



Spring 2011

Volunteer Views

A Newsletter from the Lutheran HealthCare Volunteer Department

Volunteer Recognition

During National Volunteer Week in April, we celebrated our volunteers. We sent special “thank you” cards, and distributed packages of “sweets” to all. Though volunteer week is only once a year, each day, we celebrate and recognize the accomplishments of all our volunteers and honor your dedication to giving back.

We had a banner year in 2010 with Lutheran HealthCare volunteers contributing more than 82,300 hours to support staff and help enhance the quality of care for our patients and families. That’s a 17 percent increase in hours served over the prior year. Throughout the year, over 700 community friends and neighbors volunteered in close to 100 departments and programs. Thank you for all that you do to help Lutheran HealthCare!

Interesting facts about volunteering:

The 2010 national estimate for the value of a volunteer hour is \$21.36. In New York State in 2009, the value of a volunteer hour was \$27.17. The valuation of volunteer time is one way to measure the impact individuals make as they dedicate time to make a difference in their communities. The Independent Sector, a national advocacy organization in Washington D.C., will release estimates for 2010 this summer. To access more information visit www.independentsector.org.

It’s good for your health to volunteer. The Corporation for National and Community Service reviewed findings from a number of studies focusing on the relationship between health and volunteering and found there is a strong relationship between volunteering and health. Conclusions: volunteers have greater longevity, higher functional ability, lower rates of depression, and less incidence of heart disease. Read more at <http://nationalservice.gov/pdf/07>. Volunteers make a difference to the community and to their own quality of life!

Auxiliary Leaders Honored by United Hospital Fund



On March 15, the United Hospital Fund of New York held its annual Hospital Auxilian and Volunteer Achievement Awards ceremony at the Waldorf-Astoria. Melanie Proscia and Muriel Niemi, LMC Auxiliary members and volunteers, were among 87 honorees recognized by a crowd of more than 750 guests. They are joined by James R. Tallon, Jr., president and Mary Beth Tully, member of the UHF Board of Directors.

Muriel has been a main lobby information desk volunteer and auxiliary member for four years and has served on the auxiliary luncheon and tea committees for several years. Melanie has been a member of the auxiliary for over six years, participating actively with the fundraising committees for both the annual tea and the annual luncheon. We extend our heartiest congratulations to Muriel and Melanie.

Get To Know Our Volunteers

XAVIER HIGH SCHOOL VOLUNTEERS



Earlier this year Xavier High School students joined our volunteer team. They worked every Monday from February through May. Pictured left to right: Salvatore Lentini, Emergency Department,

Michael Osorio, Physical Therapy, James Wilson, Ambulatory Oncology. Front: Matthew Sroga, physical therapy. The Xavier program is designed to encourage a responsibility to serve others and has an academic component that requires participation in reflection groups where students share their experience and then complete two reflection papers.

At the same time students are learning about health care careers. Salvatore wants to be a physician's assistant, Michael plans a career in physical therapy and James wants to study engineering. Matthew is undecided at this point. These talented and hard working young men will head off to college this fall. We congratulate all on their upcoming graduation and thank them for their service to Lutheran HealthCare!

BROOKLYN INTERNATIONAL HIGH SCHOOL VOLUNTEERS



Each year students from the Brooklyn International High School participate in an internship program at Lutheran. They continue their academic studies and

also work at Lutheran for four afternoons a week. The Mission of BIHS is to assist new learners of English in developing their linguistic, intellectual, cultural and collaborative abilities so that they may become active participants in today's independent world. Special programs at BIHS include developing English and native language

skills and internships in business, technology, art, health care and other organizations.

Lina Chen, Professional Affairs, wants to be a nurse. She speaks Mandarin and English. Ilda Tenezaca, Pediatrics, plans to become a pediatrician. She speaks Spanish and English. Nahid Akter volunteers on the maternity unit and plans to become a physician. Nahid speaks Hindi, Bengali and English. Together, they have already contributed more than 450 hours since the beginning of March 2011.

MATERNAL / CHILD UNIT VOLUNTEERS



Elizabeth Castellanos is a CNA (certified nursing assistant) in training with the LFHC Department of Community-Based programs. She currently participates as a volunteer in 2

months of internship. This provides students with valuable experience in both clinical and administrative settings. Elizabeth is assigned Monday through Thursday from 9 a.m. – 2 p.m. She spends most of her time with the staff in Labor & Delivery. When she is not so busy there, she assists on the post-partum section of the maternity unit and on Thursdays, she works in the Professional Affairs office gaining office and administrative experience.

Marguerite Mayer, a Lutheran volunteer since 1999, has contributed more than 3,300 hours of service and is assigned to Labor & Delivery. Every Thursday, she assists with errands, answers phones and assists with clerical duties. She feels that by helping with these tasks, she relieves the staff for more important duties. She's willing to lend a hand wherever needed. According to supervisor Marie Versaggi, "Ms. Mayer is a valuable member of our team. Everyone looks forward to when she is on duty." On behalf of the staff, Marie thanks Marguerite for all her efforts.

Auxiliary News

\$70K Donation at Annual Luncheon



LMC's Auxiliary president, Jane Kelly, presented LHC president and CEO, Wendy Z. Goldstein and Claudia Caine, Executive Vice President and COO, with a check for \$70,000 at the Auxiliary's annual spring luncheon on May 18. The generous donation, a \$10,000 increase over last year, was made possible through the efforts of Auxiliary members who sponsor fundraising events, vendor sales and the hospital gift shop. This was the Auxiliary's 41st annual fundraising luncheon. The funds raised this year will be used for two projects: \$50,000 for a new nurse call system on the Telemetry/Cardiac Unit on 4A, and \$20,000 will benefit the renovation of the

surgical waiting room. Over the years, the Auxiliary has donated more than \$2 million to purchase a new Trauma Services ambulance, multilingual signage for the hospital, renovation of the NICU, renovation and expansion of the ER and recovery rooms, cutting-edge radiation therapy equipment and a cardiac monitoring system.



