



It Takes a Team

2011 ANNUAL REPORT

GVH

GRAND VIEW HOSPITAL

Our 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 which we serve. While maintaining our traditional commitment to personalized, compassionate care which 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.

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For an online version of this annual report and more information, visit www.gvh.org.

Cover Story: Page 10



Front cover: John Long with granddaughter, Veronica

Back cover: Team that saved John’s life

Throughout this report, we proudly introduce you to the various teams that provide our patients with excellent health care. The individual photos represent more than 1,700 employees who work at Grand View Hospital.



Successful teamwork is critical to the delivery of health care. It takes many different teams of passionate people working together to bring the best care possible to our patients and community.

Formally or informally, people with specialty expertise work together in teams at Grand View every day. In cancer care, the multidisciplinary Tumor Board discusses treatment alternatives that will give patients the best quality of life and hope for survival. In orthopaedics, our Joint Center team brings professionals together to review and address processes and issues that will enhance a patient's experience. Our cardiovascular team saves lives by opening blocked arteries to prevent severe and potentially fatal damage when someone suffers a heart attack. Cardiologists and radiologists join together in using advanced technologies, such as cardiac MRI, to diagnose and treat heart problems. In surgery, surgeons, anesthesiologists, physician assistants, nurses, anesthetists, and technologists each play a vital role in keeping everything operating smoothly.

We are proud to announce the addition of our newest team in neonatology services. Our partnership with The Children's Hospital of Philadelphia (CHOP) enables us to provide expanded Neonatal Intensive Care Unit (NICU) services for critically ill newborns right here at Grand View Hospital. Years in development, the structuring of this team has involved physicians, nurses, and administrators from Grand View and CHOP. Now parents can keep their babies close to home without concern that they may be compromising the high level of care available.

Many more teams keep Grand View Hospital functioning day in and day out. Some are behind the scenes, but all are essential to delivering high-quality care. Our team is not complete without our volunteers, auxiliaries, patients, and community—who support us so generously with their time, talent, and trust. Thanks to you, we are committed to offering the best care possible for many years to come.

Sincerely,

Michael Corrado, MD
Chair, Board of Trustees, Grand View Hospital

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



Women's & Children's Services

Representing women's and children's services (left to right, seated): Sharon Moritz, RT(R), radiology; Janice Galluppi, volunteer; Kathy Peca, RN, pediatrics. Standing (left to right): Lisa Noone, RN, Healthy Beginnings Plus; Andrew Chu, MD, CHOP pediatrician; Donald DeBrakeleer, DO, obstetrician/gynecologist; Ronald Souder, MD, pediatrician; Michael Chmielewski, MD, obstetrician/gynecologist; Sue Minio, RNC, maternity; Elizabeth Hamilton, MD, obstetrician/gynecologist; and J.C. Kolb, engineering/maintenance

Neonatology Coming to Grand View Hospital

Grand View has partnered with The Children's Hospital of Philadelphia (CHOP) to provide neonatology services at our hospital. "Neonatologists have special training and expertise in caring for very sick or premature newborns," said pediatrician Andrew Chu, MD, Medical Director of CHOP Newborn and Pediatric Care at Grand View.

"Families need to feel confident that expert care is available if they need it. With the number of babies being born at Grand View steadily increasing, we need to bring this expertise here to best serve our community."

Partnering with Lehigh Valley Hospital, Grand View began offering maternal-fetal medicine services in 2009—bringing specially trained obstetricians to the hospital to care for high-risk pregnancies. Adding neonatology further advances our ability to handle complications at birth and qualifies us as a Level II Neonatal Intensive Care Unit (NICU). Our fully equipped Special Care Nursery contains six critical-care beds, advanced technology, and large, comfortable areas for parents and families. Nurses are specially trained and certified, and support services are available to care for anxious families.

"It's highly stressful when parents have to travel back and forth to the city to see their baby. Transporting babies always has some risk," said pediatrician Ronald Souder, MD, Chairman, Department of Pediatrics. "Last year we cared for 228 sick babies in our Special Care Nursery and transferred 37 to other institutions for a higher level of care. Now we will be able to provide the higher level of care required by most of these infants here at Grand View."

The addition of neonatology services further expands Grand View's relationship with CHOP for pediatric services. CHOP pediatricians are in the hospital 24/7 to care for children in the pediatric unit and respond to emergencies in the delivery room, nursery, or emergency room. "The combination of advanced pediatrics and neonatology in-house is unique for a hospital our size," Dr. Souder added. "Grand View is way ahead of the curve for this type of care."

An Advocate for Breast Care

When Cathy Haberle, RN, was young and working as a nurses' aide, she was inspired by a special nurse who taught her that patients' needs always come first. Cathy has held fast to that mantra throughout her career and in her role as Grand View's Breast Care Coordinator. Today, she guides patients through testing and treatment, helping them to schedule and understand biopsies, tests, and appointments—including second-opinion services. She offers ongoing education and support for patients while serving as a liaison with radiologists, surgeons, oncologists, radiation therapists, family physicians, and nurses. "I try to give patients the most personal experience and support possible at what can be a very scary time in their lives," Cathy said. "Meeting patients where they are and helping to get them where they need to be is one of the arts of nursing."

Nurse Cares for Moms and Babies Near and Far

In her role as Coordinator of Birth and Family Education, Phyllis Young, RN, teaches classes for new parents and grandparents. As a board-certified lactation consultant, she helps new mothers master breastfeeding in the hospital and after they go home. What began as a volunteer breastfeeding counselor position more than 20 years ago has blossomed into a multifaceted opportunity to build long-term relationships with families as they embark on this new chapter in their lives.



Phyllis took her passion for helping families to Central America when she traveled with her church to Honduras this spring. She did everything from cementing floors, to purifying water, to providing hands-on medical care in remote villages. Phyllis taught people about sanitation and nutrition. She distributed vitamin A and de-worming medication, took blood pressures, and checked hemoglobin levels. "I played soccer with the kids and especially enjoyed talking with new moms about breastfeeding and handing out baby kits," said Phyllis.

