

update

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June 15, 1984



HealthEast

At its annual meeting on June 13, HealthEast announced that it has officially adopted a corporate signature. This signature includes a graphic design or logo, a specific type style, and colors (russet for the logo and grey for the type). The new signature was designed by William Sklaroff Design Associates and it will serve the dual purpose of identifying the corporation and communicating its image.

When HealthEast was formed, the need to develop an image for it was identified. So the HealthEast board appointed a committee to work with Sklaroff developing that image. The committee was chaired by Charles Snelling, one of the HealthEast board members, and it included Gale Hodavance, director of public relations at the Hospital Center, and Chris Messina Boyer, director of public relations at The Allentown Hospital.

The signature which resulted from this committee's efforts was designed to say a lot about the system. The logo or symbol was designed to project a very positive image. Its circular form and the swirl effect convey the cohesiveness and interdependency of the various parts of the system.

The angle at which the logo is presented, the circular form, and the swirl effect also combine to portray positive forward motion and growth. In addition, the overall signature was designed to convey what we consider to be very important attributes of the system -- strength, quality, and progressiveness.

HealthEast CEO speaks up

On July 1, David Buchmueller will take the reins as HealthEast's first president and chief executive officer (CEO). And listening to talk around the Hospital Center, it's obvious that many of you are wondering what lies ahead.

We've already reported to you about where Buchmueller's been; what he's done (cover story - May 11 issue of *Update*). But many of your questions remain unanswered.

Who is he? What's he like? Why has he taken this new position and where does he see the system going? What is his philosophy? How does he define HealthEast's role; how does he define his own?

So we sat down with David Buchmueller to get the answers to these and other questions. And here is how the conversation went.



“As CEO I have an important responsibility to be a strong employee advocate.”

Update: How do you see your role as HealthEast's CEO?

Buchmueller: I see myself in many roles as HealthEast's CEO. First, and one of the most important, is as an employee. And as CEO I have an important responsibility to be a strong employee advocate.

One of the most important things to me where I am now is insuring the job security of the 2,100 or so people who depend on the Neponset Valley Health System (NVHS). I am very proud of the fact that no one in our organization has ever lost a minute of work due to work stoppages or layoffs. I don't think that just happens by accident. Especially with strikes and layoffs occurring in hospitals all around us.

As CEO, I need to work hard for my fellow employees. I need to do whatever I can in terms of salaries, benefits, and organizational philosophy to help them feel better about what they have to do. Let's face it, I'm not going to be there at three in the morning to take care of that patient. But somebody is. And that's important.

Another major role will be seeing that the elements of the system work well and serve well together. I don't mean to do our hospital administrators' jobs. But there's a lot I can do to help them with what they have to do.

I also see organizing HealthEast into a strong and credible organization as a major role. I will be a spokesman for the system to the many external communities interested in what we're doing. I will be an interpreter of the environment around us so we can attack problems with a shared vision of what that environment is.

Update: You have spent a lot of time putting together a health care system in Massachusetts. Why would you want to leave that and come here?

Buchmueller: There are four or five basic reasons. First, there is the reputation of the two hospitals. There's a lot of respect out there for both of them.

Second, this system is involved in providing some services which we couldn't hope to provide on the doorstep to Boston. And that's exciting.

Then there are the trends which are occurring in health care. Some of the national trends that have had a negative effect on other hospitals haven't hit the Lehigh Valley yet. So there is a challenge there. We can sit back and wait for those trends to hit us or we can do some creative things in anticipation of them.

The Pool Trust is another reason. Our ability to move the hospitals is significantly enhanced with a resource like that standing behind them.

Finally, I am impressed by the people I have met here. They are committed to this area and they believe in the two hospitals. Frankly, they are the kind of people with whom I felt I could work comfortably.

Update: What do you see as the relationship between HealthEast and its subsidiaries?

Buchmueller: First and foremost, HealthEast has got to be a facilitator. It has to help make the two hospitals as successful as they can be. We have to help them carry out their mission to the community.

And that's an important point. There's a real danger as we become more corporate of losing sight of our original charitable purpose. HealthEast has to help make sure that doesn't happen.

