



**YESTERDAY, TODAY & WELL INTO THE FUTURE**



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## MISSION

Grand View Hospital shall endeavor to provide and coordinate the appropriate utilization of quality, cost-effective health care and related services for the Upper Bucks and Northeastern Montgomery County communities we serve. While maintaining our traditional commitment to personalized, compassionate care that respects the dignity of the individual, Grand View Hospital shall strive to make quality programs and services available to and accessible by our community. Consistent with our technological, financial, and human resources, the organization shall work to address the changing health-care needs, wants, and preferences of those we serve.







**CELEBRATING 100 YEARS OF EXCELLENCE**



**WELL**  
into the **FUTURE**

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## Welcome Letter

Dear Trusted Friends and Colleagues,

Join us in wishing Grand View Hospital a Happy 100th Anniversary! Bucks County's first hospital was founded by a group of area physicians who purchased two structures and surrounding property on a ridge overlooking our lovely countryside. The farm was called Grand View—words so fitting the founders decided to take the name for the new hospital.

On December 6, 1913, Grand View Hospital opened its doors, eager to address the medical needs of “sufferers of all disease and accidents.” At that time, the hospital was contained in a simple home with eight patient rooms, a room for operating, an office, a kitchen, and a bathroom. The first Grand View Hospital had no X-ray machine, proper surgical table, or telephone. Antibiotics were unknown. Still, Grand View was considered “splendidly equipped” for its day.


Today, our purpose remains the same as a century ago. Grand View exists to meet the health-care needs of our community. Together, we have weathered epidemics, wars, and financial downturns. Through it all, Grand View Hospital has consistently provided compassionate care and the latest medical advances.

We are proud of our past, focused on the present, and charting our future. This year, Grand View Hospital has brought neonatology services to our community through a partnership with the Children's Hospital of Philadelphia. We now provide advanced care for premature and seriously ill infants in a neonatal intensive care unit (NICU) right here.


In surgery, a new state-of-the-art surgical microscope technology enables surgeons to perform most cataract surgeries through a 2.5-millimeter incision requiring no sutures. In orthopaedics, we now offer anterior-approach hip replacement that allows for smaller incisions and a quicker recovery.

Throughout our history, advances to our hospital have been made possible by astute leaders—both within our hospital and across our community—who have contributed their effort, time, and resources for the benefit of our neighbors. We remain forever grateful and consider it an honor to serve you. We look forward to caring for you “well into the future.”

Sincerely,



William S. Aichele  
Chair, Board of Trustees  
Grand View Hospital




Mary Anne Poatsy  
Chair, Board of Trustees  
Grand View Health Foundation



Grand View Hospital, 1913

Grand View Hospital today



A woman with blonde hair, smiling, stands in a cardiac catheterization laboratory. She is wearing a patterned button-down shirt over a grey top. In the background, there is a large medical imaging device (C-arm) with a blue light, and several computer monitors displaying medical images. A green banner is overlaid on the bottom left of the image.

**Deborah Bolanowski, MD,**  
proudly stands in the cardiac cath lab,  
named after her late husband

## Getting to the Heart of the Matter

Grand View continues to be at the forefront of the prevention and treatment of heart disease—from an award-winning heart failure program to state-of-the-art cardiac catheterization laboratory to clinical trials that bring cutting-edge drug therapies. Physicians, nurses, and other staff are dedicated to taking a proactive approach. “We’re always on the move,” says Dr. Paul Hermany, Chief of Cardiology and Director of the Heart Station. “We’re driven by evidence-based medicine that indicates the best ways to treat patients with heart disease.”

In February, Grand View became the first hospital in the Philadelphia region to earn The Joint Commission’s Gold Seal of Approval™ in Advanced Heart Failure. The hospital demonstrated compliance with The Joint Commission’s national standards for health-care quality and safety in disease-specific care. Focus was placed on meeting the needs of patients and families, including infection prevention and control, leadership, and medication management.

Patients who exhibit heart failure symptoms—shortness of breath, swelling in the legs, ankles, or feet, confusion, and dizziness—are started on aggressive risk-reduction therapies. These include cholesterol-lowering drugs, aspirin, and diuretics. They also receive counseling on nutrition, smoking cessation, salt reduction, and fluid intake monitoring.

“We monitor them after discharge to ensure they’re properly following instructions,” says Denise Kistler, RN, Inpatient Vascular Coordinator. “We call them within two days, and again in one week and two weeks.” Patients are seen by their cardiologist or home-care nurse within seven days and are automatically evaluated for home-care consultations.

**This past century, physicians have devoted their lives to bringing advanced medical services to the community. Among them is the late David M. Flowers, MD, whose contributions have lived beyond his 48 years. The Cardiac Catheterization Laboratory, opened in 2006, is the result of Dr. Flowers’ work and vision. The laboratory provides early intervention for coronary heart disease and vascular disease. Dr. Flowers is survived by his wife, Deborah Bolanowski, MD, and their three children.**

The Advanced Heart Failure Program is part of Grand View’s Cardiovascular Center of Excellence, which specializes in diagnosing and treating heart and vascular diseases. The Center manages cardiovascular problems ranging from the prevention and supervision of risk factors to the management of complex medical conditions.

Cardiac catheterization is just one of the options available at Grand View. Within the cardiac catheterization laboratory, physicians can access and remove blockages within arteries to restore blood flow. Years ago, physicians used open-heart surgery to open blocked coronary arteries—resulting in long hospital stays and lengthy recoveries. Today, with computer-assisted technology, interventional cardiologists employ angioplasty and stenting techniques. They temporarily insert and inflate a tiny balloon where the artery is clogged to help widen the artery. It is often combined with the permanent placement of a small wire mesh tube called a stent to help prop open the artery and decrease the chance of it narrowing again. With these modern techniques, many patients are discharged the same or next day, and even return to work within days. Likewise, vascular surgeons clear blocked arteries in other parts of the body.

Meanwhile, through their involvement in clinical trials, cardiologists at Grand View are bringing advanced treatments to patients, such as medications that would not otherwise be available to them, says Dr. Hermany. “Improved patient outcomes are an absolute priority,” he says.

**For the third time, Grand View Hospital has earned continued Gold Seal of Approval™ for re-certification as a Primary Stroke Center by The Joint Commission, the leading accreditor of health-care organizations in America.**



## Perkasie District Justice Presides Over Lifestyle Fitness

Charlie Baum was just 46 when he first experienced a heart problem. It was a stressful time in his life—the newspaper industry was struggling and Charlie was looking for a buyer for his family-owned paper, the Perkasie News-Herald. “One night, I felt tingling in my arms and tightening in my throat, like someone was choking me,” he recalls. Although he never had a heart attack, a stress test showed significant hardening of the arteries. A few days later, he had angioplasty and two stents implanted.