"Many of the young mothers have few material possessions for their babies. They were extremely grateful," Phyllis added. "Children were so happy to receive a toy. Doctors come through these villages every few years and can only see the sickest people. It was rewarding to watch how everyone appreciated everything we did, no matter how small."

While the cultures and available resources vastly differ, Phyllis sees parallels between her work in Honduras and here. "My role is to give new parents information and help them feel less anxious and more capable. I tell them to do their best given what they have and enjoy the miracle of life."



Photo (left to right): Andrew Chu, MD, CHOP pediatrician and Louanne Decarme, RNC-NICU, clinical coordinator nursery

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

The Grand View Outpatient Center at Sellersville has been awarded accreditation by the American College of Radiology (ACR). The center is now a designated Breast Imaging Center of Excellence, according to the Commission on Quality and Safety and the Commission on Breast Excellence.

Grand View Radiation Oncology and the High Point Cancer Center were awarded three-year accreditation by the American College of Radiation Oncology (ACRO).

Clinical Trials

Grand View has added a clinical research department, which broadens the availability of clinical trials offered at the hospital and throughout our community. Clinical trials offer patients the opportunity to participate in studies for new therapies. The new department enables community members to gain early access to promising new treatments and alternatives still in development.

Dorothy Barwis Creates an Atmosphere of Joy and Laughter

Dorothy Barwis, RT(T), has tremendous respect for cancer patients and their families. As Manager of Radiation Oncology, she witnesses their courage every day. She also understands the stress and anxiety they feel through her own experience as caregiver for her father, brother, and a close friend. She uses this understanding and her innate compassion to create an environment where patients and colleagues feel valued and cared for. "Our job is to deliver accurate treatments while providing the physical and emotional support our patients need," Dorothy said. "To make it easier for patients, my team and I strive to make every interaction as pleasant as possible for them."

This attitude of kindness and caring pervades the entire radiation oncology department, which Dorothy has managed for 25 years. The close-knit team credits her with setting the tone. "Dorothy defines team and family," said radiation oncologist Martin Hightower, MD, chairman of the department. "No matter what patients or colleagues need, she handles it. She has created a family feeling that spreads throughout the staff and to patients. Patients come in anxious and walk out laughing. You can't do better than that."

For Dorothy, treating patients and families with dignity and respect goes hand-in-hand with providing high-quality, accurate treatment. These expectations extend to everyone who interacts with patients. Dorothy fosters this cohesive environment by recognizing colleagues for their work and inviting their input. "I'm fortunate to have wonderful people who understand the meaning of teamwork and who truly care about others," she said. "I hope that by creating and maintaining a positive attitude, our employees will be happier in their work."

Dorothy's responsibilities have recently expanded to include management of the High Point Cancer Center. She serves on numerous committees and chairs the Cancer Survivors Committee. Even after more than 30 years in the field, her passion is as alive as ever.





Cancer Services

Representing cancer services (left to right, seated): Cathy Haberle, RN, breast care coordinator; Lisa McCrorie, RN, hospice; Karen Servacek, CTR, oncology; and Brandi Rudnitskas, CRNP, palliative care. Left to right (standing): Irwin Hollander, MD, pathologist; Thomas Siesholtz, MD, oncologist; Martin Hightower, MD, radiation oncologist; Julie Umstead, RT(T), radiation oncology; and Edwin Shearburn III, MD, surgeon

A Meeting of the Minds

Advances in medical, surgical, and radiation oncology mean people with cancer have a better chance at a successful outcome than ever before. If you're diagnosed with cancer, you need to feel confident that your treatment team is using these advances in a way that gives you the best chance for a long and happy life. The Grand View Hospital Tumor Board offers a means of exploring treatment approaches and gathering additional expert opinions.

The Tumor Board meets weekly to discuss patient cases and plan treatment based on established national guidelines. It is composed of representatives from all aspects of a patient's care, including social services, nursing, imaging, and pathology, as well as medical, surgical, and radiation oncology. Oncology Information Coordinator Karen Servacek reviews all new cancer cases and brings to the board those that will most benefit from group discussion. A Breast Tumor Board, which also includes experts from breast health services, meets twice a month to review all new breast cancer cases.

"Our physicians have embraced the Tumor Board as an opportunity to discuss their patients in order to offer optimal treatment," said medical oncologist Thomas Siesholtz, MD, Medical Director of Grand View's Regional Cancer Program. "We may look at diagnostic workups, types of treatment available and their potential impact, and follow-up care. Physicians gain the valuable opinions of respected colleagues on issues related to quality of life as well as survival. They look forward to discussing their patients as quickly after initial diagnosis as possible."

Consider this example of the Tumor Board's impact. A surgeon has planned to remove the tumor in a newly diagnosed breast cancer patient. After discussing the patient's diagnosis and family history with his colleagues, the patient is referred for genetic testing before surgery. She is found to carry the BRCA1 gene indicating she has an increased risk of developing cancer again. She elects to have more aggressive surgery. "In this case the patient was well-informed from the beginning and better able to make decisions," Dr. Siesholtz added. "We were proactive, and she didn't have to undergo surgery twice."



Orthopaedics

Representing orthopaedics (left to right): Cindy Linse, RD, dietary; Marion Schnoke, environmental services; Nancy Heaney, RN, home care; Sue Rush, OTR/L, physical medicine and rehabilitation; Ellida Blauvelt, PT, physical medicine and rehabilitation; Janice Hunsberger, RN, joint replacement center; Carolyn Mattern, RPh, pharmacy; Paul Weidner, MD, surgeon; Jeanette Rudolph, RN, orthopaedics; Robert Knauff, physical medicine and rehabilitation; Cameron Schrader, food services; Carleen Meyers, RN, nursing; and Kristin Davies, RN, nursing education

Joint Replacement Center Task Force Guides Care

People preparing for joint replacement surgery usually worry about pain after surgery and during the recovery and rehabilitation process. They are not the only ones who take pain seriously.