HealthEast also has a responsibility to help the subsidiaries work together to achieve better prices for services, equipment, and supplies. For instance, the two hospitals are already sharing resources at the blood lab and the computer center. This is a much more economical way to provide certain services and we need to look at other areas where we can do the same thing.

HealthEast must take a leadership role to stimulate business development in areas which compliment the two hospitals. For instance, if we can put together a broad based home care system, we will be serving an important community need. But at the same time, such a system will result in some feedback that benefits the hospitals and the medical staffs. If we develop a commercial lab, we may be able to bring down the cost of lab tests for our patients.

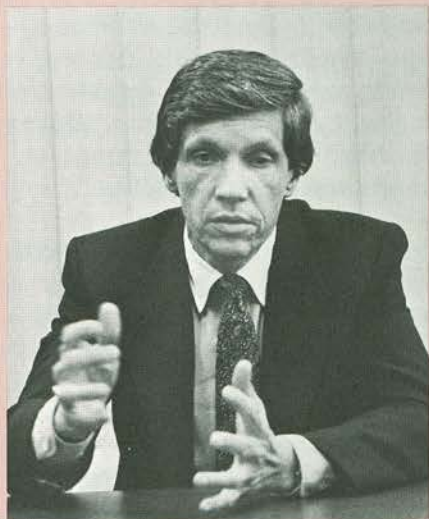
HealthEast needs to address the various innovative non-traditional methods of financing health care. What should our role be with things like preferred provider organizations (PPO's). Do we want to compete that way or do we want to be in a position where our fate is in the hands of regulators in Harrisburg.

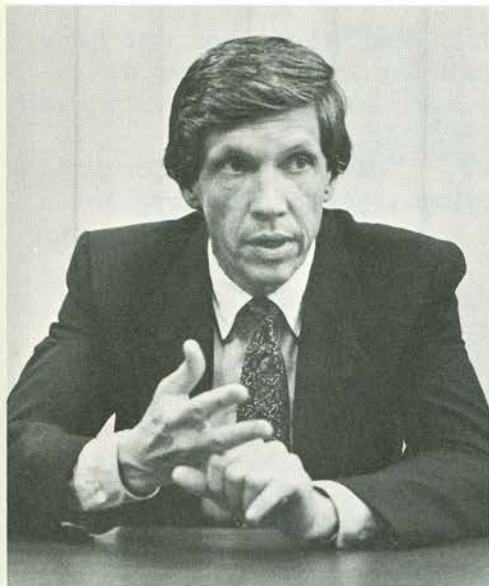
I'm a big believer in the free market system. I think it's possible to apply the principles of free enterprise without losing our commitment to our patients and the public. But to give that system a chance, we (HealthEast) have to work hard to prevent those at the state and federal levels from tying us into regulatory knots.

Update: While you were with NVHS you came up with some creative solutions to problems. Do you think some of those same solutions can be applied to the problems facing us?

Buchmueller: The solutions we came up with in Massachusetts were valid solutions in that environment. Those same solutions may or may not be valid here. I need to study the needs and the medical environment here before I propose any solutions.

In discussions that I have with people here, I will undoubtedly make references to where I'm coming from and the things I did there. But I want people here to understand that I don't intend to thoughtlessly transplant those ideas and concepts. They may or may not be relevant here.





Update: What do you see as the priority items facing you once you start here?

Buchmueller: One of the highest priorities is putting together a mission statement for HealthEast. We need to define HealthEast's role and set a mode of operation.

Another very high priority will be to find innovative, creative, and mutually beneficial ways in which the system and the hospitals can joint venture with the physicians. We need to look at joint ventures in traditional areas like real estate and in less traditional areas like limited partnerships. We've got to be sure that the hospitals and the physicians, whose futures are so tied together, do in fact work together.

A third top priority will be -- and this sounds like a cliché -- but it will be communications. I need to get to know the people here. I need to get to know the community. I need to build trust. I am not coming in with a lot of preconceived ideas. I need a lot of input from a lot of people here as we set our goals and direction. And that's only going to happen if we have good communication.