Charlie started cardiac rehabilitation at Grand View almost immediately, first on a carefully planned program designed to help him regain strength, then on a more strenuous maintenance plan. Despite his dedication to exercise and healthy eating, the symptoms returned in mid-December 2002. This time, he needed quadruple bypass surgery. “I asked if we could put it off until after the holidays,” he recalls with a laugh. “They said no, we’ll do it now so you’ll still be around for the holidays.”

It’s not uncommon for people like Charlie, who watch their weight, to have recurring heart disease. “He just has bad genes,” says Dave Bergey, RN. Fortunately, Charlie hasn’t had any heart issues since 2002. He’s an avid golfer and President of the Perkasie Historical Society. His only restriction is snow shoveling—and that was imposed by his wife, Dawn.

Charlie credits the Lifestyle Fitness staff with helping him maintain an active lifestyle. “They keep a good eye on you,” he says. “Because of them, I’m healthier today than I ever imagined. My weight and blood pressure are under control, and it’s easier for me to make healthy lifestyle choices.”

### YESTERDAY & TODAY

**1962:** GVH opens six-bed Intensive Coronary Care Unit (ICCU), the first of its kind between Abington and Allentown.

**2012:** Critical-care specialists, called intensivists, are on-site or on-call 24 hours at GVH to meet the needs of seriously ill patients in our 14-bed ICCU.





## Reducing Patient Exposure to Radiation

Medical imaging provides physicians with invaluable information used in diagnosis and treatment planning. At the same time, these procedures—such as computed tomography (CT) scans and fluoroscopy used in catheterization—may increase one's lifetime risk of developing cancer. Over the past three years, Grand View has taken a proactive approach to reducing the amount of medical radiation patients receive from medical imaging. From new technology to advanced training to updated protocols, the goal has been to strike a balance between giving physicians the information they need while limiting the amount of potentially harmful radiation to which patients, especially young ones, are exposed.

So far, results are encouraging. In one category that was examined—CT scans of heads without contrast—patients at Grand View received 37 percent less radiation over a two-year period. “That’s a significant reduction,” says radiologist Anthony Foderaro, MD. “We continue to explore ways to reduce radiation without compromising the results radiologists need.” Other categories also show marked reductions.



State-of-the-art imaging, 1929



PET/CT scanner today

A CT scan combines X-ray imaging techniques with computer software to create multiple cross-sectional images of the body. CT images give a more detailed look at internal structures. This can identify abnormalities and help guide doctors with procedures. But CT scans also expose patients to radiation doses that are 50 to 500 times higher than the dose delivered by a typical chest X-ray.

At Grand View, patient safety has always been a primary concern, and dose reduction is a top priority. The entire staff, including radiologists, technicians, and physicists, is engaged in the effort.

All CT scanning equipment at Grand View is outfitted with Smart mA technology, which automatically adjusts the amount of radiation delivered based on a patient's anatomy and level of detail the radiologist needs. Similar to a car's cruise control, the system increases and decreases the mA as it encounters various anatomical factors. Every modality at the hospital is certified and registered with the American College of Radiology, and each CT staff technician is certified by the American Registry of Radiologic Technologists.

Looming on the CT horizon is adaptive statistical iterative reconstruction (ASIR), an advanced technique that improves image clarity and quality. It uses up to 40 percent less dose with no loss of image quality. It can be added to current equipment but soon will become a standard feature in new machines. “The equipment itself will begin to reduce dose, and then we’ll rely on accredited users to maximize the reduction,” says Gerry Bedard, Senior Director of Diagnostic Imaging.

## Living Longer and Better with Cancer

Howard Zipin, MD, was called to treat a 72-year-old woman with advanced lung cancer that had spread to her bones. Her breathing was labored as she lay in intensive care with pneumonia. As little as five years ago, the woman would have received a massive dose of chemotherapy that would have left her nauseous and caused her hair to fall out. The treatment would have damaged her kidneys and affected the nerves in her extremities.

Instead, Dr. Zipin prescribed an initial treatment of a newer type of chemotherapy, followed by a dose every three weeks. Other than some mild shortness of breath, she suffered no side effects, and her quality of life improved. “She’s doing great and spending time with her family doing the things she wants,” says Dr. Zipin, Medical Director of the Grand View Regional Cancer Program.

The woman is a prime example of how cancer can be successfully managed like other chronic diseases. With advances in chemotherapy, radiation therapy, and surgical treatments, coupled with new drugs that ease side effects, patients often experience extended periods of feeling fine.

“While cancer won’t just go away, many individuals can live a long and productive life with it,” says Dr. Zipin. The newest resources for managing cancer include drugs that are more targeted and less toxic than older chemotherapeutic agents. In addition, new tests are helping doctors match drugs more precisely to the genetic and molecular makeup of an individual tumor. Finally, there are remarkable advances in managing the side effects of treatment, which, in the past, could be as debilitating as cancer itself.

According to the American Cancer Society, the percentage of people living five years after a diagnosis of any type of cancer barely changed from 50 percent in the mid-1970s to 52 percent in the mid-1980s. But it improved to 66 percent for patients with a cancer diagnosis after 1995 and continues to rise.

Fifty years ago, physicians treated cancer with disfiguring surgery or aggressive therapies. “Although a cancer diagnosis is still unsettling, today’s approach leaves patients in a better position to resume their previous lifestyles,” says Dr. Zipin.

Newer treatments keep cancer in remission longer and with less severe side effects. Maintenance therapies allow patients to receive chemotherapy for months. Supportive medicines control nausea, fatigue, and hair loss.

Zipin expects future advances will make living with some types of cancer seem less daunting. In the past year, for example, the FDA has approved vaccines for the treatment of prostate and skin cancer that use the body’s immune system to track down and attack cancer cells. Antibodies are being used to mark cancer cells for removal. Advances in surgical techniques and radiation therapy are allowing doctors to more accurately pinpoint treatment areas. This means less damage to healthy tissue, not to mention a better quality of life for patients like the 72-year-old woman with lung cancer.