“Patients who are comfortable will have a better experience and more successful outcome,” said Paul Weidner, MD, orthopaedic surgeon and Medical Director of the Joint Replacement Center. “They are up and moving soon after surgery. We need to make sure they’re comfortable to handle therapy. Managing pain requires a team effort—doctors, nurses, therapists, patients, and family members play a part.”

Because pain management is key, it often comes up at the monthly meeting of the Joint Replacement Center Task Force. A multidisciplinary steering committee, the Task Force reviews and discusses protocols, quality indicators, processes, and issues affecting care. With pain management, for example, the Task Force discussed how patients often went home with medications different from the ones they had taken in

the hospital. When they left with the same medication, however, they knew what to expect and how to keep their pain under control.

Another improvement recommended by the Task Force involved intravenous fluids after surgery. Increasing IV fluids helped patients to avoid dehydration and nausea as well as a drop in blood pressure.

“Our physicians, physician assistants, nurses, and therapists all work closely to ensure patients are progressing well,” said Janice Hunsberger, RN, Center Coordinator. They are represented on the Task Force, along with home-care specialists, administrators, and quality managers.

Patients meet the team even before they arrive at the hospital through pre-operative education. “This helps patients to get their questions answered and know what to expect before, during, and after surgery,” Dr. Weidner added. “That goes a long way in creating a satisfying experience.”

Overcoming Health Obstacles

Not even health challenges can keep a good man down. At age 74, Charles Seitz has retired twice, but you won't find him on a golf course or in a rocking chair. As chief of the North Penn Goodwill Service, he attends emergency calls throughout the region—providing hot food, coffee, and comfort to police officers and firefighters. Or you might catch him delivering Meals on Wheels or driving the bus for Generations of Indian Valley.

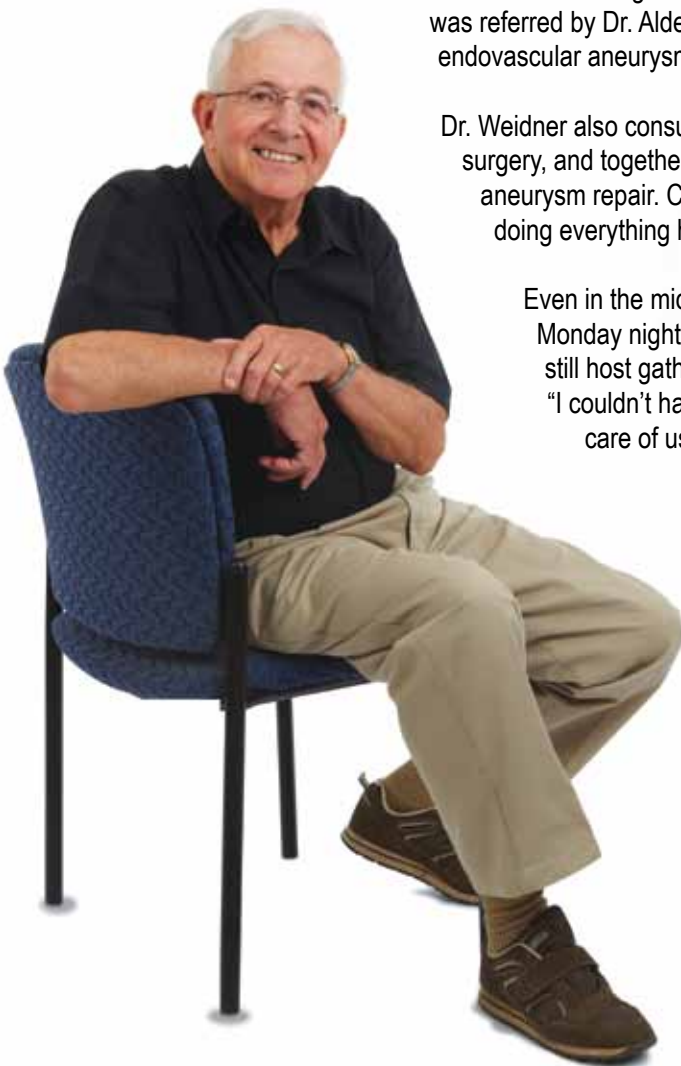
Health issues have sometimes threatened to slow Charles down. He's had heart bypass surgery twice and continues to see cardiologist Todd Alderfer, MD. Orthopaedic surgeon Paul Weidner, MD, replaced his right hip in 2009 and his left hip this past March. Surgeon David Rilling, MD, repaired a hernia in June 2010, and vascular surgeon Arthur Flatau, MD, repaired an abdominal aortic aneurysm in January 2011.

Having several health concerns requires specialists to work together and determine priorities. "A symptomatic aneurysm is life-threatening and must be addressed immediately," Dr. Flatau said. "If the aneurysm is not showing symptoms but needs to be repaired, as with Mr. Seitz, then we need to make sure his heart is strong enough for anesthesia.

"All vascular patients are prone to heart issues, so a cardiologist is usually involved in their care," Dr. Flatau added. "If a patient is referred from his primary-care physician, I'll involve a cardiologist to be sure he's strong enough for surgery. Mr. Seitz was referred by Dr. Alderfer, so I knew he was cleared. We were able to do an endovascular aneurysm repair, and he was home the next day."

Dr. Weidner also consulted with Charles' cardiovascular specialists before his hip surgery, and together they recommended hip replacement six weeks after his aneurysm repair. Charles worked hard at his rehabilitation and was back to doing everything he loves in three months.

Even in the midst of tackling health challenges, Charles never misses Monday nights with his family. After 30 years, Charles and his wife, Elaine, still host gatherings with their children and grandchildren. Charles noted, "I couldn't have gotten through everything without Elaine. She takes good care of us all."



HealthGrades® awarded Grand View the only 5-star quality rating for joint replacement in Bucks and Montgomery Counties for 2010 and 2011.