Update: There are a lot of pressures for the hospitals to operate like big businesses. At the same time, we have a charitable mission in the community. How do we make sure that our responsibility to care for and about people doesn't get lost in the shuffle?

Buchmueller: First, caring about people is a part of the professional make up of our physicians, nurses, and others who are involved in caring for our patients. So we are starting on a positive basis.

Second, caring about people has to be kept as more than just a philosophical commitment. It has to be practiced in the decisions management makes at every turn.

One of the reasons I feel so strongly about financial viability is because it is the financially healthy hospital that can keep patients first.

It's the financially viable hospital that can say yes to the little old lady who has had a stroke but has insufficient health insurance. It's the financially viable hospital that can say yes to the accident victim who didn't choose to be there and doesn't have the ability to pay.

Decentralization is another important factor. It's important that the individual hospital boards run the hospitals instead of the HealthEast board. And I think that the hospital boards, among other things, have a responsibility for the quality of care in their institutions. Those boards appoint the medical staffs. They set the policies. They should be reviewing the quality assurance reports. They should be insuring the highest levels of certification and accreditation.

That's why if you ask me if my management orientation is centralized or decentralized, I would have to say decentralized. I believe that the hospital boards have to be concerned with the quality of care.

At the same time, maybe they don't need to be spending as much time building relationships with the state legislature and the federal government. That's something HealthEast should be doing.

“Caring about people has to be practiced in the decisions management makes at every turn.”

Update: In the past, a number of people have suggested that HealthEast should play a more active role in the planning of expansion at the two hospitals. Do you see that as a valid role for the parent corporation?

Buchmueller: Yes. I think that's a key role in terms of coordinating services and defining a vision of what the system should be. But again, HealthEast is a coordinator, a facilitator. Involvement of the internal hospital people and the medical staffs is critical in the planning process.



“There are those who feel I’m coming to bat in the bottom of the ninth inning with the bases loaded and we’re down by three runs. They want an immediate grand slam homer.”

Update: How do we insure that the business community looks at us as a business instead of as a charity?

Buchmueller: I think responsible management and good communications are the keys. There are any number of charities which have applied those principles and they are considered good business operations.

I think it's important to note though that we are a big business. We need to hang on to the caring but that doesn't make us any less a business.

When I got my M.B.A. from the University of Chicago, nobody ever told me it was less valuable than the M.B.A.'s of people who went to work for Penn Central, or Chrysler, or Boeing, or any of the other charity cases the federal government has had to bail out.

Update: How long after you arrive do you expect it will take to get things moving?

Buchmueller: I think there are those who feel I'm coming to bat in the bottom of the ninth inning with the bases loaded and we're down by three runs. They want an immediate grand slam homer.

But I think it would be a mistake for me to come in and during the first few weeks make a lot of decisions based on the information I have so far.

The truth of the matter is that I still need some spring training. But that training might just be a little bit shorter, the season may start a little bit earlier, and maybe I know a little bit more about the team and the game than some of the other players coming to camp.

HealthEast


(Continued from page 1)

The colors were chosen to reinforce the image created by the signature and to give it maximum impact. Russet was used for the logo because it is warm, bright, and eye catching. The grey was used for the printed part of the signature because it reinforces the image of a sleek, professional, progressive organization.

The type styles were chosen because they are consistent with the image created by the graphic and because of their readability. The two sizes were used to help make the translation between the graphic and the larger text of whatever is being printed.

With the adoption of the new corporate signature, the familiar blue "ankh" used by the Hospital Center will become a collector's item. Beginning on July 1, the Hospital Center, The Allentown Hospital, and all other subsidiaries of HealthEast will begin using the corporate logo, typestyle, and colors.

This is being done because we are all a part of one system. And there is a need to present a consistent system identity to the public. So as supplies of stationery, brochures, and other printed materials run out after July 1, they will be replaced with items bearing the new signature.



We're losing our shirts

You know those green surgical scrub suits which are so comfortable? Well, we've got a real big problem with them.

It seems they have become too popular. Recent audits show that we are losing them at an alarming rate -- about 18,000 pieces in the past year. That's an average of 70 scrub items each working day.