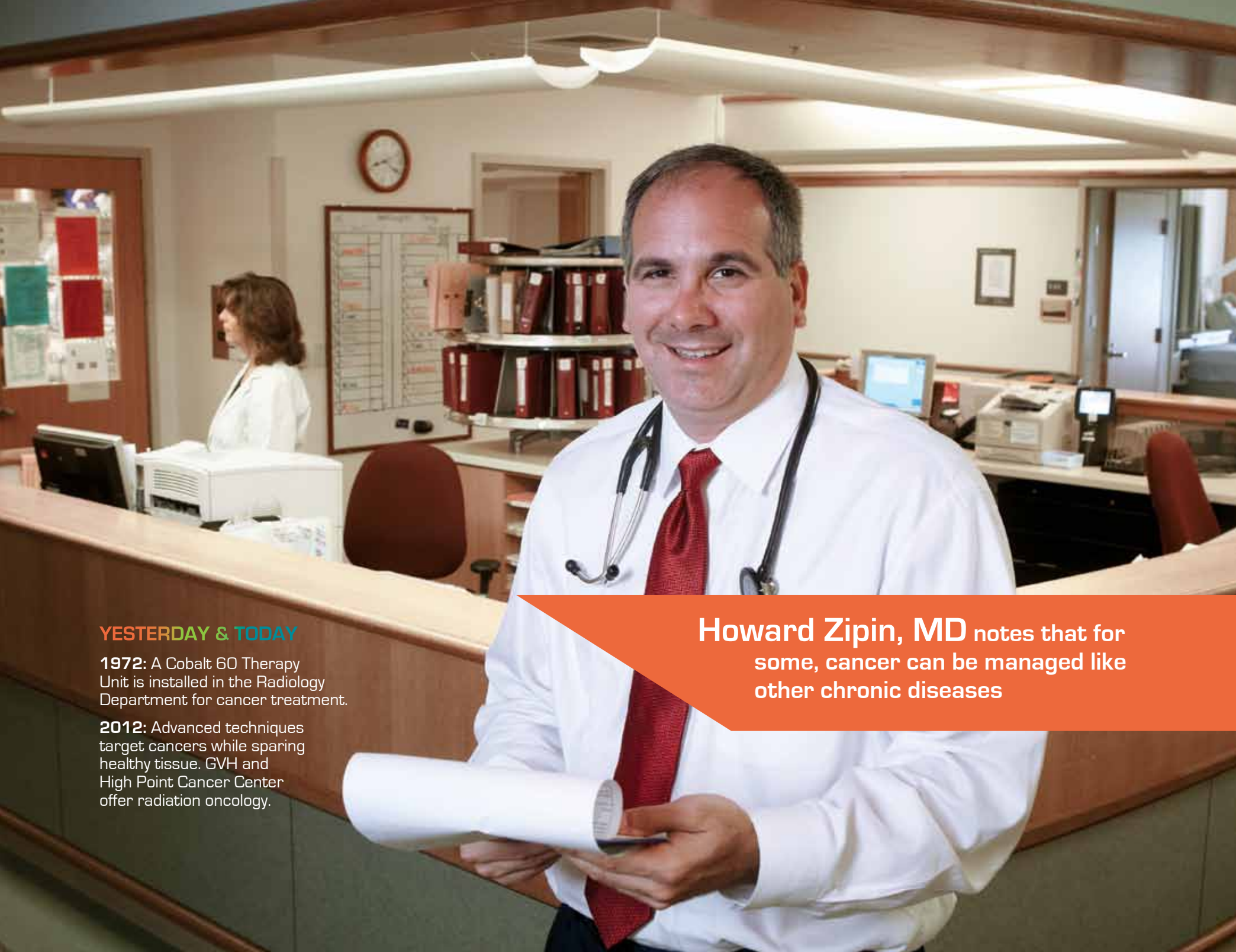
**The Commission on Cancer of the American College of Surgeons has granted three-year Approval with Commendation to our Regional Cancer Program.**

### YESTERDAY & TODAY

**1964:** The first specialist in hematology/oncology joins GVH.

**2012:** GVH uses a team approach to treat cancer, bringing together physicians specializing in medical oncology, radiation oncology, surgery, gastroenterology, urology, and pulmonology.



A photograph of Howard Zipin, MD, a middle-aged man with short grey hair, smiling at the camera. He is wearing a white lab coat over a white shirt and a red tie, with a stethoscope around his neck. He is holding a rolled-up document in his hands. The background shows a hospital office with a reception desk, a woman in a lab coat working, a clock on the wall, and shelves with binders.

### YESTERDAY & TODAY

**1972:** A Cobalt 60 Therapy Unit is installed in the Radiology Department for cancer treatment.

**2012:** Advanced techniques target cancers while sparing healthy tissue. GVH and High Point Cancer Center offer radiation oncology.

**Howard Zipin, MD** notes that for some, cancer can be managed like other chronic diseases

## Home Health Gains Momentum

House calls were once symbolized by doctors toting little black bags as they coaxed sick patients back to good health. Today, home health care is provided by a dedicated team of nurses, therapists, and social workers who bring top-level health care to the home as an alternative to hospital and nursing home stays, when appropriate.

“We’re seeing sicker people at home,” says Donna Manning, Director of Post Acute Care Services. “People prefer to be cared for in the comfort of their own homes. Studies show they recuperate quicker, too.”

Keeping patients safe and comfortable in their surroundings is exactly what Manning had in mind when she joined Grand View’s staff in September 2011. She oversees three long-standing and much-needed services that have benefited the community for more than 25 years: Home Health Care, Hospice, and Grand View Medical Company. Also, for the past five years, Grand View has been providing palliative care services to help patients manage the symptoms of chronic illness.

Grand View provides a full range of services for patients once they leave the hospital. Whether they were admitted or seen in the Emergency Department, Manning’s staff works closely with the hospital’s discharge planners to ensure patients have the proper resources to return home.

### YESTERDAY & TODAY

**1983:** A home care program opens to provide post-hospital care.

**2012:** GVH serves patients in their homes through home care, palliative care, hospice, and a medical equipment supplier.

Their collective goal is to make sure people like Aaron Price are able to live in relative comfort despite their illnesses. A 42-year-old Line Lexington native, Price is suffering from stage IV lung cancer that has metastasized to his brain. He has undergone countless rounds of chemotherapy and radiation and needs powerful medications to manage his pain. In July 2011, he opted for hospice services.

That’s when registered nurse Melanie Mansley began her twice-a-week visits. She serves as his physician’s eyes and ears as she monitors Aaron’s blood pressure, checks that he’s taking his medications properly, and answers his questions about what he might be facing in the future. “If I didn’t have her, I’d probably be in a nursing home,” says Price.

In addition to nurses, Manning’s staff includes physical and occupational therapists, home health and hospice aides, respiratory and speech therapists, nurse practitioners, social workers, and chaplains. Seasoned professionals, home health workers have excellent observation and assessment skills that enable them to report changes in the patient’s condition to the physician and other team members. They work independently when visiting patients and as part of a team that develops and implements a plan of care to meet the patients’ needs.

Hospital stays are increasingly shorter due to advances in technology and procedures as well as changes in insurance benefits. In response, the level and scope of care provided in the home has been growing. The trend will intensify, as a large number of aging baby boomers will require more services while health-care funding dwindles.

Home care will become even more significant as we learn to better manage costly conditions, like congestive heart failure and diabetes. Experts estimate that individuals with chronic illnesses account for as much as 25 percent of health-care costs. Working with insurers, hospitals will rely on their home health departments to monitor chronically ill patients at home.



## Technology, Technique, and Minimally Invasive Surgery

No one should complain when general surgeon John Pagan, MD, spends a little time playing video games. That's because his favorite first-person adventure game requires a good deal of hand-eye coordination—perfect practice for the minimally invasive surgical techniques he frequently uses in the operating room.