Surgery

Representing surgery (left to right): Kristi Moore, RD, dietary; Lori Langston, RN, surgical short stay; Lewis Gill, MD, surgeon; Maria Riccio, RN, PACU; Philip Mandato, DO, anesthesiologist; John Pagan, MD, surgeon; Thomas Coyle, MD, surgeon; Michele Miller, RN, orthopaedics; Carla Nazario, OR; and Mary Lou Rosenberger, pre-admission testing

Precision and Communication Keep the Surgical Team Operating Smoothly

Any surgical operation—simple or complex—requires careful planning, precise timing, advanced technology, and flawless communication along with a skilled surgical team. Various groups of individuals must work together to ensure that all goes smoothly.

Patients may encounter dozens of people from the time they first meet the surgeon in the office until they receive discharge instructions from the nurse or physician assistant. Many others are working behind the scenes. Each member of the team must perform his or her specific tasks prior to the procedure. A slip in any area could result in cancellation of the operation.

“At Grand View, we are fortunate to have the latest health information technology,” said Lewis Gill, MD, Chairman, Department of Surgery. “But while technology improves efficiency and patient safety – providing better outcomes – it does not replace the personal interaction among our team. Grand View surgeons are likely to pick up the phone to talk to a referring physician about a patient, before, and after surgery. Communication and

collaboration among physicians and other members of the team—from the doctor’s office to the operating room to the nursing unit—provides a comprehensive picture of the patient and builds trusting relationships among the professionals.”

Grand View’s entire team is focused on providing a good experience for patients from start to finish. Their friendliness and respect sets us apart from many other hospitals.

“We have a well-qualified team of physicians, physician assistants, nurses, and others who are actively involved in our community and who really care about our patients,” Dr. Gill added. “Everyone must work together and communicate well for us to keep patients safe and comfortable. We use technology when appropriate—even using text messaging to communicate scheduling information—but also talk to each other. Whether you’re the patient or the doctor, being informed and feeling confident go a long way.”

Grand View received the Surgical Care Improvement Award of Excellence for implementing best practices relating to surgical care. Bestowed by Quality Insights of Pennsylvania, the hospital was recognized for its surgical patient safety record. The award is tied to the Surgical Care Improvement Project, a national partnership of organizations focused on quality. Only nine of Pennsylvania's 162 hospitals received this prestigious award.

Grand View has been recognized by *Hospitals and Health Networks* magazine as one of the nation's most wired hospitals. Based on the 2011 Most Wired Survey, this designation acknowledges Grand View's efforts to expand and adopt information technology to promote improved patient care, safety, and efficiency. A cornerstone of Grand View's health information technology is its electronic medical record (EMR), which also earned a coveted Stage 6 EMR Award from the Healthcare Information and Management Systems Society last year. Only 2.6 percent of all U.S. hospitals—and only four hospitals in Pennsylvania—achieved this distinction.

Skiing and Operating Again after Surgery

When Grand View general surgeon Gary Finkelstein, MD, fell skiing in Colorado last winter, he knew immediately that something serious had happened. He also knew he wanted to get home for care—to the colleagues he knew and trusted.

Dr. Finkelstein had a large tear in his rotator cuff – the muscles and tendons that stabilize the shoulder joint. The tear displaced his bicep tendon, an injury that would require a timely surgical repair in order to prevent him from suffering permanent damage and disability. For his care, he chose Grand View and orthopaedic surgeon James Hurley, MD. "I've seen Dr. Hurley's work and knew he was good," Dr. Finkelstein said. "No one can evaluate a surgeon as well as another surgeon. I placed my care in his competent hands."

Dr. Hurley repaired Dr. Finkelstein's shoulder surgically, after which the shoulder was immobilized for six weeks. Dr. Finkelstein then underwent six weeks of rehabilitation. He was back in the operating room after just 12 weeks. "Surgeons don't always make the best patients, but he was great," Dr. Hurley said. "He followed all post-operative care and physical therapy instructions to the letter and had an excellent outcome. I perform this surgery often, but it's still an honor when a colleague who can go anywhere chooses me and Grand View."

"It takes two – a surgeon and patient – to achieve a quick recovery," Dr. Finkelstein added. "I worked hard at rehab at Grand View's Sellersville Outpatient Center. I couldn't return to performing surgery until I had recovered my full range of motion and was back 100 percent."

"When you have confidence in the people caring for you—the doctors, nurses, therapists, and everyone involved—it's easy to relax and let them do what they do best. People say when you're a physician you know all that can go wrong. You also know all that can go right."

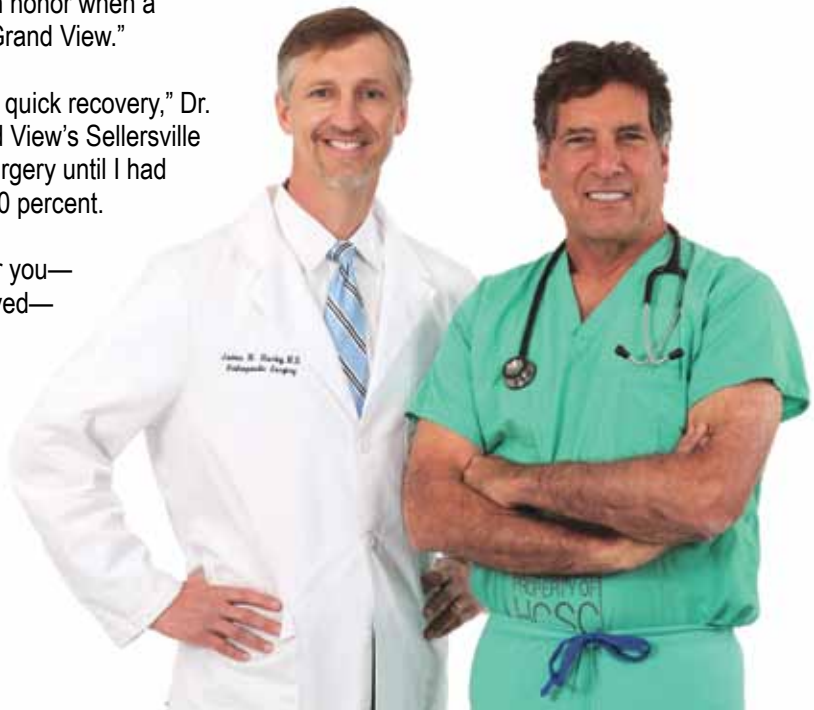


Photo (left to right): James Hurley, MD, orthopaedic surgeon, and Gary Finkelstein, MD, surgeon

Photo (left to right): Geraldine, John, Michael, Cassandra, Jennifer, and Baby Veronica
Front cover: John and Veronica | Back cover: Team that saved John's life



Grandpa's Angel

John Long had the best Mother's Day ever this year. His baby granddaughter, Veronica Faith, was born that day – four days early. He believes that her arrival saved his life.