Where are they going? That's a question Hospital Center administrators are determined to answer. According to Chris Strasser, director of materials management, the cost for this kind of a loss is large. If the problem isn't solved, it's going to have a serious impact on all of us.

So the Hospital Center is taking steps to stop the loss. Plans to tighten control of scrub suits are being considered. And if these plans have to be put into place it will be expensive for the Hospital Center and inconvenient for the staff. Internal and external security experts have been consulted. And articles telling the public about the problem have been printed by the local newspapers.

What can you do to help? Make sure you return used scrub suits to the designated disposal areas. And make sure your department head and security are told about anyone trying to sell scrub suits bearing the Hospital Central Services Corporation (HCSC) stamp.

Ultrasounds and you

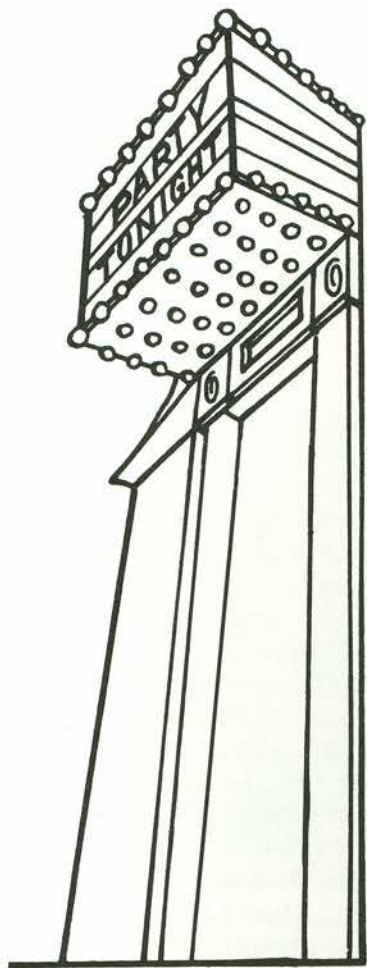
Fetal ultrasounds -- they sure make life easier for parents-to-be. Because they let expectant parents know their baby's size, age, and probable delivery date, they have gained considerable popularity during the past few years.

But, they can be expensive. And that may be a factor you want to consider before having one performed. Your health insurance might not cover the cost.

Under our medical insurance contract with the Prudential Insurance Company, there is a restriction on payment for fetal ultrasounds. They are covered only if the attending physician feels they are medically necessary. If they are done merely as a part of routine pre-natal exams, they aren't covered.

The same rule was also a part of our Blue Cross/Blue Shield contract. The difference was that in a number of cases, Blue Cross/Blue Shield did not follow the rule.

So if you are considering having this procedure performed, check with your physician to see if it is medically necessary. If it is, ask your physician to make sure that is clearly stated on the bill. If your physician doesn't think the procedure is medically necessary, the choice is still yours to make. But if you decide to have it done, you will probably have to pay for it.



We want to make you a star

Well, we're all going to have the chance to relive those days. This year is the Hospital Center's 10th anniversary -- a very special time for us. And we've come up with a very special way to celebrate it. We're going to put on a Broadway-style musical revue.

Hundreds of hospital family members will be involved. No matter where you think your talents lie -- strutting your stuff on the stage or working behind the scenes -- there will be a place for you.

We make you two promises. You're going to have a blast and you're going to see a side to many of your fellow staff members that you didn't know existed.

The production will be put on at the Lehigh Consistory (on Hamilton Street across from the Lehigh Valley Club) three times during the weekend of September 21-23. The curtain will go up for the first time at 7:00 P.M. on Friday, September 21. Following that show, there will be a birthday party at the Allentown Hilton.

On Saturday we'll do another evening show, and on Sunday there will be a matinee at 2:00 P.M. Following the show on Saturday night there will be a VIP reception and on Sunday afternoon there will be a cast party.

To help us with this production, we have signed on with Cargill Productions. This is a New York based company which supplies professional Broadway producers to direct amateur talent shows for nonprofit organizations. Our producer will come in right after Labor Day and will rehearse us for three weeks before the show.