While his schedule doesn't allow him to play as often as he would like, Dr. Pagan looks at it as more than just a pleasant diversion when he does manage to take joystick in hand. "Some studies show surgeons who play video games adapt and do quite well in the laparoscopic environment," says Dr. Pagan, a member of Grand View Surgical Associates.

Dr. Pagan's interest in laparoscopic surgery dates back some two decades when he was a medical school student at the University of Maryland. One day, he found himself with 30 other students observing a revolutionary new operating technique. They watched in awe as a surgeon deftly removed a diseased gallbladder through a tiny incision in the patient's abdomen. It was the beginning of a surgical revolution, and Dr. Pagan was among the first generation of general surgeons to use it. "Now it's a mainstay," he says.

Laparoscopic surgery involves using a small camera to look inside a body cavity and small, narrow instruments to do the work a surgeon's eyes and hands used to do. Benefits to the patient include less pain and scarring, faster recovery, lower risk from general anesthesia and blood loss, and fewer complications, including infection.



Operating room, 1929

Gallbladder surgery, for example, which used to require a three- or four-day hospital stay, can now be done in the outpatient setting. Patients often go home in four or five hours. The incision, which used to be about five inches long, now is as little as one-quarter inch, requiring less muscle disruption.

Three years ago, Arthur Flatau III, MD, brought the latest endovascular surgery techniques to the practice. Endovascular surgery is a form of minimally invasive surgery designed to access many regions of the body through major blood vessels. Miniature microscopes and fiber-optic lights magnify images and project them on a high-definition monitor, allowing the surgeon greater precision. Techniques are used on patients suffering from carotid artery disease to peripheral artery disease to abdominal aortic aneurysms. "We're saving lives and limbs by restoring blood flow," says Dr. Flatau.

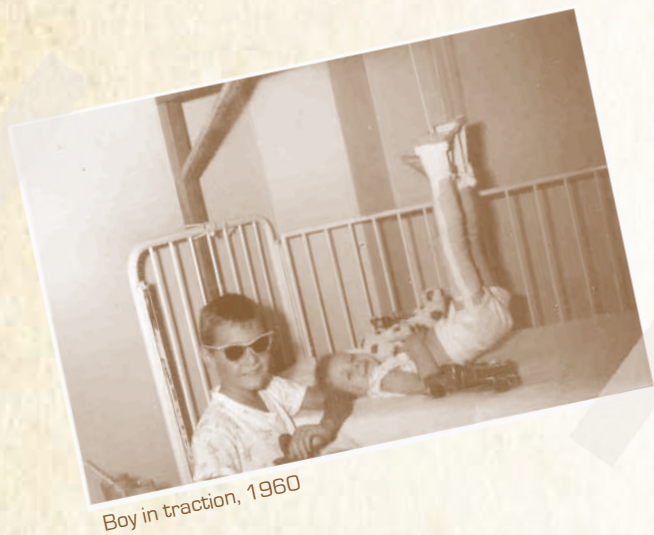
Recently, Grand View has been using minimally invasive surgery to help detect breast cancer. One technique, a sentinel node biopsy, saves more healthy tissue. The other, stereotactic biopsy, uses a computer and imaging to localize a target lesion in three-dimensional space and guides the removal of tissue for examination by a pathologist under a microscope.

Looking ahead, Dr. Pagan sees a continual evolution of the technology and techniques related to minimally invasive surgery. He is particularly excited about the possibility of natural orifice endoscopic surgery (scarless surgery), where the only incision is made internally. "Technology rapidly advances," says Dr. Pagan. "It's the surgeon's responsibility to expand his technique to take advantage of it."

## New Ways of Doing Joint Replacement Speed Recovery

Patients are returning to their daily activities sooner than ever following hip, knee, and ankle replacement surgeries thanks to new technologies being used in the Joint Replacement Center. The Center offers some of today's most sought-after joint replacement solutions.

For hips, a special table gives orthopaedic surgeons frontal access to the joint to perform a technique known as the anterior approach. Small incisions are made without detaching muscle from the femur or pelvis. "Because muscles, ligaments, and tendons are undisturbed, the hip is more stable right after surgery and there are fewer post-operative restrictions. Many people are walking unassisted in just weeks," says Paul Weidner, MD, Medical Director of Joint Replacement Surgery.



Boy in traction, 1960

In knee replacement, a "rounded knee" implant is getting patients on their feet sooner. Unlike other artificial joints that are oval, this new round one is designed to match the knee's natural, circular shape. Its single-radius design allows for a full arc of motion. The hospital stay for the procedure can be as short as one to two days, and most people resume normal activities in six weeks with no limitations. "Patients love it," says Dr. Weidner. "There's less knee discomfort after surgery, and it provides more stability and strength." Since introducing it about a year ago, Dr. Weidner has used the rounded knee implant on about 300 patients.

Another recent advancement is a Scandinavian total ankle replacement system (STAR). This first-of-its-kind mobile-bearing device is designed to function like a natural ankle—allowing patients to retain foot movement. Steven Casey, MD, uses it to treat arthritis and other conditions that interfere with one's ability to stand or walk. This ankle replacement has been good news for patients who want an alternative that feels natural and allows them to resume normal activities following a short recovery time.

Grand View continues to stay on the forefront of technology since performing the community's first total joint replacement in the 1970s. The Joint Replacement Center is a fully-dedicated orthopaedic unit where thousands of successful procedures have been performed over the last decade. It has national orthopaedic recognition with Gold Seal of Approval™ by The Joint Commission and is 5-star rated in hip replacement and hip fracture repair by HealthGrades®.

### YESTERDAY & TODAY

**1976:** The first joint replacement at GVH occurs.

**2012:** HealthGrades®, a hospital quality-ratings organization, awarded Grand View a 5-star rating for total hip replacement and hip fracture repair.





## An Orthopaedic Legacy Lives On

Grand View's latest generation of orthopaedic surgeons has heeded the lessons of an earlier generation—making patients feel as though their needs come first. Their mentor, 77-year-old Carl Hansen, MD, known as one of the area's leading back surgeons, is retiring after 50 years.

He displayed a caring attitude and dedication that touched everyone around him. While helping thousands of people—a conservative estimate is 5,000—overcome pain and regain mobility, Dr. Hansen always strived to place the patient's needs first. Joint Replacement Center director Paul Weidner, MD, reflects, "He has greatly influenced us all. He has been a wonderful mentor." The Upper Bucks Orthopaedics practice where the two are colleagues is one of the most highly regarded in the Philadelphia region.

The flourishing practice has eight of the area's leading surgeons practicing in several specialties. Newcomers keep the practice on the forefront with the latest approaches and diagnostic tools. They use the latest minimally invasive surgical procedures and get patients back on their feet sooner than ever.