John and his wife Geraldine were visiting the baby and her parents, Jennifer and Michael Long, at Grand View a few days after she was born. They had brought along Cassandra, Veronica's two-year-old sister. Michael had just left for the cafeteria when Geraldine noticed that John didn't look right. When she spoke and he didn't respond, Jennifer called for help. "For someone who had just had a C-section, I ran into the hall as fast I could," Jennifer said. "White coats came from every direction. I grabbed Cassandra and got out of the room. Michael heard the emergency page for my room and came running."

Maternity nurse Roe Valone, RN, moved John from the chair to the floor and started CPR and chest compressions. Cardiologist Todd Alderfer, MD, arrived almost immediately and connected John to a heart monitor, which showed that his heart had stopped. Dr. Alderfer used a defibrillator to shock John's heart back into a normal rhythm. He was then immediately taken to the cardiac catheterization laboratory, where cardiologist J. Doyle Walton, MD, performed a cardiac catheterization procedure. John was later fitted with an internal defibrillator to prevent another life-threatening arrhythmia, which had caused his heart to stop.

"Mr. Long was in the right place at the right time," Dr. Alderfer said. "Our specialized code teams are trained to respond immediately to any emergency in the hospital. Every second counts for brain and heart cells. If this had happened at home, John probably wouldn't have survived."

"The last thing I remember was handing Veronica back to Geraldine," John said. "When I woke up on the floor, I thought I had fallen asleep and fell out of the chair. I didn't understand I had essentially died." Later that evening, the family reflected on all that had happened. "Everyone came together beautifully. They saved John's life, and the maternity nurses took such good care of the rest of us," Jennifer said. "John and Veronica have a special connection now. She's his little angel."

A New View of the Heart

Grand View has added cardiac MRI to the arsenal of diagnostic instruments used by cardiologists and radiologists. The new tool can help determine whether catheterization can benefit the patient after a heart attack. It is the only imaging method available to look for right ventricular dysplasia, a deadly arrhythmia, and is second to none for diagnosing cardiac masses.

"Having cardiac MRI keeps Grand View in the forefront of cardiovascular care," said Anthony Foderaro, MD, Chairman, Department of Radiology. "Cardiologists and radiologists have always worked closely together. These studies guide care by adding to other information and better defining certain conditions of the heart that were difficult to diagnose."





Heart Care

Representing heart care (left to right, front row): Jeanne Speck, RN, telemetry; Kathy DeVaul, RN, emergency medicine; Debbie Bandura, RCIS, cardiac cath lab; Denise Kistler, RN, stroke team; Marge Fitzgerald, RD, dietary; and Barbara Green, RN, ICCU. Back row (left to right): Todd Alderfer, MD, cardiologist; J. Doyle Walton, MD, cardiologist; Paul Hermany, MD, cardiologist; Edward Gray, DO, intensivist; and Dave Bergey, RN, cardiac rehab

When Seconds Count

If you're having a heart attack (MI), opening a blocked artery within 90 minutes of arriving in the emergency room can mean the difference between life and death. When an MI Alert is called, a multidisciplinary team moves quickly into action to stabilize the patient and prepare for life-saving balloon angioplasty.

"We begin with an EKG immediately to confirm someone is having a heart attack," said Jacki Howenstein, RN, Manager of the Emergency Department. "We do lab work and start IVs to give medications to stabilize blood pressure and reduce blood clots before they head to the cardiac catheterization lab, where interventional cardiologists open the blocked artery. Everyone has a clearly defined role."

The MI Alert team includes medical cardiologists, interventional cardiologists, cardiac nurses, emergency physicians and nurses, technologists, quality specialists, and advanced life-support paramedics. Representatives from these groups meet regularly to review outcomes and find ways to improve. "We're able to provide 'door to balloon' time that is well within this 90-minute window," added cardiologist Mitchell Greenspan, MD. "If you or a loved one experiences any kind of heart problem, it is critical to get to the nearest hospital. It could be a heart attack or a cardiac arrhythmia, the number one cause of death. Either way, the time it takes to open the blood vessel is critical."

Cath Lab Leads the Way

To improve patient comfort and safety, more and more patients undergoing cardiac catheterization at Grand View are having the procedure done via the radial artery in the wrist, rather than the more traditional femoral artery in the groin. While technically more challenging for physicians, the radial technique is linked with fewer bleeding complications and improved patient satisfaction.

"Radial access has become the default approach in the care of our patients," said J. Doyle Walton, MD, co-director of the David M. Flowers Cardiac Catheterization Laboratory. Dr. Walton has performed more than 200 radial catheterizations in the past two years at Grand View.

Photo (left to right): Anthony Foderaro, MD, radiologist, and C. Edwin Martin, MD, radiologist

From Hollywood to Hilltown... Meet Local Star Raymond H. Godshall, Jr.