But in the meantime, we have a lot of work to do. We need to come up with a show theme so the production company can put the show together. And we need to put together program, ticket, patron, talent, costume, scenery, finance, and publicity committees so we can get things rolling.

So the time to get involved is now. If you have any theme ideas or if you want to join the fun, give us a call in public relations (Ext. 8900).

You can stop running around

Staff members who are also students are going to have things a little bit easier in the future. Personnel and educational development have gotten together to save you some walking around.

In the past, staff members had to pick up tuition reimbursement forms in the personnel office. But then if they needed credit bank forms, they had to go to educational development.

As of June 1 that system changed. Everything is now being handled through one office -- educational development. That's where you go to get both forms and that's where you turn them in.

Pennsylvania Nurse Hospital Center honors

Recipients of Pennsylvania Nurses Association "Staff Recognition Award"



(Left to Right) Eileen Young, R.N., OR; Carol Torbey, R.N., ACU; Anne Bobek, R.N., PCU; Patricia Vaccaro, R.N., BU; Joan Timalonis, R.N., B.S.N., 5A; Joan Vacaro, R.N., OHU



(Left to Right) Front Row: Carole Fink, R.N., M.S.N., Nursing Director and coordinator of Award Program; Pat Boyer, R.N., STU; Anne Bobek, R.N., PCU; Joan Vacaro, R.N., OHU; Anna Herzog, R.N., B.S.N., OHU
Back Row: Sue Marhon, R.N., C.C.R.N., ACU; Liz Egan-Lee, R.N., STU; Nancy Ferrara, R.N., 6A

The week of May 7 was a very special week for our nursing staff. It was Pennsylvania Nurse Week -- a time when we honor our nurses for the important contribution they make to professional health care.

And it was a week full of recognition activities at the Hospital Center. On Monday night, nurses throughout the Lehigh Valley were invited to a celebration in the auditorium. Alverta Stichter, R.N., M.S., assistant administrator, spoke to the group about what happens after Nurse Recognition Week ends. Members of our nursing staff then provided a panel discussion of the many professional organizations available to professional nurses.

On Tuesday, a panel of judges toured the different nursing units and chose winners in the unit project competition. On Wednesday, members of the nursing staff were treated to ice cream sundaes at receptions on all three shifts. Winners of the unit project competition were announced at the day shift reception as were those staff members chosen to receive the Pennsylvania Nurses Association "Staff Recognition Award."

All in all it was a good week. It was a week when we formalized the appreciation which we feel for our nursing staff all year long.

Award winners missing from photos: Alta Travis, R.N., OHU; Susan Hughes, R.N., 4B

Recognition Week

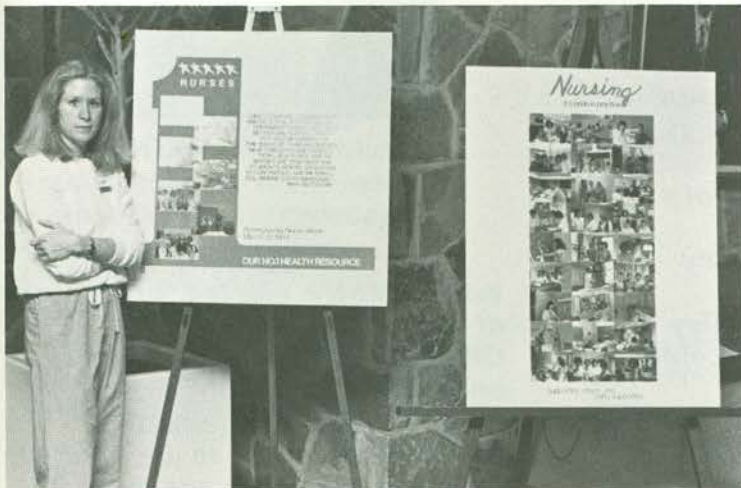
nursing staff



Barb Snell, R.N., 4B, receives medical staff gift from Joseph Vincent, M.D., critical care medical director



5A staff members - 1st place award winners in unit project competition (Left to Right) Elise Kramer, unit clerk; Joanne Dunstan, R.N., B.S.N.; Susan Mitchell, R.N., B.S.N.; Nora Broutin, L.P.N.; Marybeth Mikitka, R.N.; Mariann Hebelka, R.N., B.S.N.