Once retired later this year, Dr. Hansen says he plans to enjoy more time with his wife and travel. "I also like to golf, as long as I don't take it too seriously." It's remarkable he can golf today. Years of playing football, a tour of duty in Vietnam, and normal wear and tear of an active lifestyle took their toll. He had deformed knees, which later affected his hips.

He credits Dr. Weidner with restoring the mobility he needed to enjoy a good round of golf. Dr. Weidner says, "Like most patients, he put up with the pain until he had enough." Dr. Weidner performed four joint surgeries on his mentor. He replaced one hip in 1997, and the other in 2001. Six years later, he replaced both knees at the same time.

In many ways, Dr. Hansen's career parallels the most innovative period in the history of orthopaedics. "From joint replacement and minimally invasive surgery, to new techniques in back surgery, the patient experience and outcomes have improved considerably," he remarks.

**Grand View's commitment to safety and quality outcomes has earned the Joint Replacement Center continued Gold Seal of Approval™ for our hip and knee replacement programs by The Joint Commission. This is our second consecutive Gold Seal of Approval™ in joint replacement specialties. Since opening in 2002, we've replaced more than 3,500 hips, knees, shoulders, and ankles.**

# GRAND VIEW HOSPITAL: A CENTURY STRONG

## 1917: U.S. enters World War I

1929: Stock market crashes  
Great Depression begins

**1935: Social Security Act passes**

**CIA established**

**1941: U.S. enters World War II**

**GVH medical staff depletes by half as 14 GVH doctors and 23 nurses serve**

## 1950: Korean War begins

**1963: John F. Kennedy is assassinated**

# 1913

**1917:** New hospital opens

**1915:** GVH purchases 1st ambulance

**1913:**  
GVH founded (1st hospital in Bucks County)  
and GVH Auxiliary established

# 1923

**1929:** Four-story addition opens to relieve bed shortage  
GVH receives full recognition from the American College of Surgeons the first year ACS is established

## 1933

**1933:** First physician-directed hospital laboratory opens

**1939:** Maternity wing opens



Nursery, 1940

# 1943

**1950:** Officials break ground for new School of Nursing

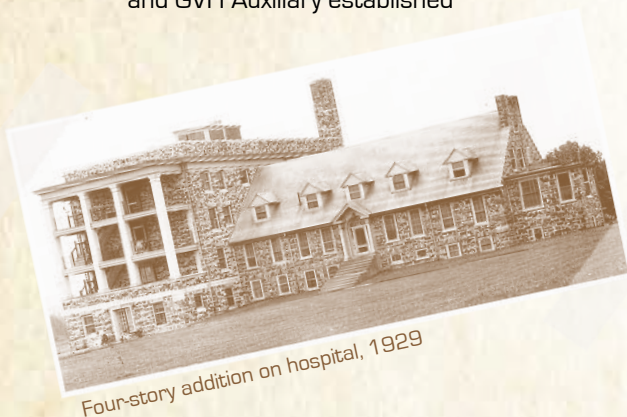
1953

**1952:** GVH receives full accreditation by The Joint Commission

# 1963

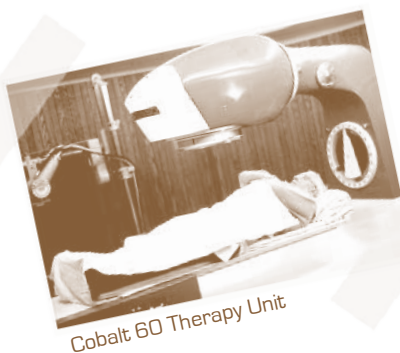
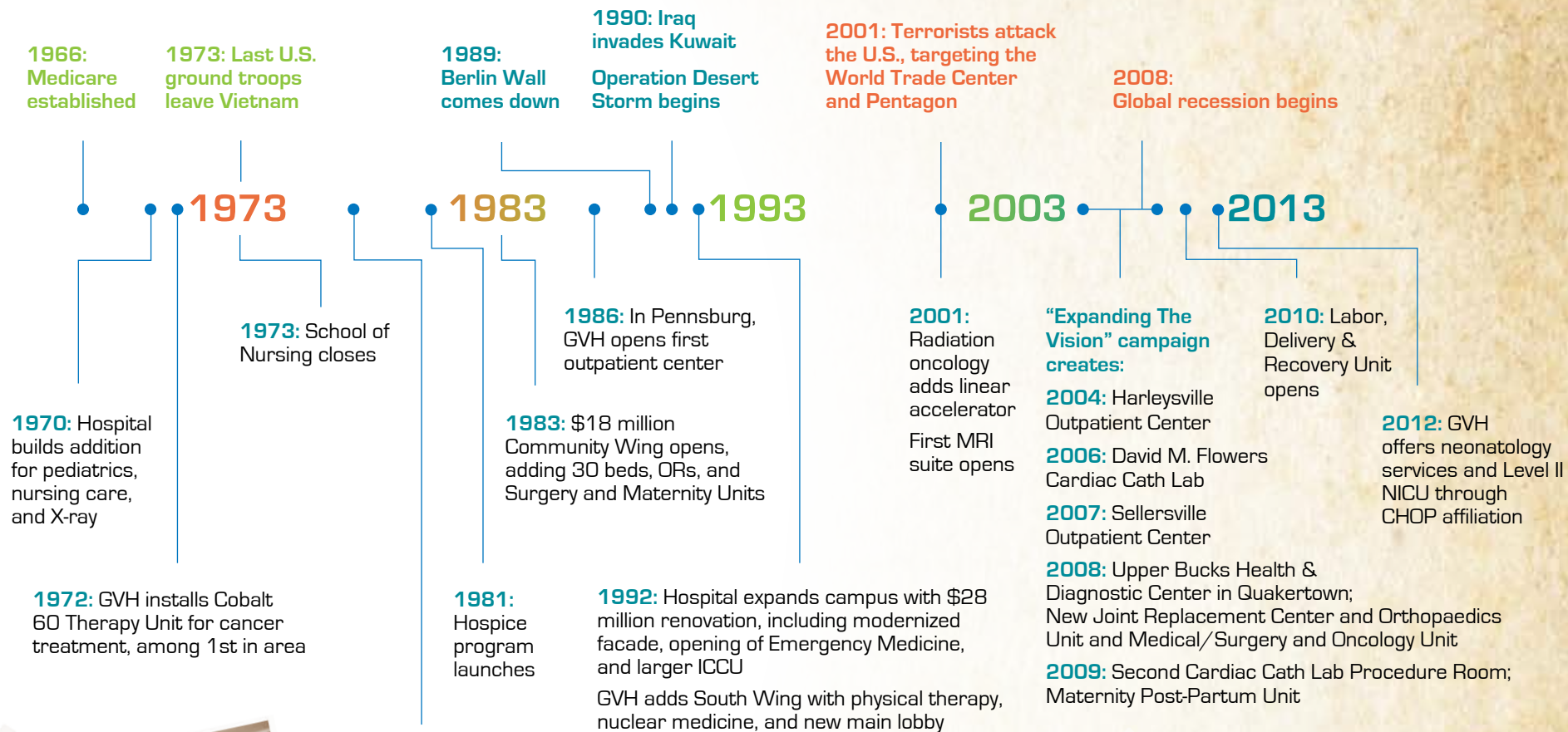
**1946:** GVH adds first board-certified surgeon