Bake Sale

Members of the Bake Sale Committee, chaired by Elizabeth Haber, gathered early on April 14 to set up tables in the main lobby. Homemade goodies donated by auxiliary members are always a big hit with our employees. All items were sold by lunchtime.

New Officers Appointed



New Auxiliary board members were appointed earlier this year. Congratulations to the new Auxiliary board: Jane Kelly, president; Eleanor Petty, first vice president; Barbara Kreines, second vice president; Astrid Bjune, treasurer; Madeleine Hebbe, recording secretary; Florence Schwer, corresponding secretary; Adelaide Johnson, financial secretary; Josephine DiPasquale, member-at-large; Melanie Proscia, member-at-large; and Josephine Cashman, nominating chairman. Additionally, Florence Forrester, Claireann Gent, Kathleen Ryan and Lillian Sandholm make up the 2011

nominating committee.

Photographed above from left to right are Josephine Cashman, Astrid Bjune, Josephine DiPasquale, Eleanor Petty, Melanie Proscia, Karen Lennon, SVP, External Affairs, and Jane Kelly.

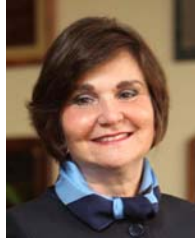


Auxiliary members proudly presented Sr. Fran Picone, director, LFHC Services for Older Adults, with a \$1,000 donation to support Seniors in Touch. Photographed from left to right are Astrid Bjune, Sr. Fran Picone and Josephine Cashman.

The LMC Auxiliary is an integral part of the Lutheran HealthCare family. Started in 1906, the auxiliary supports the work of the medical center through service-oriented projects and fundraising activities. For more information call Volunteer Services at x7296.

Health Care Reform: Finding Balance and Preserving Safety Net Hospitals

This is a reprint of a letter from Wendy Z. Goldstein, LHC president and CEO, that appeared on p. 15 of the The Home Reporter, Feb. 24-Mar. 2, 2011.



Our nation's health care system is a complicated ecosystem, and right now that ecosystem is severely out of balance. Leading experts all agree it needs to be restructured. From health care reform at the national level to the governor's recently convened 27-member Medicaid Redesign Team (MRT), the complicated but necessary task of righting our health care system is underway.

While every hospital should brace for massive and painful cuts [*the MRT was tasked with cutting \$2.85 billion from Medicaid in New York by March 1*] one thing is for certain, those that will bear the greatest impact are safety net hospitals like Lutheran Medical Center.

First, in order for there to be real reform, we need to recognize the critical role safety nets play and to have an agreed upon definition of what a safety net hospital is. And secondly, there are large but little discussed consequences of the Affordable Care Act that burden safety nets far more than others. Yes, there needs to be reform, but not on the backs of these hospitals; they simply will not survive restructuring that does not pay close attention to their unique needs.

Many people define a community safety net as a fragile, poor performing hospital, or a public, city-operated hospital. That is not exactly accurate. Safety nets are more closely defined by who they serve and the unique challenges those populations present.

Safety net hospitals exist in neighborhoods with challenging demographic conditions, with poorer underlying health status and higher hospitalization rates. They have a significantly lower percentage of higher-paying, commercially insured patients than other hospitals. This puts them in a precarious financial situation because of the amount of free (charity care) and under-reimbursed Medicaid services they deliver. While other hospitals can offset these costs with their privately insured patients' reimbursements, safety nets do not have that advantage. In addition, safety net hospitals also have extremely limited access to capital, making infrastructure investments that would greatly contribute to their sustainability a tremendous challenge.

Most hospitals in N.Y.C. average less than 2.5 percent in charity care, while Lutheran's average is eight percent. Additionally, on any given day Medicaid accounts for 46 percent of Lutheran Medical Center's admissions compared to, on average, 34 percent for other voluntary hospitals in New York City.

The Affordable Care Act made significant changes to the Medicare and Medicaid Disproportionate Share Hospital (DSH) payment system. At one time, safety nets could count on this governmental support that was specifically set aside for hospitals that cared for a disproportionate share of the poor, under-insured and uninsured. Those funds are no longer available. Additionally, even after reform New York hospitals will continue to care for a uniquely large undocumented population, a population the health reform law specifically does not address. In essence, the safety net is being ripped apart.

Operating a fiscally viable high quality safety net is an extreme challenge. Lutheran has done this consistently and our efforts have been recognized five years in a row by Cleverly+Associates as a Community Value Index Top 100 Hospital, for providing high quality care in a cost efficient manner.

Lutheran has endured \$20 million in cuts over the last three years already. The target for the MRT is set at \$2.85 billion. If that target is met, Lutheran is looking at a minimum of another \$9 million in cost reductions. Sadly, the changes that have been recommended to date don't include relief for safety nets.

New York's safety net hospitals simply will not survive without a comprehensive policy agenda to stabilize and sustain them over the short and long term. Any restructuring must pay close attention to the precarious conditions under which these hospitals operate, especially safety nets like Lutheran that are their community's largest employer and major provider of care for everyone, not just the poor and uninsured.

Please call or write your state elected officials and ask them to save our safety net hospitals. It is imperative that we continue to educate lawmakers and community leaders on the dire straits high value community safety nets face.

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