Liz Egan-Lee, R.N., STU, with posters she made for display in lobby



Recovery room staff members - 2nd place award winners in unit project competition (Left to Right) *Front Row:* Kathy Grogan, R.N.; Scarlet Brenfleck, R.N.; Nancy Eckert, R.N. *Back Row:* Patty Robinson, R.N.; Mattie Haas, unit clerk

Medical staff members in the news

Gary G. Nicholas, M.D., chief for surgical education, and Kenneth M. McDonald, M.D., chief of the division of vascular surgery, have received an important notice from the American Board of Surgery. They are among the first physicians in the nation to be awarded the Board's new certification of special qualification in general vascular surgery.

This new certification was started by the American Board of Surgery late last year. It is designed to recognize those physicians who have acquired special qualifications in this field through advanced education and training. The first examination for physicians seeking the certificate was given in November.

To be eligible for certification, physicians must have completed a vascular fellowship. They must then submit a series of their cases to the board for review. Those surgeons with enough experience and ability to meet the Board's requirements go on to take the certification exam.

Nicholas received his bachelor of science degree from Muhlenberg College and his M.D. from the University of Pennsylvania in Philadelphia. He did his internship and residency at the Hospital of the University of Pennsylvania and also completed a fellowship in vascular surgery at the same institution.

In addition to serving as chief for surgical education at the Hospital Center, he has served as an assistant and an associate professor of surgery at the Milton S. Hershey Medical Center. He has published nearly 50 articles in his specialty area and has 39 presentations and abstracts to his credit.

In addition, Nicholas is a member of both the Society for Vascular Surgery (SVS) and the International Cardiovascular Society (ICVS). Because SVS has very demanding publication requirements and a limited membership, Nicholas is one of only three Lehigh Valley physicians who belong. He is also one of only five Lehigh Valley physicians who belong to ICVS.

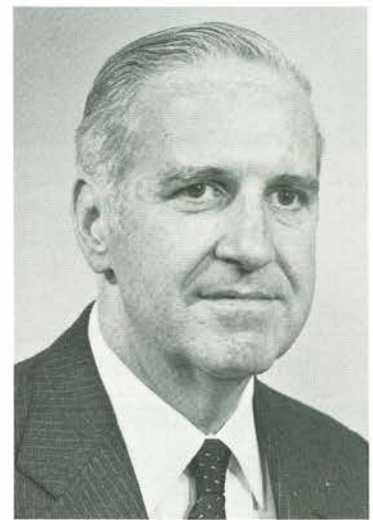
McDonald received a bachelor of arts degree from the University of Toronto, a master of science degree from Fordham University in New York, and his M.D. from the University of Ottawa. He completed his internship and residency at the U.S. Naval Hospital in St. Albans, New York, and a fellowship in peripheral vascular surgery at the Hospital Center.

He spent 14 years in the Medical Corps of the U.S. Navy, completing his tour as a Commander and as a vascular surgeon at the Naval Regional Medical Center in Philadelphia. He also served for two years as the chief of surgery at the Naval Hospital in Newport, Rhode Island.

McDonald has also published a number of articles and is a member of ICVS.



Gary G. Nicholas, M.D.



Kenneth M. McDonald, M.D.

Peter A. Keblish, M.D., was recently elected president of the Philadelphia Orthopaedic Society. He is only the second physician from outside the immediate Philadelphia area to be elected to the post. For the past 70 years, the society has fostered education among orthopaedic surgeons. They hold educational and scientific sessions throughout the academic year and invite speakers to address the group. In addition, the Society is available to answer general questions about orthopaedics for the public.

To be eligible for membership, orthopaedic surgeons must be certified by the American Board of Orthopaedic Surgery. Currently, the group has a membership of more than 200 orthopaedic surgeons in the Philadelphia area and surrounding communities.