**1957:** New Pediatrics Unit opens  
Brick wing opens with additional  
75 beds, operating rooms,  
maternity unit, and lab





# YESTERDAY, TODAY & WELL into the FUTURE




Cobalt 60 Therapy Unit



Neonatologist, 2012



Sellersville Outpatient Center

A photograph of two women standing in a hospital nursery. On the left is Heather Kane, a younger woman with dark hair, wearing a black top and a light-colored cardigan. On the right is Jane Ferry, an older woman with short grey hair, wearing a black top, a red jacket, and a pearl necklace. They are both smiling. In the background, a glass-enclosed nursery crib is visible, containing a baby. The room has wooden paneling and a sink area.

**Heather Kane** learns the details about the night of her birth 25 years later from Jane Ferry, MD

#### **YESTERDAY & TODAY**

**1939:** To meet the demand of more women having babies in hospitals, GVH opens a maternity wing. The first year, 337 babies are born there. Maternity patients pay \$65 for a 10-day stay.

**2012:** At GVH, 1,556 babies are born. The average length of stay for mother and baby is 2-3 days.



## Newborn Left Outside Hospital Learns Details of her Dramatic Start

Dr. Jane Ferry was resting in the on-call room next to the ER. Halfway through her 16-hour shift on a chilly mid-October night in 1986, the phone jolted her awake. “Come here now,” barked the person on the line. Given his strange tone of voice, Dr. Ferry suspected something unusual. As she opened the curtain surrounding bed one, she encountered a disorientating site. Lying on the bed, wrapped in a blood-covered red sweatshirt, was a newborn girl. And no mother.

Moments earlier, an anonymous female called the hospital to report a baby had been left under bushes in a well-lit area near the ER entrance. A quick search located the shivering infant only a few hours after being born.

Dr. Ferry had seen a lot in her first six years as an ER physician, but nothing prepared her for this. She immediately checked the baby’s airway, breathing, and circulation. Other than being dangerously cold, the newborn was in good condition. Dr. Ferry transferred her immediately to the nursery. The baby’s temperature was too low to register. The staff treated her for hypothermia, warming her under heat lamps and giving her fluid intravenously. After closer examination and routine blood tests, Dr. Ferry turned her care over to pediatrician Eduardo Cevallos, MD. That was the last time she saw “Baby Jane,” a healthy, seven-pound infant with blue eyes and brown hair. Until last fall.

That’s when Heather Kane, to mark her 25th birthday, reached out to learn more about the night she entered the world in such dramatic fashion. It was part of an as-yet unsuccessful effort to find her birth mother. “For privacy reasons, I couldn’t keep in touch,” recalls Dr. Ferry, now Chief Medical Officer at the hospital.

Heather Kane happily filled in 25 years’ worth of details when they spoke. She explained how she spent five months in foster care before being adopted by Karen and Bruce Kane of Morrisville. It wasn’t until age 15 that Kane learned about the circumstances of her birth. “My mom cried when she told me,” she says. “And I laughed. Think of the great story I could always tell about my first crazy night at Grand View.”

## NICU: Exceptional Care for Baby

Combine the compassionate, small-town personality of Bucks County’s first hospital with the specialized talents of the nation’s first pediatric hospital and you have exceptional care for premature and ill infants. This winter, we expanded our partnership with The Children’s Hospital of Philadelphia (CHOP). Adding CHOP’s nationally renowned neonatal program to our intensive care nursery qualifies Grand View as a Level II Neonatal Intensive Care Unit (NICU).

“Now we can care for pre-term labor patients here rather than transfer them,” says Elizabeth Hamilton, MD, of Grand View Medical Practices (GVMP), OB/GYN. “We offer high-risk obstetrics in a community setting with a skilled neonatologist in-house or on-call 24 hours a day.”

Grand View’s NICU features six critical-care bassinets, where CHOP neonatologists and our specially trained nurses care for the unique needs of our tiniest patients. This includes monitoring breathing, administering intravenous medications, maintaining body temperature, assisting with feeding, and offering other special care.

“We provide all essential services to patients while they’re pregnant, during delivery, and after birth,” says Jennifer Landes, MD, also of GVMP. Through an affiliation with Lehigh Valley Health Network, Grand View Medical Practices Maternal-Fetal Medicine offers specialized perinatal care to women at high risk of developing complications during pregnancy, labor, or delivery. Perinatal consultation, high-level ultrasound, and counseling for high-risk and complicated pregnancies are available by outpatient appointment and on an in-hospital basis. Dr. Landes adds, “It’s like having university-level capabilities here in our community.”

## For Some Nurses, Patient Care is the Best Reward

As a Grand View nurse for nearly half a century, Mary Afflerbach, RN, has seen almost everything. Ask for a memorable moment of her career, and she recalls an amazing story. “I was called to ICCU to comfort the family of a dying woman,” she says. “As I entered the room, the dying woman’s daughter yelled, ‘You’re Mary Afflerbach! You saved my baby’s life 33 years ago.’” Afflerbach hadn’t seen her since the baby’s birth, but she received a Christmas card each year. “In comforting her during her mother’s passing, I can appreciate the circle of life,” says Afflerbach.

“Direct patient care is most rewarding. The ability to have an effect on how a patient is treated. That’s what matters,” says Afflerbach, the no-nonsense night-shift nursing supervisor for nearly her whole career. It’s the same reason Heather Evers, RN, made a midlife career change to become a nurse. It’s why Stephanie Shive, RN, can’t imagine what she would do if she wasn’t a nurse. It’s why nursing is a special profession, a calling for some.

The nurse’s role has changed dramatically since Afflerbach graduated from Grand View’s Nursing School in 1963. Today, most new nurses begin their careers already having a bachelor’s degree, and many hold advanced degrees and certifications in specialty areas.

Neither Evers nor Shive can relate to the days when nurses were considered little more than a doctor’s assistant and their duties included everything from emptying bedpans to watering plants. “When I started, we strictly followed doctors’ orders,” Mary recalls. “We didn’t ask questions. We did exactly as we were told by the doctor. We even got up and gave them our chairs when they came into a room.”



Today’s relationship between doctor and nurse is much more collaborative. Nurses are health-care professionals, bright and capable of dealing with most situations. Doctors tend to listen to their input before making critical decisions, says Afflerbach. “We spend the most time with a patient, and they know that,” she says. “Doctors respect nurses for their skill set.”