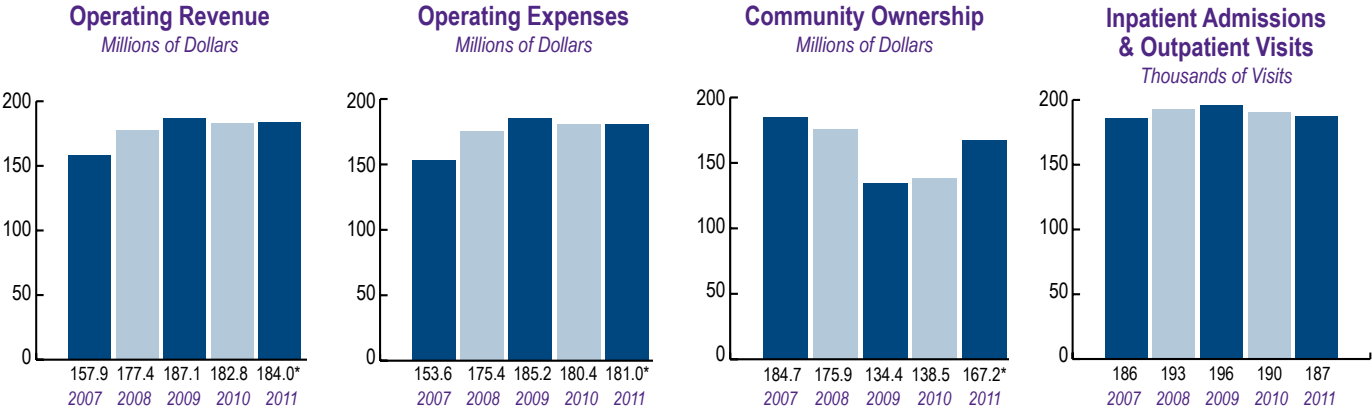
Ray Godshall is not a Hollywood star. Even so, he has lost track of all the movies in which he appeared. In 1983, at age 64, Ray made his acting debut in a made-for-TV movie of the classic story “War of the Worlds.” Unlike those who would do anything to be in film, Ray came to it by accident when his daughter Liberty married Ed Zwick, an Oscar-nominated director and producer. “Ed comes up with a small role for me in most of his movies,” Ray said.

Most recently, Ray portrayed a senior citizen in the film “Love and Other Drugs,” starring Jake Gyllenhaal and Anne Hathaway. This isn’t too much of a stretch given that Ray is 92 years old. Like most Hollywood stars, though, Ray doesn’t look his age—a fact he attributes to having great health care available at Grand View and, of course, good genes. He also stays active, including weekly tennis matches with a regular group of players.

While Ray may play small parts on the silver screen, he’s in a starring role with the Grand View Health Foundation, where he has been a member of the Visionary Society since 2005. Ray has established two gift annuities with the Foundation. “This is such a great concept!” explained Ray. “The annuity pays me a nice rate of return during my lifetime, and Grand View keeps what is left when I am gone. There are some real tax benefits, too. I liked this strategy so well that as part of my estate planning, I created a second annuity to benefit my son, Raymond III, a teacher in New York City.”

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.

Financials

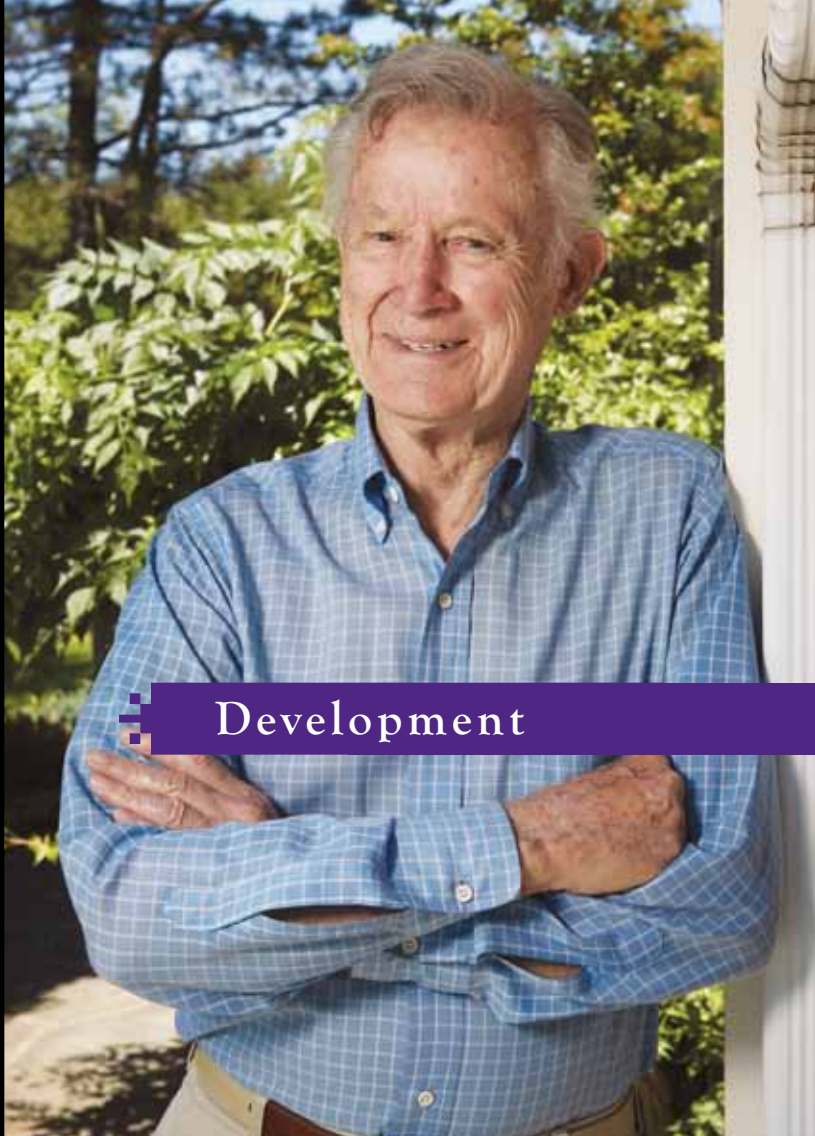


Our business office staff is happy to assist you with any questions you may have related to charity care or payment-related matters. Call the Grand View Hospital Business Office at **215-453-4613**.

*Preliminary unaudited numbers

Nancy Godshall, Ray's late wife, was the first woman to serve on the Grand View Hospital Board of Trustees. A University of Pennsylvania graduate, Nancy volunteered as the director of volunteer services and was instrumental in establishing the Charity Ball. "She served 7,000 hours as a hospital volunteer. It was her involvement that helped me appreciate what a great community asset Grand View really is," Ray said.

