service areas, each with its own care teams — ambulatory surgery, renal transplantation, general surgery and urology.

"The staff has done a wonderful job of integrating all their tasks and truly working as a team to make the transition to a unit embracing the patient centered care philosophy," Zellner said.

Staff members helped redesign the unit by serving on the implementation team. They determined staffing needs and reviewed all job processes. According to Zellner, while many 5B team members worked on 5C during construction and were impressed with the design changes there, the pervading feeling on 5B since Sept. 28 has been "glad to be home." ■

Nite Lites at Dorney

• September 28, 1996 •



Mark Your Calendar

• PNC Sponsors Congressional Forum Oct. 24

Candidates for the 15th Congressional district seat will face off on health care issues Oct. 24, 7 to 9 p.m. in the auditorium at Cedar Crest & I-78. The "Congressional Forum '96" is sponsored by the LVHNN professional nurse council's legislative committee.

Participants will include U.S. Rep. Paul McHale, Democrat, the incumbent; and the challengers in the November election: Bob Kilbanks, Republican; Nicholas Sabatine, III, Reform Party; and Philip Faust, Natural Law Party. A representative from the League of Women Voters will moderate.

The event will include a two-minute opening statement by each candidate, followed by questions from the moderator and audience. The forum will conclude with a closing statement from each contender.

• Annual Meeting

All employees and physicians are invited to attend the Lehigh Valley Hospital and Health Network annual meeting.

WHEN: Wednesday, Dec. 4 at 4 p.m.

WHERE: Lehigh Valley Hospital—
Cedar Crest & I-78, auditorium

• Auxiliary Poinsettia Sale Dec. 6

The Allentown Auxiliary of Lehigh Valley Hospital will hold its annual poinsettia sale in the 17th & Chew lobby. Poinsettias and other plants will be sold. Advance orders accepted through Nov. 15. Stop by The Alcove Shop for an order form. The popular hanging Belden Baskets are available by advance order only.

Call chairperson Debbie Reinhard (967-3275) or Jeanne Tilghman (437-4265) for more information.

Rain didn't dampen Nite Lites! A capacity crowd attended the black-tie gala that raised more than \$150,000 for the pediatrics program at LVHNN.

(Far left) John VanBrakle, M.D., chair, department of pediatrics, and wife Debi, Nite Lites steering committee member, were the evening's host couple. (Top, left to right) Debbie Bubba (pediatrics), Anna and Oscar Morffi, M.D. (pediatrician), and Cindy (inpatient pediatrics) and Joe Max took a break from the silent auction to pose for the camera.

(Top right) The Lehigh Valley community was well-represented by people such as Dorothy Blaney (left), president, Cedar Crest College, shown here with Marie Shaw (WomanCare).

Highlights of the night were rides on some of Dorney's famous attractions like Hercules, being navigated here by (bottom left) Richard Kusick (left) and Robert Serow (development) and the macarena (bottom right) as danced by Elliot Sussman, M.D., president and CEO.

Corrections to September's CheckUp This Month

► Omission: Cynthia Mosser, respiratory therapy, celebrated her 10th year anniversary on Aug. 25.



SERVICE ANNIVERSARIES

Congratulations to the following employees on their October 1996 service anniversaries! Thank you for your continuing service to Lehigh Valley Hospital and Health Network.

Twenty-Five Years of Service

Richard C. Bogert
Mental Health

Vaughn Gower
Financial Services

Joanne M. Leshner
Obstetrics

Joan Schmidt
GICU

Joan M. Schultes
Medical Records

Grace R. Wahler
Adolescent Psychiatry

Michael Quinn
Perfusion

Twenty Years of Service

Tindra A. Bassler
Radiology-D

Sharon L. Boley
Laboratory-Hospital

Jean A. Bortz
Ambulatory Surgery Unit

Carol A. Brobst
Endoscopy

Cheryl A. Lakey
Speech & Hearing

Wanda A. Perich
GICU

Michael Quinn
Perfusion

Michael Quinn
Perfusion

Charlotte R. Wallace
3C Staging

Bonnie J. Wasilowsky
Special Care

Shirley A. Wentzel
Medical Records

Shirley A. Wentzel
Medical Records

Fifteen Years of Service

Wilfredo Deleon
Supply, Distribution, Delivery

Diane Kowalski
Central Nervous System Unit

Darina Kutish
Medical Records

Lisbeth Maron
Laboratory-Hospital

Judy A. Schaeffer
7B Medical/Surgical Unit

Anne M. Snyder
Respiratory

Diane Wiersch
Information Services

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Information Services

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Veronica A. Gartska
Central Nervous System Unit

Daniel J. Hartman
Sterile Processing

Joan A. Heckler
Shock/Trauma

Dana G. Hosfeld
Heart Station

Patricia J. Keppel
Operating Room

Patricia A. Lombardo
Endoscopy-GI Lab

Charles S. MacDonald
Sp Pharmacy

Gina Mohr
Emergency

David A. Palanzo
Perfusion

Carol J. Pastorella
PCCU

Robert M. Pauls
4A Medical/Surgical Unit

Helen R. Seifert
Women's Medicine

Linda K. Semmel
4C Medical/Surgical

Robert K. Stevens
Marketing & Public Affairs

Judith Szep
Department of Pediatrics

Anita Verzino
Admitting

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Colleen M. Whitset
Department of OB/GYN

Cecelia M. Wotring
Pediatric Unit

Barbara A. Zydyk
Ambulatory Surgery Unit

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Ambulatory Surgery Unit

Barbara A. Zydyk
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