Afflerbach has had a unique vantage point from which to watch the hospital evolve during her career. She worked on the medical surgical floor for two years—there was no Intensive Care Unit or Coronary Care Unit at the time—and then at age 22 was asked to become the night-shift nursing supervisor. “I said I’d try it but asked if I could have my old job back if I didn’t like it,” she says with a laugh.

Evers and Shive never had the pleasure of wearing a nurse’s cap, which stopped being a job requirement in the 1980s. However, they share Afflerbach’s commitment to helping people. Both women have a long way to go to match Afflerbach, though. Next May, almost 50 years to the day she graduated from the Grand View School of Nursing, Afflerbach will call it quits. “I’ll miss this,” she says. “But it’s time for someone else to step in and enjoy it.”



## Mother & Baby: Couplet Care

Maternity nurse Marie Clarke remembers when newborns were on a strict feeding schedule. “Nine, one, and five around the clock,” says Clarke, who has worked in maternity at Grand View since 1976. “Mom got them for an hour, then they went right back to the nursery.”

When the Couplet Care program takes effect sometime in 2013, mother and baby will spend as much time together as possible. Unlike the traditional approach to labor and delivery—where new babies are cared for in a separate nursery—couplet care places newborns in the same room with their mothers until both go home. A specially trained nurse attends to the needs of both mother and baby in the room. Kathy Peca, Director of Maternal and Child Health, says, “The pediatrician will make in-room visits, and all tests and vaccines will be given there.”

While coupling will be offered for more than 1,600 annual births at the hospital, it might not be for everyone, says Peca. Women who have C-sections, for example, might need time to recover. And in some cultures, it is traditional for family members to care for the newborn while the mother recovers. “It’s a very individual experience,” says Peca.

Peca notes studies have shown that babies who stay in their mother’s presence cry less and have lower blood pressure and more stable temperature, pulse, and respiration. They also have greater breastfeeding success. Coupling also allows nurses to bolster parenting skills and provide instruction to ensure a smooth transition to home.

### YESTERDAY & TODAY

**1926:** The first Caesarian birth at GVH occurs.

**2012:** GVH offers a full complement of obstetric services: routine care, high-risk maternal fetal medicine, neonatology services, and labor, delivery, and post-partum services.



Nursery, 1929



Nurses mowing lawn, 1914

### YESTERDAY & TODAY

**1923:** The School of Nursing expands to a three-year diploma program.

**2012:** Nearly 500 nursing students from four area colleges gain clinical experience at GVH each year.

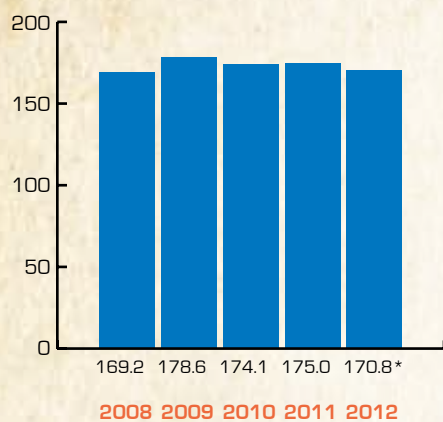
## Financials

**Charity Care Policy:** Grand View Hospital is committed to treating patients of our community who lack financial resources with the same dignity and consideration that is extended to all of our patients. We provide charity care to those who are unable to pay.

Our business office staff is happy to answer any questions related to charity care or payment-related matters. Call the Grand View Hospital Business Office at 215-453-4613.