In addition to his duties at the Hospital Center, Keblish also has a private practice in Allentown. He received his bachelor of arts degree from the University of Pennsylvania and his M.D. from Hahnemann Medical College. He completed his internship at St. Luke's Hospital and did his residency at Hahnemann Medical Center and Philadelphia General Hospital. Keblish received his training in orthopaedic surgery at William Beaumont General Hospital in El Paso, Texas. He also served in Vietnam as chief of orthopaedics and surgery at TUY HOA, 91st Evacuation Hospital.

Keblish is secretary/treasurer of the Pennsylvania Orthopaedic Society, treasurer of the Orthopaedic Surgery and Trauma Society, and vice president of the American Orthopaedic Foot Society, the Lehigh Valley Orthopaedic Association, the International Arthroscopy Association, and the Arthroscopy Association of North America.

He is also the author of numerous publications and papers in his specialty area.



Joseph J. Fassl, M.D.

Another May Daze is behind us and once again it was a big success. On behalf of our fellow auxiliary members, we want to thank all the members of the hospital family who helped to make it work.

Engineering did their usual outstanding job setting up the grounds and keeping things running smoothly. The emergency department provided us with a first class emergency kit which fortunately was needed only for minor cuts and scrapes.

Dietary put together hundreds of outstanding meals for our dinners and brunch. The medical staff paid for our newspaper advertising.

Telecommunications came up with the idea of equipping us with a portable radio so we could stay in touch. Then they volunteered to act as our message center.

Security loaned us one of their radios and taught us how to use it. They also spent countless hours patrolling the grounds to insure everyone's safety.

The Child Care Center and the emergency department tried their hand at fund raising this year. And the recreation committee had their wine booth which has become a May Daze tradition.

Then there are the Hospital Center's volunteers and our own fellow auxiliary members -- members of both groups worked for months before the festival putting it all together. Then they spent many more hours staffing the event making sure that it ran smoothly.

To all of you we say thanks. And we say thanks to all the other hospital family members who helped out or who made donations, or who patronized the festival with their families and friends. Without all of you, May Daze would not be what it is.

Sincerely,

Alma Pfeiffer

Alma Pfeiffer
Auxiliary President

Diana M. Gottshall

Diana Gottshall
May Daze Chairperson

Joseph J. Fassl, M.D., assistant chairman of the department of emergency medicine, has been certified as a fellow of the American College of Emergency Physicians. To receive his certification, Fassl had to successfully complete written and oral exams administered by the College. He also had to have been an emergency physician for at least five years. And he had to have completed at least 50 hours of continuing medical education a year for the past five years.

Fassl received his bachelor of science degree from Moravian College and his M.D. from the Temple University School of Medicine. He completed his internship at The Allentown Hospital and then served in the Air Force for three years at the Wright-Patterson Medical Center, Dayton, Ohio.

Fassl is certified in both Advanced Cardiac Life Support (ACLS) and Advanced Trauma Life Support (ATLS). He is also certified as an ACLS instructor.

**Burn
Foundation
Golf
tournament
announced**

If you're a golf enthusiast, mark Monday, August 27 on your calendar. That's the date of the Burn Foundation's second annual Michelob - Benner Fairways Pro-Am Golf Tournament.

This is your chance to either compete against the pros or to watch them in action. And at the same time, you're helping out a very worthwhile cause, the Burn Foundation.

This year the tournament will pit 22 pros and 88 amateurs against each other in teams of five. The pro field will include names like Jim Booros of Allentown, Fuzzy Zoeller, J.C. Snead, Denis Watson, Rex Caldwell, Fred Couples, Lance Ten Broeck, and Larry Mize.

The pro golfers will be competing for a \$3,000 purse. The amateurs will be vying for \$3,200 in prizes.

Members of the hospital family are invited to get involved either as players or as tournament sponsors. The tax deductible fee for players is \$350. And the fee for sponsors, also tax deductible, is \$1,000 (gold sponsor), \$500 (silver sponsor), or \$250 (bronze sponsor).

Ticket prices for the tournament are \$6.00 at the gate, and \$5.00 if purchased in advance. Advance tickets are available at the Allentown Municipal Golf Course, the Burn Foundation and public relations offices, and at area golf and country clubs.

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