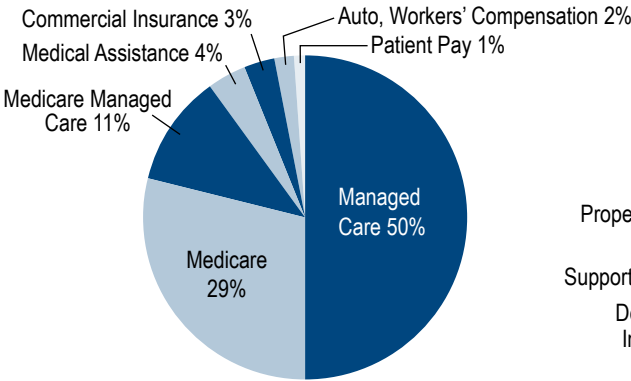
When asked who among the movie stars he has met most impressed him, Ray described sitting and chatting with Sir Anthony Hopkins during the filming of "Legends of the Fall." "He was so genuine and such a nice guy," said Ray. For countless reasons, we think that description fits Ray Godshall, too.



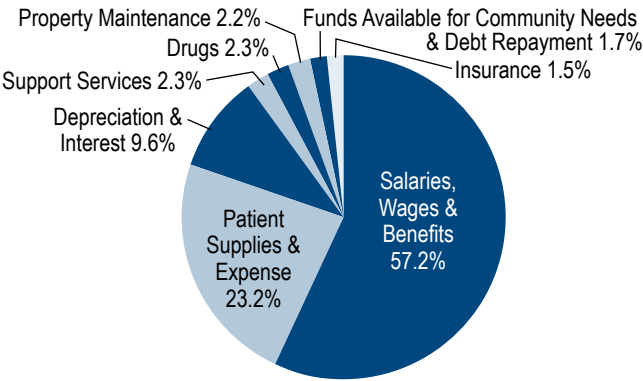
Development

For the fiscal year that ended June 30, 2011, Grand View provided charity care in excess of \$24 million.

Where the Revenue Comes From



How the Revenue Is Used



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 Hospital. 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, 2011, and totaling \$25,000 or more are honored and recognized here.

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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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Gifts were received from the estates of these farsighted individuals between July 1, 2010, and June 30, 2011.

Carolyn Benner
Curtis and Esther Bergey
Ruth K. James
Horace W. Longacre

*Deceased

Charles J. Manderfield
Harry F. Mason
A. David and Irene M. Myers
E. Virginia Sommerer
Charles H. and Luella F. Vogel
Mary S. Ziegler

The following lists recognize individuals who have given gifts totaling \$100 or more to Grand View Hospital and Grand View Health Foundation between July 1, 2010, and June 30, 2011.

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Dr. Deborah J. Bolanowski
Byers' Choice, Ltd.
Dr. Richard W. Godshall
Mr. and Mrs. Brian Haberle
Mrs. Margaret N. Keach
The Wardle Family Foundation

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Exercise physiologist Elaine Feiss (left) and Deborah Bolanowski, MD (right). Feiss received the eighth annual David M. Flowers, MD, Award for Excellence in Cardiology. She was recognized for her dedication and creativity in developing programs to expand cardiac rehab and other programs that encourage heart health.



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Recognizing employee donors whose gifts totaling \$50 or more will be used to expand and renovate the Emergency Department.

Anonymous (4)
 Mr. and Mrs. Mervin M. Afflerbach

*Deceased

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 Karen Meade, RN, IBCLC, LCCE

Telemetry Unit charge nurse Lynn Snyder, RN, received the 2011 Ellis Greenspan Memorial Award. The award was established in memory of Ellis Greenspan by his son, cardiologist Mitchell M. Greenspan, MD, and other family members. It is presented annually to a registered or licensed practical nurse at Grand View who is a role model of nursing professionalism and delivers excellence in patient care.



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 Loretta Sandy
 Jeffery Schatz
 Dolores Schnur
 Bryan Sell
 Donna M. Selya
 Dee Shafer
 Larry & Nancy Sinisi
 Doug Smith
 Ruth K. Souder
 Trudy E. Spanier
 Frank and Cathy Stevenson
 Donna M. Stever
 Beth Strauch
 Alli Tomeo, RN
 Wendy S. Trexler, RNC-OB
 Deborah Trull
 Lester R. Tyson
 Debra A. Vasey, P.T.
 Mary B. Viola, RN
 Joseph and Teresa Vogel
 Lisa Waldman
 Darla and Alan Weaver
 Dietta Weaver, CRNP
 Mary B. Weber
 Mary Anne Weidemoyer
 Rev. and Mrs. Blaik J. Westhoff
 Ryan and Shelley Whitcomb
 Rob Wilson
 Raymond J. Zapf
 Kathleen Zayas
 Karen L. Ziegler

**Deceased*



*Grand View
 Hospital Auxiliary
 co-treasurer Jean
 Swartz presents
 Grand View
 Hospital President/
 CEO Stuart Fine
 with a check for
 \$150,000 as co-
 treasurer Joyce
 Bamdt looks on*

**MEMORIAL AND
 HONORARY GIFTS**

In Memory of

Mary G. Alderfer
 Paul A. Alig, Jr.
 Marjorie J. Barndt
 Dorothy R. Bergey
 Georgia F. Binsberger
 Erwin Bishop
 Nancy M. Bleam
 Patricia Boaman
 Anne Brent
 Patricia A. Brinser-Meyer
 Lawrence E. Brown
 Kathleen M. Buck
 Marian Buehrle
 Angelina Calise
 Jeannette W. Campbell
 Thomas A. Campbell
 Erene Carberry
 Patricia Cartagena
 William C. Carter
 Audris J. Chaney
 Marion Charles
 Mabel Chesney
 Paul V. Daniels
 Pauline L. D'Ardenne
 Arthur E. DeGrendele
 Arthur W. Derbyshire
 David F. Derstine
 Anna Dervrich
 Mabel H. Detwiler
 Annette Engard
 Charles Engelman, Sr.
 Frank P. Facht
 John R. Finlayson
 Scott A. Fledderjohann
 James A. Flint III