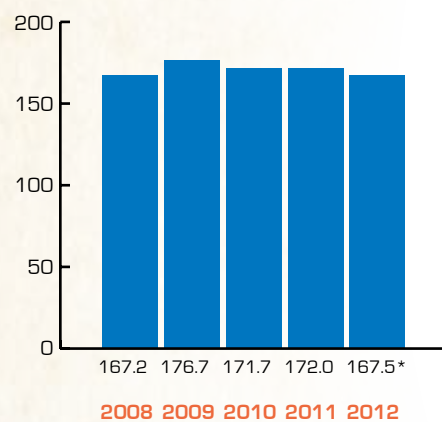
### Operating Revenue

Millions of Dollars



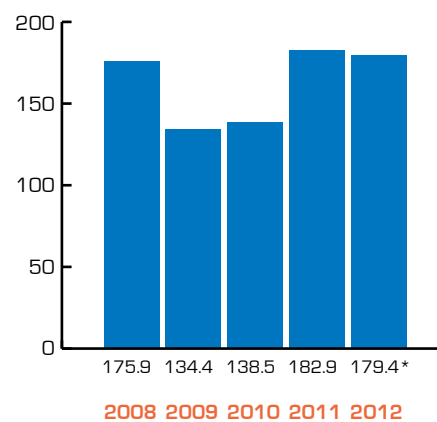
### Operating Expenses

Millions of Dollars



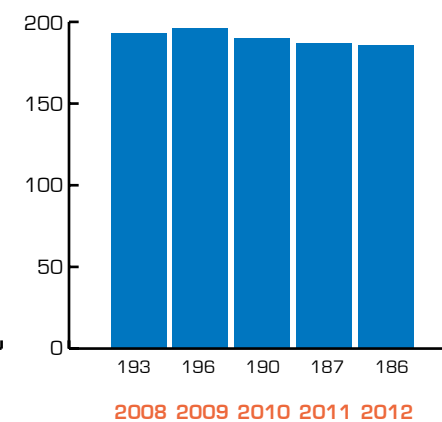
### Community Ownership

Millions of Dollars



### Inpatient Admissions & Outpatient Visits

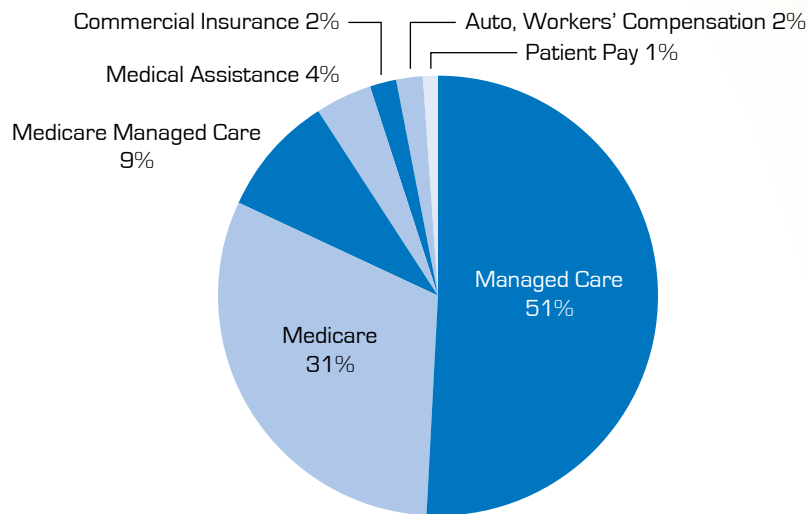
Thousands of Visits



\*Preliminary unaudited numbers

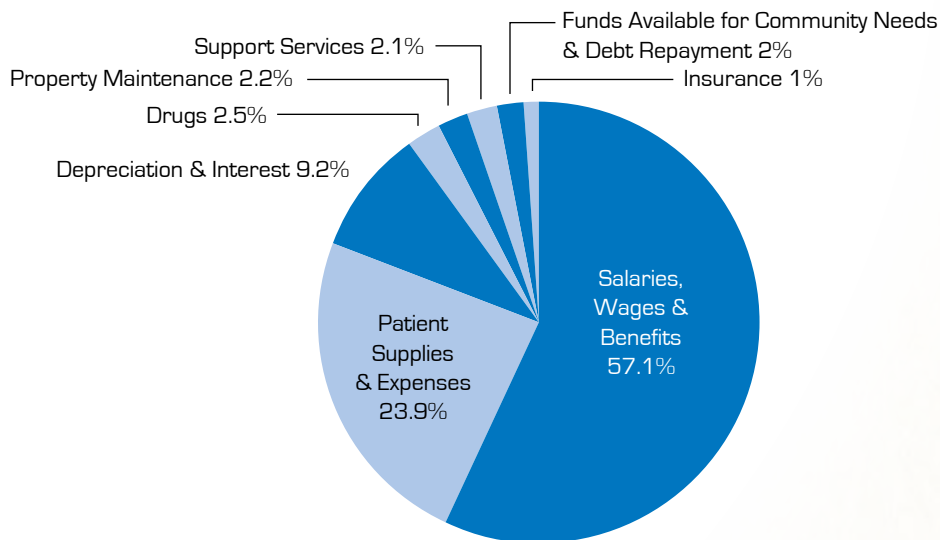


## Where the Revenue Comes From



Gold Bond, 1913

## How the Revenue Is Used



## YESTERDAY & TODAY

**1932:** GVH is precariously close to red ink with an end-of-year balance of 63 cents. During one month, 80 percent of X-rays are free. Community members responds by donating food, textiles, labor, and limited sums of money.

**2012:** GVH carries an A-credit rating from Standard and Poor's. In a recent report issued by Standard and Poor's, GVH was noted to have "increasing profitability, a strong balance sheet, and good business position."

## Dr. Ruth Schiller: Giving to Grand View 30 Years and Beyond

Since Grand View Hospital was founded in 1913, a special place has always been set aside for the treatment of children. As Grand View celebrates 100 years of caring for the community, it is fitting to tell the story of Ruth Schiller, MD—a kind-hearted pediatrician who spent her 30-year career helping to care for Grand View’s littlest patients.

Dr. Schiller knew early on that she wanted to be a pediatrician. After completing her undergraduate degree at Temple University, she was accepted into the Women’s Medical College of Pennsylvania—the first medical school in the world dedicated to training women as physicians. At her graduation, Dr. Schiller received the Excellence in Pediatrics prize.

She interned at Albert Einstein Medical College, where she was “Intern of the Year.” Following residency at St. Christopher’s Hospital for Children, Dr. Schiller joined the practice of Howard Thomas, MD, who is often referred to as the father of modern pediatrics at Grand View. As the practice grew, new physicians joined, and the practice became known as Pennridge Pediatric Associates (PPA). When talking about her career, Dr. Schiller is especially proud of the program she and her colleagues at PPA created with St. Christopher’s Hospital for Children, where many of them trained.

Each physician in the practice would spend a six-week rotation every year teaching interns and residents and treating children. “We loved being back at St. Christopher’s teaching, but as practitioners we also benefited by being exposed to the latest pediatric knowledge to enhance our practice,” says Dr. Schiller. She also cites the work she did with her fellow PPA physicians in the area of immunization research. “Our role in clinical trials has helped to nearly eliminate certain diseases we all grew up with,” notes Dr. Schiller.

She can also claim several “firsts” in her career. At Grand View, she was the first woman to serve on the medical staff in an active capacity, the first female to serve as chairman of the Department of Pediatrics, and the first woman to serve as president of the medical staff at Grand View and St. Christopher’s.

Although she retired in 1999, it is no surprise that Dr. Schiller has remained highly engaged with Grand View. She continues to serve on the Ethics, Infection Control, Home Care, and Pharmacy & Therapeutics Committees. She also volunteers in the Cardiology Department and at the Corner Cupboard Gift Shop.

While Ruth Schiller’s caring spirit has benefited Grand View in many ways, few know that has included yearly contributions and estate planning. For numerous years, Dr. Schiller has given appreciated stock—saving on capital gains but receiving a tax deduction for the fair market value. In her estate planning, Dr. Schiller has employed a Charitable Remainder Trust as a way to live comfortably now while making a bequest later. As a third strategy, she has created a Charitable Gift Annuity, which pays her present income and leaves the balance to Grand View. When asked about what motivates her loyal support, she says, “It just makes sense to support the hospital that supported me all these years.”

### YESTERDAY & TODAY

**1968:** Dr. Schiller is only the second full-time pediatrician when she joins the GVH staff.

**2012:** Over 40 pediatricians comprise the GVH medical staff, including pediatric hospitalists and specialists in cardiology and neonatology.

### YESTERDAY & TODAY

**1921:** The first major fundraising campaign was launched to raise \$75,000 for expansion and to retire debt. Under the leadership of Charles M. Meredith, Sr., and William A. Derstine, the goal was met.

**2012:** GVH Foundation raised \$1.5 million in fiscal year 2012.





## THE VISIONARY SOCIETY Recognizing Planned Gifts

Recognizing individuals who have planned a bequest, created a gift annuity, established a charitable trust, or in some way provided for a gift that will live on in perpetuity.

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\*Deceased

Gifts were received from the estates of these farsighted individuals between July 1, 2011, and June 30, 2012.

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Curtis and Esther Bergey  
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Ruth K. James  
Ray P. and Loretta S. Landes  
Charles J. Manderfield  
Paul B. and Frances N. Richter  
E. Virginia Sommerer  
Charles H. and Luella F. Vogel  
Mary S. Ziegler



Schiller, 1966

## YESTERDAY & TODAY

**1914:** The Auxiliary organizes the first Lawn Fete, raising \$150, a tidy sum at the time.

**2012:** The Auxiliary gave \$183,000 to GVH—\$175,000 to NICU and \$8,000 to Hospice—and \$3,600 in scholarships to employees and Volunteers.



### **THE CHARLES J. MANDERFIELD SOCIETY Recognizing Donors for a Lifetime of Giving**

Charles J. Manderfield was a quiet man whose simple lifestyle gave little hint of his true means or his generosity to Grand View. This society, named in his honor, recognizes those donors whose lifetime of giving reflects Mr. Manderfield's commitment to charity. Outright gifts to Grand View Hospital and the Grand View Health Foundation or payments on pledges received through June 30, 2012, and totaling \$25,000 or more are honored and recognized here.

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