Joseph B. Fox
 Joseph P. Gaerthe
 William J. Gallagher
 Paul L. Geissler
 Regina F. George
 Helen Gerhart
 Alice M. Gibson
 Tacy E. Grant-Kunitzky
 Ellis Greenspan
 Wanda M. Grinovics-Green
 Samantha Grosse
 Herbert C. Grubb
 Rusty Gruber
 David W. Haffley
 John M. Hambach, Jr.
 Charles Hankin
 Darwin H. Hess
 Eleanor G. Hesse
 Betty M. Hoff
 Willis B. Hollenbach
 Charles E. Hotter
 Raymond Houck
 Kenneth D. Huff
 Penny L. Huhn
 Ralph L. Ketterer
 Marion V. Keys
 Wilmer S. Kleinbach
 Michael T. Klem, Jr.
 Marguerite Kosick
 Frances E. Kotz
 Mary P. Kozak
 Beatrice N. Kramlik
 Arlene Krout
 Mary Jane Kulp
 Walter M. Kulp

Welcome New Physicians

Lauren Baker, DO
Family Medicine
TriValley Primary Care,
Indian Valley

Candace A. Keene, MD
Obstetrics & Gynecology
GVMP OB/GYN
at Quakertown

Tiffani Lemen, MD
Family Medicine
GVMP – Family Medicine
at Skyview

Evan B. Lenkowsky, DO
Critical Care Medicine
The Intensivist Group

Pamela A. Mazzeo, MD
Pediatrics
CHOP Newborn &
Pediatric Care at GVH

Nalini Mehta, MD
Radiation Oncology
Grand View
Radiation Oncology

W. Michael Morrissey, MD
Plastic Surgery
Center for Plastic & Reconstructive
Surgery at St. Luke's

Jennifer L. Nichols, DO
Reproductive Medicine
Abington Reproductive Medicine

Theophila C. Semanoff, MD
Physical Medicine & Rehab
Doylestown Buxmont Rehabilitation

Kristen M. Whelihan, MD
Pediatrics
CHOP Care Newborn
Pediatric & Adolescent Care

Robert J. Willard, MD
Dermatology
Dermatology & MOHS
Surgery Center, PC

Michael P. Wong, DDS
Dentistry
North Penn Pediatric
Dental Associates

Barbara Kurian
Joan A. Leaver
Ronald C. Leckey
Emily E. Lederach
Frank J. Lesh
Donald F. Long
Margaret Loydstrom
Judy Lugo
Brian K. Martin
Harry F. Mason
Irma Masterton
Margaret Matkowski
William F. Maule
Patricia McGinnis
Robert A. Merbler
Dorothy A. Miller
Nelson D. Moll
Sarah Morrell
Evelyn M. Moyer
Sandra L. Moyer
Donald H. Myers
Joseph Mylet
Rella C. Nase
Gregory L. Nyce
Evelyne Olsen
David P. Otto
Geraldine Peifer

**Deceased*

Harriet E. Pennybaker, RN
James Pennybaker
Joseph Perre
Karl R. Pfeil
Anne Popp
Edwin J. Rims
Eleanor J. Rims
Francis J. Rogers
Stanley E. Rothrock
Eleanor M. Rudden
Rodney A. Ruth
Emma Schuler
Dorothy P. Schultz
George W. Schwarz
Ruth Schwenk
Roy C. Shade
Betty J. Solliday
Warren Sowers
James J. Stevenson, Sr.
Margaret I. Bowen Stofflet
L. Jane Stover
Helen W. Strouse
Daisy May Sugden
Constance Sundberg
Clayton Swoyer
Barry Talley
Helen Traum

Arthur H. Troxel
Douglas W. Turrell
Marjorie Turrell
Grace Tweddale
John H. VanDyke, Jr.
Grace C. Void
Gerald L. Volovnik
James L. Voth
Ruth Wagner
Clyde C. Walton
Charles F. Watson
Woodrow Wehrung
Patricia A. Weiss
Marian E. Wenger
Marilyn A. Werst
Frederick J. Wieland
Joy M. Wistner
Barbara L. Zipperlen
F. Donald Zucker

In Honor of
Suzanne H. Campbell
David* and Ruth Cassel
Eleanore F. Lederach
Wendy Raifsnider
Kathleen Slagel
Scott A. Slagel, MD



Important Phone Numbers

Appointments & Scheduling
215-453-4100

Business Office
215-453-4613

Emergency Medicine Department
215-453-4674

Grand View Health Foundation
215-513-3935

Grand View Information Line
Physician Referral
215-453-4300

Human Resources
215-453-4874

Operator | Hospital Switchboard
215-453-4000

Patient Relations Coordinator
215-453-4975

Volunteer Services
215-453-4619

Representing emergency care (left to right): John Rambo, paramedic; Martin Zurmuhl, MD, ER physician; Kathy DeVaul, RN; and Ann Propst, volunteer

Always Ready for Your Emergency

The Grand View Hospital Emergency Department team is prepared to respond to your urgent health-care needs around the clock. Our staff is led by board-certified emergency physicians and nurses. We call on laboratory and imaging specialists to provide diagnostic testing services, as well as radiologists, pathologists, and other experts to analyze test results.

As needed, medical specialists – such as cardiologists, orthopaedists, and surgeons – provide prompt assessment and targeted care. For young patients, The Children’s Hospital of Philadelphia (CHOP) physicians are available all day, every day to consult on diagnosis and treatment. At Grand View, our goal is to respond to your emergency in the best, fastest way.



Employment Opportunities

We are always seeking individuals with energy and experience to join our team. For opportunities, call Human Resources at 215-453-4874 or visit www.gvh.org.

Back cover, the team that saved John’s life (left to right): Beth Freed, RN, ICCU; Mitchell Greenspan, MD, cardiologist; Tina Berrios, LPN, IV team; Roe Valone, RN, maternity; Kristi Trauger, RRT, respiratory; and Todd Alderfer, MD, cardiologist

2011 Annual Report

